

The Brandon Trust

Short Term Breaks - April Cottage

Inspection report

April Cottage
Ducklington Lane
Witney
OX28 4TJ

Tel: 01993773832
Website: www.brandontrust.org

Date of inspection visit:
17 December 2019
18 December 2019
19 December 2019

Date of publication:
14 January 2020

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

Short Break Service - April Cottage is a respite service run by the Brandon Trust. It is registered to provide accommodation and personal care for up to four adults with a range of needs including, physical and learning disabilities. People could have support from a few hours a day or for longer periods. 33 people used the service and were allocated various respite hours, via the local authority, depending on their needs. The service can also provide emergency placements if required.

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 service was a bungalow on a residential street near to a town. There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a respite care service. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Improvements had been made regarding quality assurance checks. There were now systems in place to check staff were being regularly supported and that people's care records were up to date and informative. Effective audits were part of the everyday running of the service to drive up improvements and ensure people were provided with a quality person-centred service.

Staff spoke highly of the people they supported and understood people's needs well. Feedback about the staff team and service was positive both from people using the service and relatives. There had been changes since the last inspection with the management team and both staff and relatives told us they could see improvements had been made. There was good communication between staff and relatives and people using the service.

From our observations we could see staff cared about people and ensured they were stimulated and occupied. People went out for trips when staying at the service and staff knew people's preferences.

People's care records were detailed and recorded the level of support people needed and the risks they faced. People's communication needs were noted to inform staff and to make sure people were cared for appropriately.

There were sufficient numbers of staff in place and the provider carried out suitable recruitment checks on

staff.

Safeguarding concerns were dealt with in line with the provider's policies and procedures. People and relatives were confident any complaints would be listened to and acted on.

Accidents and incidents were investigated so that any trends could be identified and acted on so that lessons could be learnt. People's medicines were managed safely and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 February 2019). The provider completed an action plan after the inspection to show what they would do and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of a regulation.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from the service's last comprehensive inspection, by selecting the 'all reports' link for Short Break Service-April Cottage on our website at www.cqc.org.uk

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Short Term Breaks - April Cottage

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Short Break Service-April Cottage is a respite '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

This inspection was announced.

We gave the service 24 hours' notice of the inspection. As Short Break Service-April Cottage is a respite service, it is not open at all times and we needed to be sure the service was open and staffed on the day of the inspection. We also needed to ensure the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed our ongoing monitoring of the service including information received such as statutory notifications or contact from the public. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with the registered manager, compliance coordinator, team leader and a care worker.

We reviewed a range of records. This included two people's care records and one person's medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback via email from two relatives and one health care professional. We also telephoned four relatives and one person who uses the respite service to gain their views on the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- During the inspection people were not able to tell us if they felt safe using the service. However, people appeared calm and interacted positively with staff. We telephoned one person who uses the service and they were able to confirm they had no concerns when using the service.
- Relatives were happy with the support and care people received. They were clear they would not hesitate in contacting the management team if they had a concern. One relative commented "I know staff will call me if there are issues."
- Staff knew to report concerns to the registered manager who had completed safeguarding training specifically for managers.
- The provider had a safeguarding policy and procedure, and there was information around the service about what to do if anyone had a safeguarding concern. Safeguarding concerns had been reported and recorded appropriately.

Assessing risk, safety monitoring and management

- Risks associated with people's support had been recorded and measures put in place to reduce these risks. This was in areas such as epilepsy, internal bleeding and skin integrity. These were regularly reviewed to ensure staff had up to date information when supporting people. This was important as some people did not visit the service on a regular basis.
- The environment and systems associated with the safety of the premises, such as fire and water temperatures, had been assessed, recorded and monitored on an ongoing basis. There had been improvements since the last inspection with the amount of fire drills held. These were now held on a regular basis which gave staff the chance to practice what they would do in the event of a fire.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. The number of staff on duty varied according to the number of people using the service and the amount of support allocated to them. If agency staff were used, the registered manager ensured these were regular agency staff to provide consistent support to people.
- Feedback from staff had improved since the last inspection. They confirmed there was time to carry out the tasks they needed to. Relatives also said there were enough staff to support people safely.
- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity.

Using medicines safely

- People received their medicines, safely and as prescribed. Relatives were happy with how staff recorded medicines that went with the person when going to, and returning from the service. One relative said, "Staff are really good at checking the medicines, they are very precise and it all has to be labelled correctly before they will accept it."
- We checked one person's medicine administration records and staff had signed when they had administered the medicines. The person was staying full time at the service on an emergency placement and their medicines were in a liquid format. They had expiry dates on them but no dates of opening. The team leader confirmed they would ensure this was rectified.
- Staff had their skills and competencies assessed when carrying out medicine duties to ensure medicines were managed in a safe way.

Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons. Staff confirmed there was plenty of PPE available and the service appeared clean.

