

Lancashire County Council Burnley, Pendle & Rossendale 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Burnley, Pendle and Rossendale Short Breaks Service is registered to provide short term respite care and accommodation for people with a learning disability and autism. The home is registered to support up to six people at any one time. The accommodation is all based on ground level and is accessible to all people who use the service. There were six people staying at the home at the time of inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People felt safe and were extremely happy at the service. Staff had a good understanding of abuse and felt confident raising concerns. Risk assessments were robust. The service supported some individuals with very complex needs and there were behavioural risk assessments and strategies in place to ensure that this was managed effectively. The service was person-centred and support plans focussed on all aspects of their life. One-page profiles were in place and information was provided in easy read formats, such as safeguarding and complaints policy. People knew who to speak to if they had a complaint and felt able to express concerns to staff.

People's morning, evening and night time routines were detailed and it was clear that all people were supported consistently in a person centred way.

Assessments of need were extremely person centred and comprehensive. Reviews were taking place as required and appropriate referrals to external services were made. People's health and wellbeing was well documented, and people experienced positive outcomes.

There were 'champions' in the service who actively supported staff to make sure people experienced a high-quality service leading to a better quality of life. We were made aware of numerous positive outcomes for individuals where the team had gone the extra mile for individuals and their families.

There were enough staff to meet people's needs effectively and staff told us they were clear what roles and responsibilities were required of them during their shift. Staff were very competent and were aware of their responsibilities in terms of infection control. Good practice guidelines were being followed. The service had a welcoming atmosphere and was extremely clean and tidy.

Staff told us they had an appropriate induction and had received appropriate training to confidently carry out their role. Medicines were managed safely and we observed staff undertaking daily medication audits.

Communication was excellent within the service and people had access to communication passports and

hospital passports. People had a choice of meals and pictorial information around menus were displayed.

Staff were extremely caring and knew the people they supported well. People at the service were content and at ease in the presence of the staff team. We saw positive interactions between staff and service users, demonstrating, warmth, humour and compassion. There were several thank you cards and compliments from families praising the staff and management.

People were placed at the heart of the service and staff supported people to have access to meaningful activities and engage in positive risk taking. Initial work with people who were new to the service was exceptional and the service supported people to move on to other services, to ensure consistency. People were treated with dignity and respect and were encouraged to develop relationships.

Staff felt extremely well supported by the registered manager who had high standards and had embedded a person centred ethos throughout the service. The team felt listened to and their experience and knowledge of individuals was acknowledged by the registered manager. Morale was excellent and staff were rewarded for their commitment to the service. It was evident that the staff and management team were incredibly passionate about the people that they supported.

Audits were being undertaken and accidents and incidents were being managed appropriately. There was an open culture of learning from incidents and we saw that appropriate actions were documented when incidents occurred.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. We saw evidence of decision specific capacity assessments and the service had developed an MCA key ring to help guide staff.

Rating at last inspection:

At the last inspection the service was rated outstanding (published 7 November 2016).

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC 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?

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 safe 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

Burnley, Pendle & Rossendale Short Break Services

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:

The inspection team consisted of one adult social care inspector.

Service and service type:

The service is a short breaks service which provides short breaks, day care and emergency care for adults with learning disabilities and autism.

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 24 hours' notice of the inspection visit because we needed to be sure that the registered manager was available and that the service was open.

What we did:

Before our inspection, we reviewed all the information we held about the service and completed our planning tool. We also checked for feedback we received from members of the public, local authorities and

Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and used it to inform our planning tool.

During inspection we spoke briefly with 2 people who used the service and 6 relatives to ask about their experience of the care provided. We also spoke with the registered manager, team leader and three support workers.

