

Lancashire County Council

# Fylde and Wyre Short Break Services

## Inspection report

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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?

Outstanding 

Is the service well-led?

Good 

### Overall summary

This inspection was carried out on 01 May 2015 and was announced. The service provides respite support to people therefore we checked in advance to ensure the service was open on the planned day of our visit. We gave the provider 24 hours' notice of our inspection.

We last inspected Fylde and Wyre Short Break Services in July 2013 and identified no breaches in the regulations we looked at.

Fylde and Wyre Short Break Services is a care home providing personal respite care and accommodation for up to six people. The bungalow has six bedrooms, one lounge, dining area and a sun lounge. There is also a smaller quiet lounge and sitting room at the front of the bungalow. At the time of the inspection there were six people staying at the service.

# Summary of findings

There are a range of aids and adaptations in place which meets the needs of people using the service. These include a sensory room and sensory bathroom.

The home has a manager who is registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we observed staff interacted with people visiting the service with respect and professionalism and people were seen to be engaging with staff openly. People told us that staff supported them to maintain their independence and we saw evidence of this within the care documentation we viewed.

We found people and others who were important to them, were involved in the planning of their care and documentation was written in person centred way. Relatives told us the service consulted with them and responded to peoples' needs promptly and with understanding and empathy.

The registered manager reviewed the staff skills and abilities and matched these to the needs of people who

stayed at the service. Staff understood the needs and preferences of the people they supported and people spoke very positively about the care and support they received from staff. .

We saw evidence that when appropriate, people were referred to other health professionals for further advice and support and staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse and the staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

There were arrangements in place to ensure people received their medicines safely and staff were knowledgeable of these.

The registered manager had a good understanding of the Mental Capacity Act 2005 and their responsibilities under the Act. This meant that if people lacked capacity and restrictions were required to ensure their safety, applications were made appropriately.

The service had a manager who was registered with the Care Quality Commission and staff told us they felt supported by the manager.

# 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?

Good



The service was safe.

There were systems in place to ensure safeguarding concerns could be reported appropriately and staff were knowledgeable of these.

There were arrangements in place to ensure people received medicines in a safe way.

The staffing provision was arranged in advance to ensure people were supported by sufficient numbers of suitably qualified staff.

### Is the service effective?

Good



The service was effective.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where required an application for DoLS had been made. This meant that appropriate steps had been taken to ensure people's rights were protected.

### Is the service caring?

Good



The service was caring.

People who used the service and their relatives told us staff were caring.

We saw staff provided support in a kind way.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

Care records were person centred and detailed to enable staff to deliver care that met people's needs. People were involved in the development of their care plan.

### Is the service responsive?

Outstanding



The service was responsive.

The registered manager identified staff members to work with individuals. This enabled positive and trusting relationships to be developed and people were supported by a consistent team of staff.

People's interests and social activities were clearly documented and people were supported to engage in activities that were meaningful to them.

There was an effective complaints procedure in place to enable people to make complaints and seek improvements to the service provided.

# Summary of findings

## Is the service well-led?

Good



The service was well-led.

There were audit systems in place to ensure any issues were identified and improvements made.

Staff were supported by the registered manager. The manager worked closely with staff to ensure the home provided a good service to people who lived at Fylde and Wyre Short Break Services.

# Fylde and Wyre Short Break Services

## 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 was carried out on 01 May 2015 by an adult social care inspector.

Before the inspection, the provider completed 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. We also reviewed historical information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding information and comments and concerns. This helped us plan the inspection effectively.

In addition, we contacted four external professionals who had knowledge of the home. All the professionals we contacted gave us positive feedback about the service.

During the inspection we spoke with three people who were staying at Fylde and Wyre Short Break Services, two relatives, two care staff and the registered manager. Following the inspection we spoke with one relative by telephone. We did this to gain their views of the service provided.

We looked at all areas of the home, for example we viewed lounges, bedrooms and a communal bathroom.

We looked at a range of documentation which included two care records and we looked at a sample of two further care records. We also viewed five staff files. We also looked at a medicines audit, a health and safety audit and a sample of medication and administration records.

# Is the service safe?

## Our findings

We asked three people if they felt safe. We were told, “Yes, the staff are my friends.” And, “Everyone’s lovely to me.” Also, “The staff look after me.”

