

BJSR Limited

Waves

Inspection report

6 Upper Mills
Canal Side, Slaithwaite
Tel: 01484 769734
Website: www.wavesgroup.co.uk

Date of inspection visit: 31 December 2014
Date of publication: 20/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 31 December 2014. Due to the nature of the service, the provider was contacted the day before the inspection to announce the visit.

This was the first inspection of Waves since it's registration with the Care Quality Commission in June 2014.

The service provides respite accommodation for one person at a time. People who use the service are younger adults with a learning disability. At the time of the inspection four people had received respite care at Waves. The manager explained that, at the moment, respite care is only provided for people who attend the provider's day care facility situated next door.

People receiving respite care are supported over 24 hours on a one to one basis by a member of staff. All of the staff working at Waves are also employed separately at the day care facility.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager for this service is also the provider.

Summary of findings

At the time of our inspection nobody was using the facility. We met with the registered manager, looked around the house and reviewed records relating to care and to the running of the service.

We spoke on the telephone with three members of staff and parents of all the people who have used the service. We also spoke with an advocate for one person who used the service. None of the people who have used the service were able, due to complex communication needs, to speak with us on the telephone.

We saw from reviewing care records that people's support needs, abilities, interests and lifestyle preferences had been assessed prior to them using the service.

We saw from detailed daily records how the person had chosen to spend their respite experience and saw this followed the detail in the assessments.

The accommodation was very comfortable, clean and safe. Systems to monitor and review the quality of the provision were in place.

We saw staff had been recruited safely and undertook training appropriate to their role.

Staff we spoke with were enthusiastic and passionate about their work in supporting people and felt well supported by the manager.

The manager had established links within the local community to enable people who used the service to use local amenities, shops and cafes safely and independently.

Relatives of people who used the service told us they could not speak highly enough of the service, the manager and the staff. One person said "Nothing is too much trouble, they are fantastic. They are driven by the care they provide."

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and the principles of the application of Deprivation of Liberty Safeguards Staff were aware of their responsibilities under the Mental Capacity Act 2005 and the principles of the application of Deprivation of Liberty Safeguards

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff were able to tell us what they would do if they felt somebody was at risk of harm or abuse. Staff understood the principals of whistleblowing and said they would not hesitate to report any issues they had in this regard.

The premises were well maintained and we saw evidence of good practice in relation to infection control.

Each person's care file included risk assessments to support their independence.

Staff were recruited safely and staffing levels were always arranged on a one to one ratio with on call back up if needed.

Good



Is the service effective?

The service was effective.

Staff received training appropriate to their role and felt supported by the manager.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and the principles of the application of Deprivation of Liberty Safeguards and understood about involving people in their care and support.

People made choices about their food and drinks and were involved in shopping and meal preparation.

The house was comfortable and suitable for the needs of the client group.

Good



Is the service caring?

The service was caring. Staff spoke with enthusiasm about the care and support they offered people.

People's abilities in relation to maintaining and promoting their independence were assessed, encouraged and supported.

Staff supported people to make sure their respite experience fulfilled their aims and choices.

Good



Is the service responsive?

The service was responsive.

Each person's respite experience was carefully planned to make sure the individual was able to engage in activities of their choice in the house, in the local community and in planned outings.

People told us the provider had been very accommodating in arranging respite care for their relatives at very short notice. This included arranging the person's preferred member of care staff. One person said "They just couldn't have been more helpful at such short notice, It really helped us out"

The manger encouraged feedback including complaints or concerns.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Staff told us they were included in the running of the service and were clear about the vision and values of the service.

The manager had forged links to make the service part of the local community.

People who had received respite and their families were asked for their views of the service after each period of respite.

Waves

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 December 2014. The provider was given 24 hours' notice because the location provides a respite service and is not used all the time. Therefore we needed to be sure that someone would be available to assist us with our inspection.

Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that

asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion the provider had received and returned their PIR.

This inspection was conducted by one Adult Social Care inspector.

On the day of our inspection we spoke with the manager of the service. The manager is also the provider.

Nobody was receiving respite at the time of our visit.

We looked around the house, looked at records, which included two people's care records, two staff recruitment records and records relating to the management of the service.

Is the service safe?

Our findings

One person we spoke with said they knew relative was “absolutely safe” when using the service.

We spoke with three members of staff about how they made sure people who used the service were safe. Staff were able to describe to us what might indicate something was happening that was not in the person’s best interests even when the person was not able to use verbal communication. Staff were able to tell us about different forms of abuse and knew what do if they had any suspicions. All three staff told us they had received training in this area and had been given contact numbers for the local authority if they felt they needed to make a safeguarding referral directly.