We reviewed a range of records. This included, two people's care records and three staff supervision records. We also looked at various records in relation to medication, accidents and incidents and safeguardings. We also viewed records related to the management of the service, such as audits, health and safety records, staff surveys and team meeting minutes.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- People were exceptionally safe. Families told us how they had complete confidence in the service. They were highly complementary of how safety was addressed and managed within the home.
- The service supported people with complex needs in an individualised way. They worked creatively with people to understand their individual needs and circumstances. Professionals praised the service highly describing how they were, "Flexible and resourceful to meet the needs of people who require high levels of support around their complex needs and behaviours which may challenge."
- The service ensured people's compatibility was paramount when bookings were being taken and we saw examples of the service providing a single service to people, or with just one other, in certain situations to ensure maximum safety.
- We saw excellent examples of where the service had received emergency referrals. These referrals were at times when people were in crisis situations and required a place of safety.
- The provider had effective safeguarding procedure. The service had a safeguarding champion in place and an easy read safeguarding policy was displayed prominently. Staff were encouraged to challenge each other's practice.
- Safeguarding concerns were raised appropriately and learning from such incidents ensured risks were minimised further. For example, one incident highlighted that people's vulnerability around social media. The service sourced a "how to be safe online document" and shared this with individuals. Staff spent 1:1 time with individuals and explained the dangers of social media and how to be safe. This helped them understand the rules and made them aware of what was appropriate to share.

Assessing risk, safety monitoring and management

- Staff ensured risks to people's safety were comprehensively assessed and monitored.
- All staff were trained in positive behaviour support.(PBS). PBS is a person-centred approach to supporting people who display or are at risk of displaying behaviours which challenge and demonstrates positive outcomes for people.
- PBS support plans were in place and rigorous behavioural risk assessments were undertaken.
- Detailed risk management strategies were in place. Comprehensive information on what staff should do in the event an individual reaches crisis point was also documented, along with what constitutes a bad day for the individual and analysis of behavioural charts.
- Key contact information was collated prior to and after each individual visit, to ensure that all issues around safety, such as changes in behaviour, medication, allergies could be updated on each visit.

Staffing and recruitment

- The provider followed safe recruitment practices, to ensure only suitable staff were employed.
- Staffing rotas were person-centred and colour coded for specific individual needs. This meant that staff

knew who they would be supporting and people were actively involved, where possible, in deciding which staff would be supporting them during their stay. The service endeavoured to ensure good compatibility for people so that they could stay with their friends where possible.

Using medicines safely

- Medicines were managed safely. The service consulted best practice guidelines and had a detailed medication policy.
- Medicines were administered by two designated staff to ensure they were administered safely. Staff had received training in medication management and competency checks had taken place.
- Families expressed confidence in staff managing medication. One family member told us, "They put my mind at rest. He has medication for epilepsy and there is often a change in medication. The new medication can be different from this week to the next."

Preventing and controlling infection

- The service was exceptionally clean and tidy.
- Staff had received training in infection control and there were 2 infection control leads who worked very closely with the team manager and attended quarterly infection control workshops. Staff carried out audits to monitor quality in this area, which ensured standards were high.

Learning lessons when things go wrong

- The service was open and transparent. We saw lessons learned were discussed in team meetings and supervisions.
- The staff team were proactively encouraged to share learning around minimising risks. Through analysis of learning and experiences, positive outcomes were achieved. For example staff had raised concerns around bathing for one individual, which had resulted in discussion with family and referral to OT for an immediate assessment. This enabled a bespoke bathing sling to be requested to ensure the individual could safely enjoy their love of baths.
- Accidents and incidents were reported, and the provider informed the local authority and the Care Quality Commission (CQC) where appropriate. These were audited for trends and patterns and then investigated to ensure lessons were learned and to help reduce risks.
- For example auditing of incidents enabled the service to look more in depth at compatibility for one particular individual and arrange their bookings accordingly, due to only tolerating a quiet environment with just one or two other person. A detailed PBS plan was put in place from this to minimise challenging behaviours and increase positive outcomes.