We viewed two care records and saw individual risk assessments were carried out as required. When risks were identified these were documented and control measures were put in place to ensure the risk of harm was minimised. The risk assessments informed staff of the actions to take to support people to maintain their independence safely. For example, whilst accessing the community, cooking, mobilising and receiving personal care. We spoke with one person who confirmed their risk assessments had been discussed with them and staff supported them in the way they had agreed. This helped ensure peoples’ safety was maintained.

Staff were able to explain the purpose of the risk assessments in place and how these enabled risks to be minimised. Staff told us that if they were concerned that a risk assessment required updating they would discuss this with both the person using the service and the registered manager to ensure peoples safety was maintained. This demonstrated to us that there were systems in place, of which staff were knowledgeable to ensure people were supported safely.

We saw the home had a safeguarding procedure and numbers for the local safeguarding authorities were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur, identify the signs and symptoms of abuse and how they would report these. They told us they had received training in this area. When asked staff said they would immediately report any concerns they had to the registered manager, or to the local safeguarding authorities if this was required. Staff told us, “I would speak to them and involve them if I was worried about someone and I’d report it straight away.” And, “Reporting procedures are there for a reason, to protect people and I wouldn’t hesitate.”

We asked the registered manager how they ensured sufficient numbers of suitably qualified staff were available

to meet peoples’ needs. The registered manager told us they asked people who used the service and their relatives, to book their stays in advance, every six months. A relative we spoke with confirmed this. The registered manager explained that this system helped them plan effectively to ensure the number of staff on duty was sufficient to support people safely. In addition the registered manager and the staff told us that an on call system was in place. This ensured additional staff could be obtained in the event of an emergency.

The people we spoke with confirmed staff helped them to participate in external activities and they were happy with the number of staff available to support them. We also asked two members of staff if they felt the staffing provision was adequate. They told us they had no concerns and they would bring this to the attention of the manager if they felt people had to wait for support. On the day of the inspection we saw people were supported to attend external activities of their choice.

Relatives we spoke with told us they considered the staffing provision to be suitable. We were told, “I know all the staff here and I’ve never been here when they haven’t got enough staff.” And, “There’s enough staff here, no-one has to wait, or miss out at all.” We considered there were arrangements in place to ensure people were supported by sufficient numbers of staff.

We reviewed documentation that showed safe recruitment checks were carried out before a person started to work at the service. All the staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helps ensure suitable people were employed to provide care and support to people who stayed at Fylde and Wyre Short Break Services. The registered manager told us it was the policy of the service to repeat the DBS check every three years and we viewed three personnel files which showed this took place.

During this inspection we checked to see if medicines were managed safely. We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. This showed us medicines were available and had been administered as prescribed. We saw medicines were stored in a lockable cupboard and a lockable fridge was also available for medicines that required this. We saw the door to the room

## Is the service safe?

where medicines were stored was locked and staff accessed the room using a keypad. This helped ensure medicines were not accessible to people who were unauthorised to access them.

We asked staff to explain the procedures in place when medicines were administered. The staff we spoke with were able to explain the actions they would take to ensure medicines were administered safely. This included checking the MAR, checking the medicine for the person's name, dose, route of administration and the expiry date of the medicine. The staff member showed us the MAR and explained when they would record this. They told us this would be done immediately to ensure accurate records of medicine administration were maintained.

We discussed the arrangements for the receipt and return of medicines with staff. As the service provides respite care it is important that accurate records are kept of the medicines that people bring into the service and take home with them. We saw there was a system in place to ensure that all medicines entering the home were recorded

and when a person returned home, a receipt was provided to the person, or their relative to evidence the medicines had been returned. We asked staff how they identified medicine errors. The staff told us the registered manager carried out medicine audits to identify any shortfalls in the service provided. In addition, we were told all medicines were counted on a daily basis to ensure errors were identified promptly and action taken to correct these. We saw documentary evidence of these checks.

We saw safety checks were carried out to ensure equipment and facilities remained safe. We saw evidence that regular monitoring took place and this included mobility equipment, fire safety equipment and health and safety checks on the electrical system. These measures helped to keep people safe and free from harm.