Learning lessons when things go wrong

- Systems were in place to record incidents and accidents. The provider's internal systems enabled not just the registered manager to look for trends but also staff working in the provider's health and safety department.
- Staff regularly met to talk through any issues, share best practice and learn from events.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the previous inspection some staff had not been receiving regular supervision and no-one had been offered an annual appraisal of their work. Since the change in management, staff confirmed and records showed they were receiving this on an ongoing basis.
- Staff gave us positive feedback on working in the service and the support they received. Comments included, "Staff have the enthusiasm to make things better" and "It is a much happier place to work in."
- Staff received an induction before they delivered care and support to people who used the service. Training was provided on a range of subjects including, food hygiene, autism awareness and privacy and dignity.
- Staff also received training specific to the needs of people who used the service, such as epilepsy and Percutaneous Endoscopic Gastrostomy (PEG). This is when people are unable to eat orally and food/and or medicines is delivered via a tube into the stomach.

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

- At the previous inspection we saw there were some communal areas that required attention. This had now been addressed, with all communal rooms painted and a radiator had been replaced in the bathroom.
- Rooms were accessible to people, including people with a physical disability. Equipment was available to mobilise people safely and to support people to have a shower or bath.
- Where possible people stayed in the same bedrooms they always did when staying overnight. This helped people settle in as the room was familiar to them. This was important for those people who liked consistency and routine.

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

- People's needs were assessed and delivered in line with good practice. People were referred to the service by the local authority who provided initial information about the person. The registered manager and team leaders then continued to assess the person when they visited the service.
- The transition to using the service was planned based on the person's needs. Some people struggled to adapt to changes to their routine and therefore might require several visits to the service before staying for any length of time.
- Staff respected people's wishes and recognised that some people did not settle into using the service. When this occurred alternative respite services were sought to try to ensure the person accessed a more appropriate service.

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

- Menus were planned around people's preferences. People's dietary needs and allergies were recorded in their care plans and displayed in the kitchen.
- Staff respected people's choice of meals and one person told us, "I can choose what I want to eat." We saw where possible people were encouraged to help out with the meal preparation and cooking so they felt involved.
- People who had risks associated with eating safely such as risk of choking, had guidance in place for staff to follow. Referrals were made to healthcare professionals such as a speech and language therapist (SALT) where staff felt people's needs had changed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were recorded and met. The staff worked with healthcare professionals, such as GPs and learning disability nurses. We received feedback from a healthcare professional who told us, "The team at April Cottage work collaboratively with the Learning Disability Team and District Nursing team in order to meet the needs of the patient."
- The team leader confirmed if invited, staff from the respite service attended reviews that other organisations had arranged, for example day services. This encouraged all those involved in the person's life, along with the person, to talk about their progress and to identify what was working well and if there were any problems that needed to be addressed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, 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.

- Staff were clear they sought consent from people or their representatives in areas of the person's care. Mental capacity assessments and best interest decisions had been carried out as and when this was needed.
- The registered manager had consulted with the local DoLS team about the need to put in applications. Due to the nature of the respite service, with most people staying for just an overnight stay, they were advised that DoLS applications did not need to be submitted.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People during the inspection, could not tell us they were happy with the care they received. However, we observed, people smiling and joking with staff and clearly felt at ease around the staff team.
- Feedback from people and relatives indicated people enjoyed visiting and staying at the service. One person we spoke with told us, "Staff are there to help me and they do this very well." A relative said, "[Person who uses the service] comes back to us happy so I know they have enjoyed themselves."
- We saw caring interactions with one person who had been living in the service on a temporary basis. Staff had got to know what the person liked and disliked and their relative was very happy with the care and support the person had been receiving. They told us, "[Person using the service] is clearly loved, and therefore very responsive to the staff at April Cottage. She is going back to being her own very unique self."
- A healthcare professional gave us positive feedback about the staff team. They said, "Overall they are a good service with a dedicated, caring staff team." Staff were clear they wanted people to enjoy coming to visit and stay at the service.

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

- Staff understood how each person wanted to be supported. One relative gave an example of night staff knowing the person needed a night light switched on as this, "Helped [person using the service] to feel safe and happy at night."
- The staff team worked well together to share information about people's preferences. Staff understood how people expressed themselves and this helped them when involving people on how they wanted to be supported.
- Relatives told us communication was good between them and the staff team. One relative said they filled in a book to let the staff team know how the person had been since they last stayed in the service. Staff also filled in details in this book about what activities the person had taken part in and how the person's stay had been to keep the relatives informed.
- The new registered manager had plans to arrange annual reviews in 2020, which had not previously been on offer for people and their relatives. This would enable people and/or their relatives to talk about their experience of using the respite service and help to build positive relationships.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people had different needs and required various levels of support. People were encouraged to be as independent as they could be. One person told us, "I can do a lot for myself and staff don't do things for me that I can do for myself."