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. 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

- We were made aware of numerous examples where people experienced positive outcomes. One individual was assessed as requiring two members of staff to support them with personal care and the team leader felt that this level of support was affecting their independence and dignity. This support was reduced and resulted in an increase in independence with a reduction of behaviours that challenge. This positive outcome for the individual, meant that learning was shared with the day service and a similar outcome was achieved in that setting.
- The service worked in partnership with people to develop extremely detailed morning and night routines. This helped staff to ensure the right environment for people before they arrive. For example, one individual would not sleep in a bedroom, so they brought all their individual bedroom possessions from home, to replicate the environment for consistency.
- Staff went above and beyond their roles, giving guidance and reassurance to families and helping them to access other services. For example, the team leader had proactively coordinated respite for a sibling of one service user, which meant that both parents could be with another family member in hospital at a time of crisis.
- People's assessments and care plans were exceptionally person-centred. These were extremely detailed and robust. People's needs and choices were met and expected outcomes clearly identified in line with best practice. This included support with religion and dietary needs and we observed that work around sexuality and relationships had recently been shared with staff. Detailed one page profiles and communication passports complemented the thorough assessments and specific strategies were available to guide staff in supporting people for the best possible outcomes.
- People spoke extremely positively about the impact the service had on both their own lives and their family members. One relative told us how the exceptional nature of the service provided them with reassurance, "The manager will text me independently to say he is settled and has had something to eat. They will tell me not to worry and to enjoy myself. That means so much to me. It reduces my anxiety and I can relax."

Staff support: induction, training, skills and experience

- People were supported by staff who were very skilled and knew the individuals extremely well. Two staff members had worked at the service for over 20 years, which provided consistency and reassurance for people visiting the service. One of the staff told us, "I love working here. There have been massive changes

over the years. People get so much more choices and its very person-centred."

- The service utilised the experience and skills of staff to ensure smooth transitions. For example one individual with complex needs had received emergency day care at BPR short breaks and staff volunteered to support him during his respite stay at an alternative short breaks service. This ensured consistency and a seamless transition.
- Staff completed appropriate training which enabled them to deliver person-centred care to individuals with complex needs. Specific training around autism were provided so that a deeper understanding could be developed to provide consistent and meaningful support to individuals.
- We saw evidence of good practice embedded within the service throughout supervisions and appraisals.

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

- People were exceptionally well supported to live healthier lives. People experienced positive outcomes that improved the quality of their lives. For example, the service was proactive in seeking appropriate support for one individual with complex health needs, where no pattern to triggers could be identified. A full MOT health check was requested to determine the nature of the distress being caused. This meant the service were looking at underlying physical causes of behaviour.
- We saw an excellent example of where one person no longer required restrictive clothing due to historical behaviours. The service had worked in partnership with other professionals and identified that underlying health issues had caused the behaviours.
- Appropriate referrals were made to the learning disability team, speech and language therapists, social workers and occupational therapy teams. The service also had an extremely good relationship with day services and attended regular meetings there. There were champions within the service who ensured people received a high-quality service.

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

- People were supported to maintain a healthy and balanced diet. Staff were aware of people's individual preferences for eating and drinking. Photos of meal choices and recipe's had been laminated and were on display in the kitchen. This meant that people could make choices through recognition.
- People were actively encouraged to enhance their skills to promote independence. We observed one person helping to prepare the evening meal. Meal times were an opportunity to socialise. The team leader told us when tea is being cooked service users who were more able liked to join in. We saw that the dining room had a variety of tables to suit people's individual preferences.

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

- People's environment reflected their individual preferences. We saw the service had gone above and beyond to enable people to choose their own bedroom preference. Relatives confirmed this and one individual told us how they preferred to stay in the "pink room." One individual preferred the old style TV's and staff ensured that this was in place for when he came to stay.
- One relative told us, "He's probably happier there than he is at home. He feels completely safe and happy. They go over and above to help us as a family. It's his second home. He's in his comfort place, which is adapted for his needs."
- The registered provider was committed to ensuring the environment was responsive to meeting people's needs, dignity and independence. People's needs had been taken into consideration within the planning of

home, with ceiling track hoists, adapted baths and accessible gardens.

