

Browns Short Break Respite Limited

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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 

Overall summary

This was an announced inspection, carried out on 21 and 26 August 2015.

The service provides care and support to people living in their own homes. The office is based in the Parr area of St Helens.

The service has had a manager registered with CQC since January 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

The last inspection of Browns Short Break Respite Limited was carried out in August and September 2014 and we found that the service was not meeting all the regulations that were assessed. The registered provider sent us an action plan outlining how and when they intended to meet the regulations. During this inspection we found that the required improvements had been made within the timescale set by the registered provider.

Improvements had been made to ensure people could access their care plans and be fully involved in the reviewing of them. Pictures and symbols were used so that people who had difficulty reading could access their care records.

People told us they liked the staff and that they felt safe during the time they received a service. Family members had no concerns about their relative's safety and the way their relative was treated. Staff knew what their responsibilities were for responding to any concerns they had about a person's safety, including allegations of abuse. Training provided to staff and information made available to them helped to ensure people were safeguarded from abuse and avoidable harm.

An assessment of people's needs was carried out and appropriate care plans were developed to meet people's needs. Care plans were person centred and detailed people's preferences with regards to how they wished their care and support to be provided. Care plans were regularly reviewed with the involvement of the person the care plans were for and other significant people such as family members and relevant health and social care professionals.

Processes for recruiting staff were safe and thorough to ensure staff were suitable for their role. People's needs were understood and met by the right amount of skilled and experienced staff.

Staff ensured that people received the care and support they needed and were confident about what to do in an emergency situation. Medication was managed safely and people received their medication at the right times.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests.

Staff received an appropriate level of support and training relevant to the work they carried out and meeting the needs of people who used the service. People told us they liked the staff and family members told us they were confident that their relative had received the right care and support. People built positive and trusting relationships with staff and people said staff were caring, kind, respectful and polite.

The culture of the service was positive and open. People who used the service and their family members described the registered manager as being approachable and supportive. The quality of the service was regularly checked and people's views about the service was obtained and acted upon.

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?

The service was safe.

People felt safe using the service. Staff knew how to respond to any concerns they had about people's safety.

Risks to people's health and safety and welfare were identified and managed. Medicines were appropriately administered to people.

People were cared for and supported by the right amount of staff who had received training appropriate to the work they carried out.

Good



Is the service effective?

The service was effective.

The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests.

Assessments which were carried out ensured people received effective care and support.

People received appropriate support to eat and drink.

Good



Is the service caring?

The service was caring.

People told us the staff were kind, caring, polite and respectful towards them.

Staff provided people with individualised care and support to meet their needs.

People were treated in a dignified way and their privacy and independence was respected.

Good



Is the service responsive?

The service was responsive.

People received all the right care and support to meet their needs.

Staff listened to people and were responsive to their needs.

A complaints procedure enabled people to raise any concerns they had about the service they received and people's complaints were listened to and dealt with promptly.

Good



Is the service well-led?

The service was well led.

The service had a manager who was registered with the CQC. People had confidence in the way the service was managed.

Checks which were carried out on the service to ensure people received good standards of care and support.

People's views about the service were obtained and their comments were listened to and acted upon.

Good



Browns Short Break Respite Limited

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 took place over two days and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be at the office. Our inspection was carried out by two adult social care inspectors.

During our inspection we spoke with ten people who used the service and five family members. We also spoke with twelve staff, the registered manager and the deputy manager. We looked at people's care records, staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us.

Is the service safe?

Our findings

People who used the service told us they received safe care and support. Their comments included; “Yes I feel safe with the carers in my home, they are very careful” “Each time they come they need to hoist me and I always feel safe” and “The right number of carers always come here to help me”

All staff had completed safeguarding training as part of their induction and they attended annual refresher training. The registered providers safeguarding policy and procedure and those set out by the relevant local authorities were displayed in the agency office for all to see. The procedure was also included in the staff handbook and summarised on the back of staff identification (ID) badges, which they wore at all times whilst working for the agency. Staff knew what was meant by abuse and they described the different types of abuse and indicators of abuse. Staff were confident about reporting any incidents of abuse which they were told about, witnessed or suspected. They said they would not hesitate to report any concerns they had and that they would report them without delay. The registered manager maintained a safeguarding log and this showed they had responded appropriately and worked well with other professionals following any safeguarding concerns raised.