- Relatives confirmed staff were respectful and cared about people using the service.
- Staff recently supported a person to move to their own accommodation, so they could lead a more independent life. Through this support the person had time to prepare for the move and feel confident they could live with less staff supporting them.
- Records relating to people's care were kept confidential and secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives confirmed the staff understood people's needs well. Some staff had worked in the service for many years and therefore, knew how best to support people.
- Where possible, when arranging respite breaks for people the staff team considered matching people to who they had a positive connection and friendship with. This helped people enjoy going for a respite break and encouraged people to maintain social relationships.
- People's care plans were person-centred and recorded important information about the person. For example, their routines, their life history and how they wanted to be supported.
- People with particular needs had a positive behaviour support plan in place. This meant staff would know what signs to look for if the person was unhappy, anxious or agitated and required more support to ensure they and others were safe.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans recorded how people communicated. This varied from person to person and staff adapted how they supported a person depending on their needs. We saw in one person's care plan that they smile and giggle when happy and kick their legs out.
- Staff could describe how they observed how people communicated, especially those people who communicated through sounds and gestures. Relatives confirmed staff understood how people communicated and had no concerns.
- The provider had adapted information around the service in an easy to read format with pictures as another way to share information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Since the last inspection the service had its own mini bus to take people out. Everyone we asked said they were happy with the activities on offer. Staff offered activities based on people's interests. Some people enjoyed going to see animals, others liked going out to the local town and eat out.
- A relative gave an example of where staff ensure the person has the chance to go out and buy a car magazine. The relative told us the person likes this and this forms part of their stay in the service.
- If people stayed at the service on an emergency placement, which lasted several weeks or months they

were supported to maintain contact with their friends and relatives to ensure they were not socially isolated.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedures available. This was available to people and their relatives, including in an easy-read format.
- We saw where a complaint had been raised this had been dealt with appropriately.
- Relatives said they would speak with the staff if they had any complaints. One relative said, "if I did have a complaint, I know I would be listened to."

End of life care and support

- The registered manager confirmed no-one using the service was receiving end of their life care. People who accessed the service lived with their families or shared lives carer and usually any stays were short term. In the case of an emergency and/or sudden death staff would immediately contact relatives or the next of kin.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have effective quality assurance and monitoring systems in place to ensure people were receiving a safe and well led service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- As noted in the Effective domain, improvements had been made with how staff were supported. There was now a staff monitoring system in place to ensure staff had sufficient one to one supervision and observations on their practice.
- Health and safety checks were regular and all recorded. Fire drill practices had increased to make sure everyone working in the service was confident on what to do in the event of a fire.
- The majority of people's care plans and associated records had moved over to the provider's new format and this ensured staff could easily access information about people's needs and routines. This helped also when reviewing and auditing these records.
- Overall, with new management in place, the two team leaders and registered manager were clear what quality assurance checks they completed and they worked well to ensure audits formed part of the every day running of the service.
- The provider had an effective quality assurance programme that filtered down into all the registered services. This included checks from other registered managers in the organisation visiting to assess the quality of the service, hear about where staff had worked particularly well with people and gain feedback from people and staff about their experiences of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were happy with how the service was managed. One relative commented that they were "amazed" at the service since there had been new team leaders and a new registered manager in post. They confirmed there was regular communication which had been useful.
- A relative spoke about the registered manager, who had been in post approximately four months. They

said, "[Registered manager] has been an exceptionally empathetic and sensitive manager. I have always found her to be someone who is quick to respond to my concerns."

- People and relatives received a newsletter providing them with an update on any staff changes and news about the service.
- The provider had a clear vision and values that ensured people who used their services were central when considering how to provide person centred care and support. Feedback from people using the service and their relatives was sought, via satisfaction surveys, to ensure any areas working well were acknowledged and areas to be improved were addressed.
- The provider had carried out a staff survey to look at areas that were working well for staff and where improvements and changes needed to be made. The provider held roadshows to give staff a chance to ask questions and reflect on their practice. This demonstrated that the provider actively engaged with staff to ensure good outcomes for people using the service.
- The culture of the service had improved since the last inspection. A member of staff told us, "My views matter now." They gave an example of where they were part of working on the staff rota, as they knew people's needs and the different levels of staff required to support them effectively. Staff confirmed, by being able to contribute their thoughts on the staff rota empowered them as they felt listened to.
- Staff met regularly as a team to share ideas, provide updates on people using the service and to look at best practice. A team leader told us "Staff want to make people happy." We saw people were happy and smiling throughout the inspection and staff worked in a positive way to provide a warm and welcoming environment.

Continuous learning and improving care; Working in partnership with others

- The staff team and management worked well with external community professionals. Recently they had worked closely with professionals where there had been a person staying full time until an appropriate long-term accommodation was found. They had worked hard to ensure the person's needs were assessed for a wheel-chair and their health needs were assessed by the relevant professionals.
- A healthcare professional confirmed the staff team provided, "Good quality care to a person with complex health needs."
- Staff and management had the opportunity to develop their skills and study for nationally recognised qualifications in social care. This gave them the confidence to provide high quality care in line with best practice and current legislation.
- The registered manager received support and guidance through their supervision meetings with their line manager and by meeting other managers working for the provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was transparent and knew the importance of being honest, open and reflective when mistakes were made, incidents happened or a concern was raised.
- Relatives were kept informed of incidents and outcomes of any complaints.