

London Borough of Ealing

Short Break Service

Inspection report

Short Break Service
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 23 February 2017. The last inspection of the service took place on 10 and 11 September 2015. We rated the service as Good overall but identified two breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not always operate systems and processes effectively to manage medicines and to assess risks to people's health and safety. This may have placed people at risk of unsafe care.

At this inspection we checked risk assessments and medicines management. We found the provider had taken action and improved the way they managed medicines and assessed risks to people's health and safety. This meant that the provider was now meeting legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Short Break Service' on our website at www.cqc.org.uk.

Short Break Service is a respite provision for people aged between 18 and 65 years of age with learning disabilities and who may also have profound physical disabilities. The service provides support to approximately 50 people through periods of planned respite throughout the year. At any one time the service can accommodate a maximum of ten people. The service also supports people who need respite on an emergency basis.

The service had a registered manager. 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.

We found the provider had taken action to improve the safety of people using the service.

Risk assessments were in place for each person who used the service and identified individual risks and how these were to be minimised.

Systems were in place and being followed to manage medicines safely.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the provider had taken action to improve the safety of people using the service.

Risk assessments were in place for each person who used the service and identified individual risks and how these were to be managed.

Systems were in place and being followed to manage medicines safely.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Short Break Service

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 unannounced inspection was carried out on 23 February 2017. The inspection was carried out by one inspector. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 10 and 11 September 2015 had been made. We inspected the service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting legal requirements in relation to that question.

During the inspection we reviewed the risk assessments for three people using the service. At the time of inspection only one person who was staying at the service was having medicines administered by care workers. We looked at the medicine record for this person and also for one other person who used the service at other times.

We spoke with the registered manager, the deputy manager and three care workers.

Is the service safe?

Our findings

During our inspection of 10 and 11 September 2015 we found risk assessments were not recorded in some of the care records we viewed. At this inspection we found that risk assessments had been completed for each person who used the service. Those we viewed were comprehensive and identified each area of risk and the control measures in place to mitigate the risks. Areas of risk included personal care, bathing/showering, infection control, moving and handling, overnight risk, health and safety awareness, activities/community, eating and drinking, behaviour/communication and medication and safe storage. The document prompted staff to identify and then calculate the level of risk for each area and where these were identified as medium risk or above, additional control measures were included. For example, for someone with a percutaneous endoscopic gastrostomy feeding tube (PEG), additional control measures included staff awareness of aspiration or vomiting and these risks were recorded. Staff had received training in PEG feed administration and in the use of suction. There were also guidelines for PEG feeding and use of suction in place in the person's care file, so the information was readily available to staff. Care workers confirmed that they read the support plans and risk assessments. One told us, "You cannot support someone unless you have read their care plans and know what they need."

Risk assessments were reviewed and the registered manager told us if people's level of risk changed, then their risk assessment document was updated. We also saw how risks were identified in the support plan. For example, for someone with moving and handling needs, a moving and handling assessment had been completed and identified the equipment and number of staff needed to assist the person safely with any moving and handling they required. For another person who needed two staff with them when out in the community, this had been identified and the registered manager said she ensured when the person was using the service then the staffing levels were appropriate to meet their needs. This demonstrated that risks were being identified and care and support planned to meet people's needs and maintain their safety.

Medicines were now being safely managed at the service. During our inspection of 10 and 11 September 2015 we identified a discrepancy with medicine stock for one person and for people who were staying at the service on long term placements, stock balances were not being carried forward from one month to the next so we could not audit their medicines. The registered manager said that they no longer had any people on long term placement and all the people using the service came in for short term respite care. We checked the stock balance of one medicine for a person using the service and the balance tallied with the number received when the person came to the service and the number administered.

Staff confirmed they had recently received medicines training and one told us, "There is a lot more communication around medication and everyone is checking more thoroughly around medicines." The registered manager was responsible for completing the medicine administration record charts (MARs) and two staff checked in and recorded people's medicines. Two staff checked and signed for each medicine administration. This was evidenced by the staff initials seen on the MARs. The registered manager explained that if there were any discrepancies or if a relative identified a very recent change to someone's medicines that was not reflected on the medicine instruction label, she would contact the person's GP and obtain written clarification around this. Staff were only allowed to follow the specific instructions on the medicine

containers, so any changes needed to be authorised in writing. The medicines policy had last been reviewed in July 2016 and identified the procedures to be followed to ensure people received their medicines safely.