Staff were also aware of how to whistle blow if they felt it necessary. All three staff told us they would not hesitate to report any concerns if they thought something had happened which could compromise the safety of the people who used the service.

We saw that policies and procedures were available with regard to safeguarding and whistleblowing. There was also a safeguarding officer employed by the company for staff to refer to. Training records showed that staff were up to date with training in keeping people safe.

We saw the house to be maintained to a high standard and emergency plans were in place in case of emergency.

We saw risk assessments had been developed. This meant that that any activity people chose to engage in but that might pose a risk to their safety, had been considered and actions taken to minimise any possible risk without affecting the individual’s rights and liberty.

There had not been any accidents involving people who had used the service but an accident recording book was in place.

We looked at two staff files and found all necessary recruitment checks had been made to ensure staff’s suitability to work in the service.

Staffing was arranged on a one to one basis with the same member of staff staying with the person throughout their period of respite. The manager explained that the member of staff was chosen specifically in line with the needs and interests of the person using the service. For example a young male carer with interests in films and using the play station had been engaged to support a person with those interests. A relative of one person who used the service told us that they had worked with the manager to establish their relative’s preferred carer for their respite care. People who used the service were familiar with staff through their attendance at the provider’s day centre.

The manager explained that none of the people who have used the service so far have needed any medication. However one person who had expressed an interest in using the service had been assessed as needing medication which needed to be administered in an emergency. Because of this all staff had received medication training and further training specific to the administration of this particular medication. Facilities were available for safe storage of medication in anticipation of this being required.

Is the service effective?

Our findings

All of the relatives we spoke with were very complimentary of the staff at the service. One person said “Nothing is too much trouble, they are fantastic.”

Staff told us they received good training. One member of staff said if they thought they needed extra training or was unsure about something, the manager would make arrangements for this to happen.

All staff training was recorded on a computerised matrix which gave reminders of when updates were needed. We saw training certificates in staff files which recorded the date and content of the training. We saw one certificate for training in archery. The manager explained this was to support people who used the service who had expressed an interest in this. We also saw that training had been arranged so that staff knew how to meet one person’s very particular needs. This showed that training was arranged to meet the diverse needs of the people who used the service.

We saw that staff studied for awards in health and social care. For this staff were supported and assessed by a person external to the service.

All of the staff we spoke with said the manager was always available to them to provide support and guidance. However, none could recall a formal supervision in which details of their conversation had been documented. When we spoke with the manager about this they said they had realised their oversight in this matter and whilst staff supervision records were in place at the day centre they understood that they also needed to be in place at this service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The manager told us that all of the people who used the service were able to make their own decisions about how they wished to be supported and how they would like to spend their time. We saw this reflected in care records. Staff had received training in, and were aware of, the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

We saw from records that people who used the service made their own choices about what they would have to eat and drink during their respite stay. We also saw they were supported to shop for and prepare their own meals. The manager said staff tried to support people in making healthy choices whilst respecting their individual choices and preferences.

The house consisted of a lounge, kitchen, two bedrooms and a bathroom. One bedroom had twin single beds whilst the other had a double bed. People who used the service chose which room they wanted to use and the staff member used the other one. The manager said people who used the service had been involved in choosing and ordering all the furnishings and decoration.

Is the service caring?

Our findings

One of the relatives of a person who used the service told us “They are absolutely marvellous, we feel like part of the family.” Another person said their relative enjoyed their respite because they were with staff who supported them to engage in activities they enjoyed. Another person described the care as “Outstanding.”

The manager explained that the aim of the service was to support people to live as independently as possible, making their own choices, following their chosen lifestyle and experiencing a range of activities. Examples of this included a person who had been supported to take their respite care on a visit to Lapland and another who had been supported to go to the Opera for the first time.

A relative of a person who used the service said their relative enjoyed their respite experience so much they were looking forward to another stay. Another person told us that their relative had always found it very difficult to spend time away from their family. However since receiving respite care at this service they had shown how much they liked it by, on several occasions, packing their bag in the hope that they were going for another stay.

All of the staff we spoke with talked enthusiastically about supporting people to make choices and encouraging independence. All said how much they enjoyed their role in supporting people who used the service.

Care records showed how people were at the centre of planning how the service was delivered. This meant that care was planned around the assessment of the person’s needs, abilities, preferences, lifestyle choices and personal goals. Details were included about what might make the person happy, worried or what might upset them. The importance of people’s families, support networks and friends were also considered. The care plan was then written from the point of view of the person.