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

- Staff had developed positive and trusting relationships with people. For example, one individual confided in staff that he was unhappy at a day service, which he felt he could not disclose to his family. The team worked in partnership with the individual and day services and succeeded in securing him an alternative day centre placement.
- The service provided exceptional transitions between services and people told us they went the extra mile. Transitions were person-centred and focussed around the individuals, particularly when they were moving on from the family home to supported living. We saw excellent examples where staff had supported people over and above the expectations of a short breaks service. For example, the team leader had supported an individual to move on from a residential college and was instrumental in helping the family source an appropriate supported living scheme. The staff member provided a lot of this support in her own time.
- The service worked exceptionally well with health and social care professionals, especially where people had complex or continuing health needs, to achieve positive outcomes for people. For example, the service contributed to support for an individual who was at risk of section under the mental health act. The individual lived at home with family carers and due to behavioural crisis they were unable to sustain the level of support required. The service worked jointly across agencies to develop an interim plan over the Christmas period and provide bespoke individual support to him whilst longer term options were considered. Feedback from professionals involved stated the individual had received "a high level of support which had been catered to his needs. They states he has been supported so well that he hadn't posed the same challenges as when in other services."

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- We saw examples of where people were giving consent for their care and treatment. For example, consent to receive their medicines. Staff we spoke with were knowledgeable about the importance of understanding of MCA and supporting people to make their own decisions.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service had developed an accessible MCA key-ring for staff. This meant staff could refer to the legislation regularly.

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. 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 were at the heart of the service and staff were exceptionally caring. They knew the people they supported extremely well. One relative told us, "They really understand him and we've noticed how he's happier there than at home. He really looks forward to going. It's brilliant! 100 percent, its perfect for him. He smiles all the time." Another relative said, " She absolutely loves it! She really looks forward to going. The staff are great, they know her well, she is really settled there, which gives me peace of mind."
- One relative told us, "[Relative] loves going. Once he got on the bus and wasn't due to go. The bus driver took him he was insistent and I ended up picking him up from there. They always make you feel welcome, asking do you want a brew? I know I could bob up anytime to see them."
- People consistently told us staff were exceptionally caring and were genuinely passionate about their role. One relative told us, "It's brilliant - and the staff are fabulous, really nice. They go the extra mile." Another relative told us, "They are a big helping hand. They are saviours! Unless you have a family member with disabilities you can't imagine how much they mean to us."
- All people consistently told us how they felt welcome and they could call in anytime for a brew and families actively sought advice and reassurance from the management. The registered manager regularly signposted people to other services and ensured people were receiving the right benefits.
- The service went the extra mile to support and settle individuals into the service. One relative told us, "They made the transition so easy. I thought we would be in for fun and games. The staff were extremely patient and kind with him. They thought of everything to make it as easy as possible for him."
- Staff were extremely happy in their roles. One staff told us, "I love it. I absolutely love it. Every day is different and its humbling to make such a difference in people's lives."
- Communication between relatives, people using the service and the staff was excellent. Staff were extremely patient and understanding when communicating with people, approached people at eye level and discretely spoke with them around sensitive matters.
- People were treated with dignity and respect and were encouraged to develop their relationships. The service coordinated stays so people could be with their friends. Relatives confirmed this, saying, "They book her in with her friends and people she gets on well with."
- We observed extremely positive interactions between staff and service users demonstrating, warmth, humour and compassion. We observed staff having lively banter with one individual, whom the family confirmed hardly speaks at home. The family told us, "Everyone is happy and jolly there. He behaves so differently with them."
- People with protected characteristics, as defined in the Equality Act, were well supported.

Respecting and promoting people's privacy, dignity and independence

- Privacy, dignity and respect was evident throughout the service and carers promoted people's self-esteem and empowered them.

- Dignity issues were managed exceptionally well and preference of gender of carer for personal care was always accommodated.
- Staff were proactive in supporting people to maintain their independence and encouraged them to do as much as they could for themselves. People told us they could choose what they wanted to do during their stay.

