

Southampton City Council

Respite Unit for Adults with Learning Disabilities

Inspection report

Respite Unit for Adults with Learning Disabilities
32 Kentish Road
Southampton
SO15 3GX

Tel: 02380917617

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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 ●

Summary of findings

Overall summary

About the service:

Respite Centre for People with Learning Disabilities is a residential unit which offers short breaks to people with learning disabilities.

A similar service was previously managed by the same provider at the same address. However, this is a new service and offers up to four respite places for people with learning disabilities and/or autism. The service is on the ground floor of the building in a residential area and is in keeping with other houses and flats on the estate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- People received a service that was safe, effective, caring, responsive and well led.
- The service had the characteristics of a good service in all areas.
- People told us they felt safe when they stayed at the respite centre.
- People's needs were met by suitable numbers of staff who knew them well.
- People brought their medicines in with them when they started their stay and staff supported them to take medicines safely.
- People were protected from the risk of infection.
- People received the necessary support to eat and drink and meals were tailored to individual preferences.
- People were treated with kindness, respect and compassion.
- People's privacy and dignity was respected.
- People received personalised care which was responsive to their individual needs.
- Everyone we spoke with told us the activities were good.
- People had support plans in place which covered a range of information about people's social histories, preferences and support needs.
- The provider had a complaints procedure in place.
- The registered manager and deputy manager sought and listened to people's views and action was taken

to incorporate their ideas

Rating at last inspection:

This was the first inspection of this service.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Respite Unit for Adults with Learning Disabilities

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out this inspection.

Service and service type:

The service is a residential unit which offers short stays to people with learning disabilities. At the time of the inspection the service opened each Friday afternoon and closed again on Mondays.

Respite Unit for Adults with Learning Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service a week's notice of the inspection site visit. This was because we wanted to make sure people would be staying and that the registered manager and staff would be available.

What we did:

Before the inspection we looked at information we held about the service:

- We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections.
- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

During the inspection:

- We spoke with two people who were staying at the service and one relative.
- We spoke with two staff, the deputy manager, the registered manager and a senior manager.
- We looked at the care records for three people.
- We looked at other records to do with the running of the service, such as audits and recruitment records.

After the inspection:

- We spoke with three relatives of people who use the service and received email feedback from another relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they stayed at the respite centre. One person told us, "[Staff] make me feel safe" and another person told us, "I feel safe and there is more space here now [which is good] for mobility." A relative told us, "[Relative's name] is safe, they look after them."
- The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to contact the local authority safeguarding team if necessary.

Assessing risk, safety monitoring and management

- Staff had received fire safety training and fire safety equipment was checked regularly. Other safety checks were also completed, for example, on gas and electrical items and lifting equipment.
- Personal emergency evacuation plans were in place for each person staying at the service and these were easily accessible should there be an emergency.
- Risk assessments were in place which identified when people were at risk, for example, poor mobility or going out on trips.

Staffing and recruitment

- People's needs were met by suitable numbers of staff. A maximum of four people stayed at the service at any time. The staff team at the weekend included the deputy manager and enough staff to meet people's assessed needs. Where people were assessed as needing the support of a staff member on a one to one basis, the staffing numbers allowed this.
- Most of the staff were employed through an agency due to how the service had been set up as a new service. However, the agency staff provided were consistent and worked at the service routinely. This meant that the agency staff knew people well. A relative told us, "The staff are brilliant and the continuity of staff is great. It is all the same staff."
- Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Where staff were employed through the agency, the provider received up to date information about the suitability of staff to work at the service, including checks and training.

Using medicines safely

- People brought their medicines in with them when they started their stay. The deputy manager had a system in place to ensure the medicines brought into the service were recorded and locked away and the person was involved in this process when they wished to be.
- Medicines were stored safely and accurate records were kept showing people received their medicines as prescribed during their stay. People were supported with their medicines by staff who were trained and assessed as being competent to do so.
- Some people were prescribed medicines 'when required' or needed their medicines put into food. There were care plans in place for these medicines which supported staff to know what they needed to do to ensure people received their medicines in the correct way.

Preventing and controlling infection

- People were protected by the prevention and control of infection using risk assessments and maintaining the cleanliness of the home. Staff undertook cleaning tasks as necessary during the four days the service was open. Contract cleaners were employed to undertake a thorough deep clean of the service on Mondays, after everyone had left the service.
- Staff used personal protective clothing such as gloves and aprons.
- The Food Standards Agency had visited the kitchen and had awarded the service a grade five, which is the highest possible rating.