We saw from records that whilst people were encouraged in their independence, staff also worked to support them in learning new skills. An example of this was the support one person had received in meeting a particular physical need. As a result of staff support the person was able to manage their own need which meant increased self-worth and dignity.

Is the service responsive?

Our findings

Two relatives told us the service was particularly responsive when they needed to arrange respite care at short notice. One person said “They just couldn’t have been more helpful at such short notice, It really helped us out”

We saw from care files that people who used the service had been involved in the assessment of their needs and in the support planning process. This had been done in a way which most suited the person’s needs and abilities.

Whilst care files were in place for supporting the person during their period of respite, their ‘All About Me’ record came with them from the day centre. We saw this document was written entirely from the perspective of the individual concerned and included detailed personal information to help staff in supporting and understanding the person. For example the file included details of what made the person for example happy, sad or worried. There was also information about life events, for example bereavements, which might affect them.

Details about the person’s social networks, cultural needs and recreational preferences were recorded. For example, one person particularly enjoyed using the play station. This information was used when planning the respite care to make sure that appropriate games were available and the carer assigned to the service user shared the same interest. The manager said that staff had been trained in alternative methods of communication such as Makaton sign language to support communication with people who might have difficulty in this area.

Care plans for respite care included the person’s night time care needs.

This meant staff had all the information they needed to support the person in experiencing a fulfilling and enjoyable period of respite care.

Care records showed that each person’s respite experience was carefully planned to make sure the individual was able to engage in activities of their choice in the house in the local community and in planned outings. This included visits to the cinema, local cafes or staying in with a take-away meal and playing video games.

Two relatives of people who used the service told us the provider had been very accommodating in arranging respite care for their relatives at very short notice. This included arranging the person’s preferred member of care staff.

We saw the manager had responded to a complaint from one person’s relative about some clothing being badly laundered. Records showed the manager had replaced the clothing. However this had not been recorded formally as a complaint/concern. The manager said they understood the need to do this and would put it in place.

All of the relatives we spoke with and a carer of people who used the service, told us they would not hesitate to speak with the manager if they had any concerns. One person said the manager was “very upfront” and would always address any issues that might present themselves.

Is the service well-led?

Our findings

Relatives of people who used the service told us they were fully involved in the planning of the respite. For example, they were asked about any particular ways in which care and support could be delivered to make the person feel as safe and comfortable as they could in what would be unfamiliar surroundings. People told us that the manager was always open to discussion or suggestions about the way the service was delivered. One relative said “It would be almost impossible to come up with any suggestions of improvement.” We also spoke with an advocate of one person who used the service. Again they were very complimentary of the service and said they felt their input was valued by the manager of the service. This showed the provider had a culture of openness and a drive to improve as the service progressed.

The manager, who is also the registered provider and has managed the service since its registration in June 2014, was very clear about the aims of the service and their vision for improving and extending the facility. Staff we spoke with shared this vision and demonstrated a good understanding of the aims and objectives of the service. This included extending the respite facility so that, for example, people could enjoy their stays with their friends who also used the service. Another example was the providers’ commitment to supporting people to access new experiences and challenges which might not be normally available to them. Staff told us they discussed such areas in staff meetings when they were encouraged to offer their thoughts and opinions.

The house was situated within a small village which included shops, cafes and a leisure centre. The manager

described how they had forged links within the community to support people who used the service to become involved. For example, people who used the service had been introduced to local shop and café owners so that they felt comfortable in going there, even if they had difficulty in understanding managing money to pay for their purchases. The manager also had links where people who used the service could work as volunteers in local businesses if they chose to do that.

We saw that after each period of respite, the person using the service was supported and encouraged to complete an easy read satisfaction survey. More detailed surveys were also sent to the person’s relative or whoever might act as their advocate. These surveys were based on the Care Quality Commissions five key topic areas. We saw a completed survey for the most recent respite period. The results were very complimentary of the service although the person had chosen not to add any additional comments. No issues had been highlighted which the manager could have used to drive improvement of the service.

The manager showed us how any accidents or incidents would be recorded and told us that they would look into any such events. There had not been any up to the time of our visit.

The house was owned by a landlord who was responsible for the upkeep and safety of the premises. We saw the provider had copies of all safety checks including gas and electrical wiring. The manager told us that a check of the house was made at the beginning and end of each respite stay. This included a check on hygiene, minor maintenance such as light bulbs and a check to see that nothing needed repair or replacement.