We asked the registered manager what procedures were in place in the event of an accident or incident. We saw accident forms were completed. The registered manager told us they reviewed these to ensure appropriate action was taken.

# Is the service effective?

## Our findings

The feedback we received from people who used the service and their family members was positive. People told us the care staff supported them in the way they had agreed and they liked visiting the service. One person told us, "I look forward to my visits. The staff know me and what I like." A relative told us, "They understand [my family member's] needs and that's crucial."

We asked people at Fylde and Wyre Short Break Services their opinion of the food provided and received positive feedback. We were told, "I can choose what I want and [the staff] help me choose healthy options." And, "[The staff] help me to cook, I'm getting really good." Another person said, "I choose my own food and [the staff] help me with cooking."

We checked to see if people had specific dietary needs, these were catered for. One of the care plans we viewed showed us the person required a specific diet to meet their individual needs. We saw the service had referred the person to a health professional for specific advice and the outcome was clearly documented with the care records. This is important as people should receive the correct diet for their needs to maintain their health and wellbeing.

During the inspection we did not observe people eating a meal as the service was supporting people to carry out external activities of their choice. However we saw the care records contained people's likes and dislikes and records of meals eaten were kept. We looked at one person's care records and saw their daily intake of food reflected their preferences. A further record evidenced a person had chosen their own meal and been supported by staff to cook this. It is important people are provided with a diet that is enjoyed by them as this may help people eat and drink sufficient to meet their needs.

We asked the registered manager what action the service would take if a person became unwell. We were told that if appropriate, the family of the person would be contacted and further medical advice would be sought. We saw the care records contained the contact details of people's GP's and their family members. This enabled staff to seek further advice from professionals who knew the people who used the service.

The staff we spoke with told us that they would support the person to attend their own GP, but if this was not possible,

they would support them to attend an out of hour's medical service, or the hospital if required. On speaking to relatives this was confirmed. One relative told us their family member had become unwell and the service had responded by contacting them and arranging for the person to attend a medical out of hour's service. The relative we spoke with was complimentary of the action taken by the service. They told us; "They know (my family member) so well and they did the right thing. The care here is fantastic."

When appropriate, the care records contained detailed instruction for staff on how to support people if they had behaviours that may challenge. A relative we spoke with confirmed the service supported their family member effectively. They told us they were initially anxious of their family member staying at the service. This was because of their individual needs. We were told, "[My family member] has difficulties with behaviour but the help they gave [my family member] was second to none. [My family member] is cared for so well and loves going there because of this." This demonstrated to us that effective care was provided.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The registered manager told us they had begun to review the practices in place at the service to ensure people were not being unlawfully deprived of their liberty. We viewed documentation that showed us the registered manager had reviewed a person's care and had identified an area of their care that may have been restrictive. We saw they had considered the person's mental capacity as part of this process and had submitted a DoLS application to the appropriate supervisory body. This showed us there were processes in place that were being followed in practice, to ensure people were not unlawfully deprived of their liberty.

We asked staff to describe their understanding of mental capacity and how this related to the day to day practice in



## Is the service effective?

the service. It is important staff are knowledgeable regarding the MCA and DoLS to ensure the correct processes are followed and people are supported in a way that does not place inappropriate restrictions upon them. Staff told us they had received training in MCA and DoLS. They were able to explain their understanding of mental capacity and gave examples of how they helped people to make decisions. They told us they would ensure the person was given sufficient information, in a format that supported their understanding, for example by using pictures or photographs if required. They also told us this would be done at a time when the person was most able to make a decision and they would ensure this was carried out in an environment that protected their privacy and dignity.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included practical and theory based training in areas such as moving and handling, food hygiene, safeguarding

and first aid. Staff also told us that further training was provided to enable people to be supported by skilled and knowledgeable staff. For example training in British Sign Language, specialist nutritional support and the management of epilepsy. We viewed a range of certificates which confirmed this was the case. Staff also told us and we viewed, two supervision and appraisal records which demonstrated the service reviewed the learning and performance of staff.

In addition we saw that new staff met with the registered manager to review their progress at set points in their employment with Fylde and Wyre Short Break Services. The registered manager told us this allowed support and guidance to be provided as required. We considered staff were enabled to review their learning needs and maintain their skills. This helped ensure people received effective care that met their individual needs.