Learning lessons when things go wrong

- The registered manager and staff team reflected on the quality of the service and any concerns were discussed in supervision.
- The registered manager said that as the service had been set up as a new service they had been able to reflect on learning from the previous service. One example of this was that the service now offered accommodation to four people, instead of the previous eight.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were well known to the service. There had not been any new people using the service since it opened as everyone had used the service which was previously in the building.
- People's needs had been assessed before they were offered a place at the service. The registered manager and senior staff considered individual needs and preferences when booking weekend breaks, for example, trying to keep friendship groups together.
- People's needs were kept under assessment as they changed.

Staff support: induction, training, skills and experience

- Staff, including agency staff, were supported in their role through induction, training and supervision. One agency staff member told us, "[The deputy manager] has sorted out all the training for us. This is the first place that have offered us training. I really, really enjoyed the Autism training." Another agency staff member said, "We have lots of training, including epilepsy, medicines and safeguarding."
- The training programme included subjects the provider considered to be mandatory, such as manual handling, food hygiene and infection control. Where management identified a need for training which was not in the general training programme, they commissioned specific training.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the necessary support to eat and drink, for example, if a speech and language therapist had written guidelines, staff ensured these were followed. People also used crockery which was designed to meet their individual needs which enabled them to eat and drink independently.
- One person told us, "I help them with the cooking, I prepare vegetables and make cakes."
- Staff knew people's likes and dislikes regarding food and drink and were mindful of this when planning menus. Staff knew who was coming to stay that weekend and a named staff member shopped at the supermarket before people arrived. Staff gave us examples of what people liked, such as beef and horseradish sauce, grapes and soft drinks and ensured they bought these foods for the weekend the person was due to be at the centre. This meant that menus were tailored to individual preferences. If people did not want what was on the menu, staff asked them what they would like and made it for them.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked in partnership with other professionals, such as local day services, learning disability social work teams, occupational therapists and advocates. This meant that people were supported in ways which met all their needs, as there was communication between the different services they used.

Adapting service, design, decoration to meet people's needs

- The service has been designed using the space available on the ground floor. There are five bedrooms available but the service only accommodates four people at a time. This is because one of the bedrooms is fitted with equipment to meet the needs of people with a physical disability and is not used unless people need this equipment.
- Communal areas include areas for dining, watching television, listening to music as well as space to be quiet. There is also a sensory room where people can enjoy a range of sounds and lights.
- Staff had consulted people who stay at the service about adaptations. For example, a simple adaptation suggested by one person had been made to a bedroom door which enabled them to find their bedroom independently. One person told us the décor was, "Really good actually, I like the bedrooms."

Supporting people to live healthier lives, access healthcare services and support

- The service offered a short break to people, which was viewed as a holiday. Therefore, people did not make planned healthcare appointments during this time. If people became unwell during their stay, they would probably return home. However, staff were aware that they may need to contact healthcare professionals in an emergency.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training in the Mental Capacity Act 2005 and staff were aware of their responsibility to deliver care only with the person's consent.
- Most people were assessed as having capacity to decide whether they wanted to stay at the service. The provider ensured they notified us when a Deprivation of Liberty Safeguard had been granted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness, respect and compassion and during the inspection we observed staff interacting positively with people. One person told us, "I love it here, they're like a family to me." The person felt that staff cared about them and told us, "I like making [staff] laugh."
- People were welcomed into the service by staff who offered them drinks and asked them how their week had been. One person said, "[Staff] help us with our suitcases."
- A relative told us their family member, "Likes going, they also like going with their friends."
- When staff spoke about people, they spoke about them in a caring way and evidently enjoyed their company. An agency staff member told us, "I love [working here], I always want to come here. I love the guests, they mean the world to me. I am proud to go out with them."
- The deputy manager said of staff; "They like seeing the guests and the guests like seeing them."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care. For example, where people had capacity to make the decision, they could choose whether staff checked them regularly throughout the night. Staff discussed options with people and listened to their views.
- As far as possible, people chose the bedroom they stayed in when they used the service. People chose what time they went to bed.
- One person told us, "We have a meeting in the morning and decide what we are going to do [that day]. We can stay in if we wish." A relative told us, "The service users are involved in everything."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were addressed using the name they preferred. Staff knocked on bedroom doors before entering.
- People had keys to their bedrooms so they could lock their doors if they wished.
- A dignity audit was completed to ensure people's privacy and dignity needs were met. Dignity was discussed with people using the service and they had been involved in the creation of a wall poster which identified what dignity meant to them, as individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their individual needs. One relative told us, "[Relative's name] enjoys coming here, they take her places and teach her life skills." Another relative told us, "[Person's name] loves it there, they always come back happy."
- People had support plans in place which covered a range of information about people's social histories, preferences and support needs. The plans were written in partnership with people using the service. Staff signed to say they had read the support plans.
- All staff attended a 'handover' on Friday before people came to the service. This time was used to discuss the needs of the people who were coming that day. This included, which bedroom they were going to stay in, any changes in their support plans, updates on their health and to allocate named staff to support individuals where appropriate. This meant all staff were aware of all the information about who was coming to stay.
- People were supported by staff who knew them, both from working at the service and from day services, as some staff worked across both.
- Some people communicated with staff using non-verbal signs. The deputy manager told us, "We decided to sit down with guests and learn from them. Guests are very good teachers, which empowers them to teach us. They share their knowledge with us. Their faces light up when we understand them and they laugh when we get it wrong."
- People had information provided in ways which met their needs. There was a 'service user guide' displayed in the hall which was in a pictorial format. There were 'recorded buttons' around the service, which when pressed, gave information, for example, about the meals or who to talk to about any concerns.
- Everyone we spoke with told us the activities were good. Each morning, people sat down with staff to discuss what they would do over the weekend. A staff member said, "Guests pitch in with ideas and we support them." People had visited different places such as Winchester and Bournemouth and had used the train to get there.
- There was also a range of in-house activities which people could do if they did not go out, such as art and craft, watching films and playing computer games.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Where a complaint had been made the registered manager had investigated the complaint, responded to the complainant and acted to address the issue.
- People and their relatives told us they knew how to make a complaint. A relative said, "Odd little things have been dealt with."