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

- People's views were consistently sought before, during and after their stay. This was achieved in a person-centred way through the use of pictures.
- The service promoted advocacy and supported families to access services, benefits and provided a reassurance that was over and above the remit of a short break service.
- We saw numerous thank you cards and compliments from families praising the staff and management. One comment stated, "An enormous thank you from me. Your emotional and practical support you have given me through very difficult times have really made a difference. I don't think we would have survived without you."
- The ethos of the service was person-centred and everyone felt valued. One relative told us, "Out of 10, I'd have to give it a 20, the staff, the facilities, the management. My relative is so safe and comfortable. It's just brilliant. They go over and above, there should be more of these places!"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. 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 care and support that was exceptionally person-centred. People told us staff were very responsive to their needs and care. Care plans contained important information about what individual support each person required. This enabled staff to deliver personalised care.
- The overwhelming feedback we received was that the service and carers were passionate about meeting people's needs and providing an excellent service to people and their families. All people we spoke with told us, the staff went above and beyond what was expected of them.
- One relative told us, "They treat people like they would their own family members. They listen to you. He loves going. When I offer him the choice of visiting his sister or staying at respite, 9/10 times he chooses here. I ask him if I should ring him whilst he is there, and he says no. That speaks for itself."
- Staff and carers had an excellent understanding of people's needs, preferences and wishes. Support plans reflected exactly how the person wanted to be supported and what they wanted to achieve.
- One relative told us, "The first couple of times he went for tea, he just stayed in the corridor. I was really worried, but after the first stay they managed to give him a bath. I couldn't believe it. He loves water and splashing around."
- The service and carers were responsive to people's changing needs. Relatives told us the service was extremely responsive. One person told us, "The other day I asked if I could pick him up earlier, so he could come with me to the airport to pick up mum and dad they said no problem, even though it was last minute, and they had all the other people to get up and get ready." Another relative told us how accommodating they were, "If I need to change a date, they are really flexible." When one person required respite at short notice, a piece of work took place with a neighbouring service to introduce the person to that service. Staff worked across two services to introduce the person to the service. The family was grateful to have the break and the person was supported by people who knew her well."
- Staff and carers constantly reviewed and updated people's support plans and made appropriate referrals to relevant professionals, when required.
- At the last inspection we saw there was a full range of activities that had an impact of people's lives. The service had built on this further. The registered manager explained how they planned the rotas around the specific activities people had expressed to do. "We try and help people to achieve something that wouldn't be possible on an ordinary stay such as visiting Manchester football museum and Knowsley safari park."
- The registered manager told us, "We actively promote new interests, hobbies, friendships and relationships as per their individual choices. We listen carefully to what people have to say, we observe closely as to what they have enjoyed, and we learn from our mutual experiences in order to respond and guide people to explore further, this could be a hobby or a newly developed interest. For example, we recently supported a young man to Horses and Ponies Protection Association (HAPPA) and he couldn't stop talking about horses!"
- One staff told us, "I particularly enjoyed supporting a new service user for swimming. He had never been swimming before and has complex needs. I supported him on his swim experience. It was positive risk

taking with a positive outcome."

- Relatives confirmed people had access to new activities. One person told us, "It's absolutely amazing. They always ring before a stay and ask where they would like to go out and what would he like to do. He loves it. We love it."
- The registered manager fully understood their responsibilities in relation to the Accessible Information Standard. Information was available in many different formats, depending on the person's needs. For example, there were easy to read policies displayed and picture boards displaying activities on offer as well as pictures of which staff were on duty.

Improving care quality in response to complaints or concerns

- People, carers and family members were given information about how to make a complaint and were confident any complaints they made would be listened to and acted upon in an open and transparent way. People told us, "I have no complaints. I can't fault them. They are a big helping hand." And another said, "I've got complete confidence in them. I have no worries, no concerns."
- Although no complaints had been received at the service since the last inspection, we saw that the service recorded minor grumbles, and these were addressed efficiently.
- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monitoring visits and regular surveys. Staff told us, "People we support are encouraged to choose who they would like to support them. We have examples where the person declined to be supported by female staff as he felt embarrassed. This was captured in his care plan in order to ensure we provided a person-centred service for him."