# Is the service caring?

## Our findings

We spoke with three people who used the service and asked them to describe the staff who worked there. We were told, “They’re brilliant here. The staff take a lot of time to make sure I’m happy”. And, “I can have a laugh with staff.” Also, “I like all the staff here, I come to see them as well as my friends.”

The relatives we spoke with were also positive regarding the staff at Fylde and Wyre Short Break Services. They told us, “The staff are brilliant. They know everything that’s important [to my family member] and they love coming here. I never worry because I don’t have too. They really are that good.”

During the inspection people who were staying at the service were engaged in external activities, however they agreed to come to Fylde and Wyre Short Break Services to speak with us. We observed the interactions between them and the staff and saw staff were open, approachable and friendly. Staff used touch appropriately to demonstrate they were caring. For example if a person wanted to hold a staff member’s hand this was facilitated. We saw this was appreciated by people at the service and people responded to staff in a positive way.

We also saw one person receiving support for part of the morning and observed the staff to be patient and respectful. Staff were reassuring to them when there was a delay in their transport arrangements. Staff also followed the instructions of their care plan when they supported them to mobilise.

The care records we looked at were written in a person centred way. This means the person was at the centre of their care and care was arranged to meet their needs. We saw the care records contained detailed and personalised information to enable staff to deliver care that met the person’s preferences. We saw people’s individual preferences were described, such as clothing, personal care and preferred time of getting up and going to bed. We looked in detail at one care record relating to

communication and on the day of the inspection saw that this was followed by staff when they interacted with the person. Staff were patient and gentle in the way they responded to them. This showed us staff were caring.

We asked the registered manager how they supported people with specific cultural or religious beliefs. The registered manager told us this was discussed at the initial meeting with the person and was included in the care planning process. For example, if a person required a specific diet, or to be supported to practise their faith this would be arranged.

We spoke with two members of staff and asked them to describe the care needs of people who stayed at the service. From our conversations we found staff were knowledgeable about people’s needs and preferences and could describe the individual interventions that were required to support them. Staff were able to describe the routines people preferred, such as the time they wanted to get up and go to bed, relationships that were important to them and interests that they had. This is important as it enables staff to deliver care and support that meets people’s needs and preferences.

Staff spoke avidly about ensuring people were empowered to live their lives in the way that they chose. They told us, “We’re here to help people live their lives to the maximum. This is all about them and what they want and I feel really honoured to be part of their lives.” And, “Everyone here is a person who is just like you or me, they have things that interest them and things that don’t, they have a life that is theirs and I’m just so pleased we can help people in the way we do. We put them first.”

The people we spoke with confirmed staff treated them with respect and upheld their dignity. We were told, “When I’m in my room they never just walk in. They knock and wait for me to answer.” And, “They help me shower and I never feel embarrassed. They’re good.” Also, “They talk to me in private about personal stuff.” The feedback we received, and the documentation we reviewed, together with our observations showed us the service was caring.



# Is the service responsive?

## Our findings

We asked three people if the service consulted them and involved them in their care. People were enthusiastic in their response. We were told, “Yes. I come here with a friend and they arranged that for me because I wanted it.” And, “I get to do what I want to do because they ask me.” Also, “They ask me before they do anything.”

We were also informed by relatives that the service involved them in the planning of care. All the relatives we spoke with were extremely positive regarding the support and engagement they had experienced from Fylde and Wyre Short Break Services. One relative said; “They really helped [my family member]. [My family member] came for a visit and we were asked all sorts of things to help them settle in.” Another relative told us, “They’re flexible, understanding and approachable. [My family member] is able to have independence there.”

We asked the registered manager what processes were in place if a person wanted to stay at the service. The registered manager told us that they would meet with the person, their family and any other health professionals who were involved in the person’s care. They told us this could be carried out in the person’s home or at another location if this was preferable to the person. We were also told the purpose of the meeting was to involve the person and learn about their wishes and needs. From this meeting an individual personal profile would be developed and the person could visit the service as many times as they wanted before agreeing to stay. The registered manager said this was important as they wanted the person to feel comfortable and enjoy their time at Fylde and Wyre Short Break Services. We spoke with one relative who confirmed what the registered manager had told us. They told us the service had worked closely and professionally with them to ensure their family member received the care and support they required. They said, “I can’t praise them highly enough, they came to meetings, supported us and everything was done at [my family member’s] pace. What they do is amazing.”