End of life care and support

- End of life care was not provided at the service because people stayed for long weekends throughout the year and did not live there.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager promoted a positive culture which was open and inclusive.
- The service had a registered manager who had been involved in setting the service up and had overall responsibility for how the service was managed. However, the deputy manager was responsible for the service when it was open and worked the weekends. A relative told us, "[The deputy manager] is brilliant. His door is always open, he is available, he calls families and he works tirelessly."
- Other comments from relatives included, "[The management] are friendly and helpful; they are always nice to [person's name], we can't ask for more", "[The deputy manager] sorts out any slight problems" and "[The management] are brilliant, they are always there to help. With [the deputy manager], nothing is too much trouble."
- Staff told us the service was well-led. One staff member said, "I can speak to [the deputy manager], he listens. Any ideas I've got, he looks into. I don't feel like agency staff. He makes it a good atmosphere, which impacts on the guests. It is a really, really lovely place to work. I'm really proud to be part of it, right from the start. We work as a team."
- Another staff member said, "[Management] really appreciate you. [The deputy manager] has an open door policy. He listens and sorts out problems."
- The deputy manager described the service as having a, "Home from home ethos for the guests. A warm and calm environment, where our guests can relax, do activities and just be themselves and to help with reablement."
- The deputy manager said they felt, "100% supported" by the registered manager, the senior manager and their mentor.
- The registered manager was aware of their duty of candour responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager were clear about their roles and spoke of the support they received from senior managers.
- The registered manager told us they attended manager's meetings with the provider's other registered manager. This meant updates in policies and procedures could be discussed and information could be shared. There was also a system in place where senior staff audited other care services run by the provider, so that quality could be monitored from a different view.
- The registered manager completed a monthly manager's report to their senior manager. This report

identified any trends or issues and an action plan was put in place.

- The registered manager also attended adult social care forums where professionals met to share good practice.
- A system of auditing was in place to monitor the quality of the service. Regular audits included medicines records and health and safety.
- The deputy manager completed a daily check of the environment and took any necessary action to ensure the building was up to standard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and deputy manager sought and listened to people's views and action was taken to incorporate their ideas. The deputy manager was going to move offices so people were being asked what they would like to see the vacant room used for. People had a range of ideas and each was being considered.
- The provider also involved people and their families in ideas for the future of the service and how to develop and use the wider site effectively.
- People using the service were valued as individuals. For example, one person worked with staff to organise a visit to their own religious temple with other people using the service. This empowered the person to share their culture with others.

Continuous learning and improving care

- A similar service had previously been run by the provider from the same building, providing short breaks for the same people who continued to use the service. A senior manager and the registered manager told us how they had ensured the new service was different to the previous one. One example of this was that the service now offered breaks to a maximum of four people which was more in keeping with good practice for supporting people with learning disabilities.
- The registered manager said they had worked closely with relatives of people using the service, who had noted improvements in the way the new service was run.
- The deputy manager reviewed each person's care records when they left the service after their stay. Records were audited and any errors or issues were discussed with staff so lessons were learnt for future recording.

Working in partnership with others

- Management and staff worked in partnership with other professional teams and departments, for example the learning disability team.
- Staff also worked closely with local day services to ensure people were supported in the best way. For example, staff knew that on a particular day, one person enjoyed a physical activity at a day centre which meant they were likely to be tired that evening.