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. 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Everyone consistently told us the service was exceptionally well run and managed. Staff spoke highly of the registered manager and how they promoted high-quality, person-centred, holistic care. Relatives confirmed this. One person said, "I've been to the manager a few times and I'm really impressed. He's a gem!" Another person said, "[Registered manager] and [team leader] are very approachable, they are never in a rush, they've always got the time. It's a very well-run service and nothing is too much trouble."
- The registered manager themselves supported an individual on Christmas Day when the service had been closed, rather than allow someone to be in crisis. This demonstrated his dedication and willingness to go above and beyond for people.
- It was evident that the values and empowering culture embedded in the service, cascaded down from the registered manager and they ensured people were at the heart of the support they received. People told us the registered manager was empathetic and had very high standards, always going the extra mile for people.
- Staff felt appreciated and praised their manager highly. One staff told us, "The management is brilliant. They really listen. I can go to them with anything. Just always there 24/7." Another told us, "Honestly I think they are great. They are the best managers ever, I can tell them anything."
- Morale was excellent at the service and turnover of staffing was kept very low. Staff told us they felt exceptionally supported and appreciated. Staff were rewarded with small tokens of appreciation for their hard work and commitment.
- The registered manager had an in-depth knowledge of the individuals and was passionate and committed about providing person-centred care. The registered manager felt supported by the provider and regularly attended registered manager meetings and managers network meetings.
- The registered manager understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty from staff.

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

- Staff were supported by the management team through regular monitoring, supervision and appraisal of their work. Staff were able to express their views and opinions of the service through regular meetings where their suggestions and feedback was listened to and acted upon.
- Staff were knowledgeable and there was a strong emphasis placed on values and delivering person-centred care, so people received the best care possible.
- People's views of the service were sought by using accessible communication methods they understood. Relatives completed quality assurance surveys and we saw there was an overwhelming level of satisfaction

expressed. The feedback was analysed to see where improvements could be made, for example dining room chairs were changed as a result of this.

- Staff promoted people's well-being through addressing equality and diversity by treating people fairly and having an all inclusive culture.
- Staff told us they were extremely proud to work for the service and spoke of the exceptional support they received from the management and staff.

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

- The registered manager and team leader formed a highly effective management team and there was a clear vision to deliver high quality care and support.
- The provider continued to embed best practice and further improve upon the care people received. Since our last inspection, we saw further developments the service had made. For example the person-centred care champion had developed user friendly materials for people using the service.
- The registered manager told us, "We are seen as the benchmark for short break services. Since the last inspection when we were rated as outstanding, we have had many people visit the service to see how we achieve such high standards. " The service had shared good practice and helped support other short break services.
- The registered manager demonstrated sound knowledge of their regulatory obligations and were aware of their duties to report certain incidents, to the CQC and the local authority. The most recent inspection rating was displayed.

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

- There was a positive culture of engaging staff, people using the service, carers and relatives in order to help provide excellent care that promoted positive outcomes for people.
- There was an open and transparent culture that supported equality and inclusion. People and relatives were encouraged to express their opinions. This allowed the service to monitor, reflect and develop based on people's experiences.
- The registered manager supported an 'open door' policy so people could approach them directly and discuss their concerns openly and in confidence. People told us the registered manager was approachable and they would have no hesitation in speaking to them.
- The service held hugely successful open days which were opportunities for people considering accessing the service and the wider community to experience what the short breaks service has to offer. Comments from people attending included, "Brilliant time, we had lots of lovely food. Great people," and "Very friendly staff and a lovely atmosphere. I am looking forward for my child to come here."

Continuous learning and improving care

- We saw examples where the service had gone above and beyond to assess individuals and manage difficulties arising. The team leader and registered manager had undertaken waking night shifts to assess people holistically and complete individualised night time routines and behavioural assessments to ensure consistency.
- There was a strong emphasis on continuous learning and development within the service. The success of the service had been celebrated and shared with other short-term break services.
- The registered manager told us they had been given an opportunity to attend a well led course. This enabled them to learn, share and bring new ideas back to the service, such as a colour profiling exercise which helped staff to understand the qualities of others. The registered manager kept up to date with best practice through training, media, research, and with working in partnership with health, social and

educational professionals. This meant that people supported in the service benefited from the knowledge gained.

- The registered manager also discussed their vision and plans for future, such as future provision and the use of more technology to enable people to become more independent.

Working in partnership with others.

- The service was an integral part of the community and worked in partnership with other agencies to ensure best practice and high-quality care was consistently maintained.
- We saw good evidence of working in partnership with other services such as occupational therapy, day services and social workers to support people and improve their quality of life.