We asked the registered manager how they ensured the care agreed stayed up to date and current. This is important when the service provided is a respite service as care needs may change between the times people stay. The registered manager told us they spoke with people, or when appropriate their relatives prior to people staying. We

were told if there were any changes, this was discussed and a new care agreement was developed. Relatives we spoke with also confirmed the service remained in close contact with them to ensure changes to care were identified and responded to promptly. We saw documentation in the care records that showed us this took place. This evidenced that the service responded to changes in people’s needs.

We viewed the care documentation and saw this was person centred and continually updated. The planning document included information on a person’s ‘Circle of support.’ A ‘Circle of support’ is an approach which places people at the centre of their care. The documentation contained information that was important to the individual. For example, who was important in their lives and support networks they engaged with. We also saw information on what would constitute a good day or a bad day, and how the person should be supported. This enabled staff to gain an understanding of what was important to the person and respond to their individual preferences.

Symbols and pictures were used as part of this document to enable and support people’s engagement and decision making. We viewed a care record that contained a ‘Learning Log’. The staff told us that they completed learning logs if a person had responded positively or negatively to an experience. They told us the purpose of these was to ensure that responses to care were recorded and reviewed and changes made to improve the service provided. We saw as a result of a person’s positive experience their care records had been updated to include a new care intervention the person found beneficial. This demonstrated to us that the service responded to people’s experiences in order to improve the care provided.

We saw each person booked their stay six months in advance. The registered manager told us this enabled them to review the staff experiences and skills and identify a link worker for the person. The registered manager told us it was critical that people were supported by staff that were competent and the person liked. They said this enabled people to enjoy their stay at the service and to develop trusting relationships as people were cared for by staff they liked and who knew their individual needs and preferences. All the people we spoke with confirmed they had dedicated staff to provide care and support when they visited the



## Is the service responsive?

service and they had agreed to this. One person told us, “I love coming here, tonight [Care staff 1] is here and we’ve got stuff planned.” This demonstrated that the service responded to people’s individual preferences and needs.

We spoke with staff who gave examples of how they met people’s needs in a responsive manner. One staff member told us, “Everything here is responsive to their needs. This is a person led service, not a staff led service and we’ll help people do activities, bathe, cook, clean, stay in touch with friends or whatever they want. That’s responsive and that’s person centred.” Another staff member said, “We provide help and care that meets their values and aspirations. That’s how it should be and we do that.” We considered the service was responsive.

When we arrived at the service we saw people were being supported to attend activities that were important to them. The care records we viewed showed us people’s social routines were included within the care records and we looked at the corresponding daily notes for each person. These showed us that people were supported by staff to engage in both external and internal activities.

We saw that one person had chosen to spend their time on their computer and another person had chosen to spend time drawing. In addition we saw people had been supported to attend a local day centre, complete some shopping and attend a drama group. This showed us people were supported by staff to participate in events that were of interest to them. This is important as it may minimise the risk of social isolation and improve peoples’ quality of life. One person described in detail, the measures the service had agreed with them to enable them to live as independently as possible. They told us this had benefitted them and they were really happy with the support they received. They said, “It’s a big help to me.”

We viewed a complaints procedure and we saw this contained a description of the timescale and people responsible for investigating complaints. We also noted it contained further contact details for the Local Government Ombudsman if people remained unhappy with the response from the service. We saw the procedure was available in an easy read format. This is important as people should be supported to understand the procedure in place in order to raise concerns appropriately if required.

We asked people who used the service what they would do if they wanted to make a complaint. Without exception we were told they would talk to the staff and the manager. All the people we spoke with told us they were aware of the complaints procedure and were confident they would be listened too. The relatives we spoke with also confirmed that they had no concerns about the service. On relative told us, “It’s a lifeline and they offer me support as well as [my family member.] A further relative told us, “The only problem here is it’s not big enough. Everyone who needs it should have access to a service like this.” All the relatives we spoke with told us they believed any comments they wanted to make would be listened to and explored.