Assessments were carried out to determine if there were any risks associated with people’s care and support. This included risks associated with the environment, use of equipment and people’s health and personal care. Identified risks were highlighted in people’s care plans along with instructions and guidance for staff describing the action they needed to take to minimise the chance of harm occurring to people who used the service, themselves and others. People were involved in decisions about their safety and the least restrictive intervention was used which enabled people to have maximum freedom, choice and control.

The registered provider had a recruitment and selection policy and procedure which they followed for recruiting new staff. The procedure aimed to ensure that the process for recruiting staff was safe, fair and thorough. Recruitment records showed that applicants completed an application form which required them to provide a range of information, including previous employment history, qualifications and experience. This helped the registered

provider to assess applicant’s suitability for the job prior to them being invited to attend an interview. Interviews were conducted by the registered manager and a second person with suitable experience. A minimum of two references were obtained including the applicants most recent employer, and a disclosure and barring (DBS) check was carried out before new staff started work for the agency.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by people’s needs and staffing levels were adjusted as and when required, for example when a person’s needs changed. People who used the service told us that they had received care and support from the right amount of staff and that staff had remained with them for the allocated time. Staff confirmed that travel time in between calls was factored into their working day to ensure that they were able to spend the right amount of time with people. Every effort was made to ensure that people were supported by the same staff. This meant people received a consistent service from staff that had a good understanding of their needs.

People’s medication was managed safely. Staff responsible for administering medication to people had undertaken relevant training and competency checks. The agency had a policy and procedure and other related guidance for the safe handling of medicines and staff had access to this information. People’s care plans included clear information about the support people needed with their medication. Medicines were kept secure and appropriate, medication administration records (MAR) were maintained for people. MARs detailed the medicines that people were prescribed and instructions for use and they were completed as required. People told us they had received their medicines at the right times.

Staff had received training in topics of health and safety, including fire awareness, prevention and control of infection, first aid and moving and handling and we saw records which confirmed this. Staff also had access to a range of policies and procedures relating to health and safety matters. Staff were provided with personal protective equipment (PPE) to help minimise the spread of infection whilst providing people with care and support. Staff told us they had access to a good stock of PPE which was held at the agency office, including hand sanitizer, disposable gloves and aprons. Staff used PPE appropriately, for example when assisting people with personal care.

Is the service effective?

Our findings

People who used the service told us that they were provided with the right care and support. They told us that staff knew them well and understood their needs. People's comments included; "Because of them [staff] I can do what I want to do because they support me so well". "They [staff] are fantastic" and "They know exactly what they need to do and just get on with it".

Staff were provided with the training and support which they needed for their job. Staff received training in mandatory topics such as fire awareness, infection control, emergency aid, moving and handling and equality and diversity. Staff also received training in topics relevant to people's individual needs such as, oral and nasal suction, stoma care and percutaneous endoscopic gastrostomy (PEG) care. Refresher training was on going for all staff as a way of maintaining their knowledge and skills and ensuring they were kept up to date with good practice and any changes in the law.

New staff completed an induction programme when they first started work for the agency. During their induction new staff completed training in mandatory topics and they worked for a period of two weeks in the community shadowing more experienced staff. Most training was planned, delivered and monitored by an accredited training manager employed by the registered provider on a full time basis. Other training was sourced by the training manager and delivered by external training providers. Following each training session staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. Staff told us they had completed a lot of training and that further training had been planned for them to attend. Staff comments included; "My induction was really informative. I shadowed other staff for two weeks" and "I feel well trained and I only have to tell them [registered manager] if I think I need more training".

Staff received support in a number of different ways. For example, there was an open door policy whereby staff felt able to talk about their work with the registered manager and their supervisors at any time. Each member of staff had a named supervisor who provided them with regular one to one formal supervision sessions and an end of year performance and development review. These sessions which were recorded, provided staff with an opportunity to

reflect on their work and plan any future training and development needs. Supervisors had carried out spot checks on staff whilst they were working in the community and during the checks they assessed staff performance in relation to the work they carried out.

People who used the service told us that they dealt with most of their own health care appointments and health care needs with the help of relevant others such as family members. However, care plans provided staff with information about people's healthcare needs and any support staff were required to provide people with, should they need to. When required staff had supported people to access healthcare appointments and they liaised with health and social care professionals involved in people's care. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Staff were confident about what to do if they had immediate concerns about a person's health. Staff told us they would carry out the necessary first aid and call for emergency assistance.

People who required it received appropriate assistance and support to eat and drink. Care plans detailed any support people needed at meal times, for example with the preparation of meals and with eating and drinking. Staff had completed training in nutrition and food safety and they were aware of their responsibilities to report any concerns they had about a person's diet.

People made decisions and were given choices about their care and support. People's preferences and wishes about how their care and support was to be provided were included in their care plans, which they or a representative on their behalf had signed. People told us they had helped to draw up their care plan and had signed them to show they agreed with the content. Comments people made included; "I helped with my care plan and am happy with it" and "He has a care plan [relative] here at home and we helped with. They know him well and do everything right".

Staff maintained a record of the contact they had with people who used the service. The records included details of the care and support people received and any significant observations made during the contact and the action taken. At the end of each week contact records were evaluated and a record summarising the care and support people received was completed. These records helped to ensure that people received the right care and support and they highlighted any amendments made to care plans.

Is the service effective?

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager was knowledgeable about the Mental Capacity Act (2005). The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or

finances. The registered manager and staff had undertaken training in the Mental Capacity Act and DoLS. The registered manager told us that every person who used the service had people to advocate for them. They also told us they would work alongside family members and health and social care professionals in deciding if a decision needed to be made in a person's best interests, if the person did not have the mental capacity to make their own decisions.

Is the service caring?

Our findings

People who used the service spoke positively about the staff and the service they received from the agency. People described the staff as kind, caring and respectful. People told us that they had had a say in which staff supported them and that they mostly received care and support from staff that they were familiar with. People's comments included, "They are very polite" "I love my carers", "They spend time talking to me about things they know I like" "Yes, they respect me 100 per cent" "They never come into my house without knocking first and being asked to come in" and "They've even taken me on holiday". Family members commented; "They are very respectful and polite", "They have a very good relationship with him [relative] and take good care of him".

People told us that they were introduced to new staff and spent time with them before they were included on their rota. People said their care and support had mostly been provided by the same staff, and if any changes were made or if staff were going to be a little late, office staff contacted them by telephone to let them know. People told us that they had received a rota every week from the agency office which identified who was calling the following week. People said they were happy with this arrangement because they knew who was coming to their homes and when.

Staff respected people's privacy and dignity. People said staff always spoke with them about the care and support they intended to provide and asked for their permission before they proceeded. Staff gave examples of how they maintained people's privacy and dignity. This included providing personal care in private, involving people in decisions about their care and support and addressing people by their preferred title. One staff member gave an

example of how they respected and promoted a person's dignity and privacy whilst supporting them to shower. The staff member said they helped the person to wash their hair, checked the person was safe and then allowed the person time on their own to have some privacy. People told us that staff always knocked before entering their homes unless they had had prior agreement to enter using key code access or other means. A family member whose relative received a service from the agency told us that staff entered their home without knocking, but they confirmed that they were happy with this and had agreed to it.

People were encouraged to make choices about the care and support they received and their independence was maintained. People told us that staff had encouraged them to do as much as they could for themselves and that they had made choices and decisions about their care and support. Care records specified people's preferences such as how they liked to spend their time, how they liked to dress, how they liked their hair styled and their preferred fragrances and hygiene products. People had been invited to complete a range of documents which supplemented their care plans. The documents were titled 'Getting to know me' 'How to maintain my privacy and dignity' "How to promote my independence and "Do's and don'ts". One staff member told us that the documents helped them to 'really' get to know people, their preferences and wishes.