All the staff we spoke with told us they would report any complaints to the registered manager, using the on-call system if necessary. This demonstrated to us there was a system in place, of which staff were aware, to raise complaints effectively. We viewed the complaint log in place at the service and looked at one completed complaint which had been raised with the service and addressed within the required timescale. This showed us the home responded to complaints in accordance with the policy in place at Fylde and Wyre Short Break Services.

# Is the service well-led?

## Our findings

The service had a manager in place who was registered with the Care Quality Commission.

We asked three people their opinion of the registered manager. We were told, “[The registered manager] is great. They really understand me.” And, “Fantastic.” Also, “Lovely.”

During our inspection we saw people knew who the registered manager was. People spoke openly with the registered manager and we saw they spent time with people and addressed them by their names. We also saw people responded positively to this.

We asked the registered manager what checks they carried out to ensure shortfalls and errors were identified and improvements made. The registered manager told us they completed monthly audits and we looked at a completed audit for April. We saw the audit covered areas such as medication, individual’s monies, supervisions of staff and care records. We asked the registered manager what checks were carried out to ensure people who stayed at the service had a positive experience. The registered manager answered by saying, “By listening to peoples’ feedback. By listening to people and really trying to understand their views, you can only build on the service we provide and that’s what we aim to do. We want to listen, we want to change and we want people to enjoy coming here.”

The registered manager showed us compliments forms which were available in the reception area of Fylde and Wyre Short Breaks Service. We looked at seven completed forms and noted comments such as, “I was happy here.” And, “I get on well with staff.”

We also saw the collated results of a completed annual survey which further demonstrated the service sought to identify areas where it could improve. The survey we viewed contained no negative comments. We asked the registered manager how they communicated the results to people who stayed at the service and their relatives. We were told the survey was sent to people after the results had been analysed and a relative we spoke with confirmed this was the case. We concluded there were systems in place to identify shortfalls and improve the service offered.

We observed the interactions between the registered manager and the staff and saw staff approached the registered manager freely and without hesitation if they

required information or guidance. All the staff we spoke with told us they felt well supported by the registered manager and told us they were encouraged to discuss any concerns or comments openly.

Staff told us they attended monthly team meetings with the registered manager. They explained these were used to communicate changes, gain feedback on the way the service was operating and give feedback to the registered manager. We viewed minutes of the team meeting for January, February and March and saw staff were given feedback on how the service was performing. We saw the results of audits were discussed, feedback from people who used the service and their relatives were discussed and staff were encouraged to give feedback. We saw positive comments regarding the staff induction had been given to the registered manager by a newly recruited member of staff.

We asked the registered manager how they ensured staff understood the values and aims of the service. The registered manager spoke passionately about the importance of positive leadership and role modelling. They told us, “We’re a team and we all need to know and understand why we are here and what we’re trying to achieve. Person centred training, induction, observation and feedback to staff are all ways of instilling values and we do those. We don’t have a blame culture, what we do have is openness and a willingness to learn and improve.”

The registered manager showed us an exercise they had completed with staff. We saw this was a chart with each of the Care Quality Commission (CQC) Key Lines of Enquiry (KLOE). The registered manager told us they had completed this exercise as they wanted staff to consider how their individual actions and the service met the KLOES and related to the experiences of people who stayed at Fylde and Wyre Short Break Services. We viewed the chart and saw staff had identified how their responsibilities and the service provided met the KLOES. We saw staff had suggested further emergency medical equipment could be purchased to improve the service provided and the registered manager told us they were currently exploring this further. This demonstrated the registered manager provided leadership and engaged with staff to enable the service to develop.

The registered manager told us they had also completed a team profile with staff. We saw a ‘One Page Profile’ was in place for staff members and in addition, a team profile was

## Is the service well-led?

in place. The team profile had documented the team aim as, “To support people with disabilities to lead the lives they want.” The registered manager told us this was a useful exercise as it enabled staff to build on team relationships and learn about their individual skills and strengths and how these affected the service provided.

We asked the registered manager how they shared best practice across the organisation. The registered manager

told us they attended monthly meetings with registered managers from other services provided by Lancashire County Council. They explained this allowed open discussion and debate and was solution focused. The registered manager said that recent changes in relation to DoLS had been discussed and in addition guidance from the National Institute for Clinical Excellence was reviewed if relevant to the service.