People received an information pack about the service and standards they should expect from the agency. The pack also included details of the registered manager, the registered provider and it included other key pieces of information about matters such as; how to make a complaint, confidentiality and maintaining people's safety and security. People told us they had been given this information when they first started to use the service.

Is the service responsive?

Our findings

People who used the service told us that the staff understood their needs and met them well. They also told us that the service had been flexible. People's comments included; "If we need anything changing, they see to it straight away. They are really on the ball" "They know exactly what they need to do for me" and "I have a care plan which they follow".

When a person decided to use the service the registered provider carried out an initial assessment of their needs. A care plan was developed for people's identified needs and they were kept at people's homes. Care plans and associated records were presented in an easy read format, for example using pictures and symbols, so that people who had difficulties reading could access them more easily. Staff read care plans regularly as a way of keeping up to date about people's needs. People told us that they had been fully involved in the development and reviewing of their care plans and had agreed with the content. Care plans had been reviewed every six months or sooner if required, for example when a person had experienced a sudden change in their needs. Care plans were person centred and included people's views and preferences about the care and support they received. For example; people's likes and dislikes, things of importance, preferred routines and the desired outcome for each care plan was recorded. Care plans detailed such things as; how many staff were required to support people, tasks which people were able to carry out independently and specific times when people liked to get up each morning and retire to bed.

People told us that the staff were knowledgeable about their needs and that they had received a personalised service. They said staff had always arrived and left their

homes on time. People told us they knew the staff who were to visit them and when and that staff spent the right amount of time with them and they did not feel rushed. People said the service had been flexible to their needs, for example visit times were altered at people's request without any difficulties. People told us they always got a reply when they called the office and that their requests had been listened to and acted upon.

The registered manager was able to provide us with examples of how the service had worked with other agencies to make sure people received the care and support they needed. Where required the agency worked alongside relevant others, such as family members and health and social care professionals, such as district nurses and therapists to ensure people's needs were met.

The registered provider had a complaints procedure which was provided to people when they first started to use the service. A record of complaints people made were kept and they showed that they were dealt with in a timely way in line with the complaints procedure. People who used the service and their family members told us if they had any concerns they would feel confident to raise them and they felt their concerns would be appropriately addressed. Staff were knowledgeable about the complaints procedure and they were confident about dealing with any concerns, complaints or comments people made.

The agency had policies and procedures in place for responding to emergencies. Staff had access to these and they were familiar with them. People who used the service and their family members had access to advice and support at all times. They were provided with details of the office opening times and the names and contact details of an on call manager who was available outside of office hours. People and family members told us they had used the on call system and it had worked well.

Is the service well-led?

Our findings

People told us they thought the agency was well managed and they made positive comments about the registered manager, including; “She’s very nice and always there if you need her” “The manager is easy to talk to and she listens” and “She’s a really good”. People told us they knew who to speak to in the office and had confidence in the management and staff team.

The office had good access and was situated close to public transport links. The registered provider operated a small day service which was situated next to the agency office and people who used the service were able to call in at any time during office hours to meet with the registered manager, office staff and their friends.

The management structure operated at the service provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service and they were supported by other senior staff that had designated management responsibilities. For example, there was a deputy manager and a number of supervisors who each had responsibilities which included line managing a group of staff and monitoring the service people received. Staff were aware that the registered manager had overall responsibility for the running of the service and they knew who their line manager was. Staff told us they thought the service was well managed. Their comments included; “I get really good support from the manager and my supervisor” “The manager is really approachable, very fair and includes us in everything” and “It’s a really good place to work. I feel respected and valued as a member of staff”.

The agency had a whistleblowing policy, which staff were familiar with. Staff told us the service had an open and positive culture and that they would not be afraid to approach the registered manager or their supervisor, if they had any concerns

The registered manager had clear visions and values for the service which they promoted amongst the staff team. Staff demonstrated that they had adopted the same ethos as

the registered manager. For example they talked about how they provided people with personalised care and support, how they promoted people’s independence and how they strived to improve the quality of people’s lives. Staff received regular support and advice from the registered manager and supervisors, via phone calls, one to one supervisions and group meetings.

The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their family members told us the management team were approachable and included them in discussions about their care and the running of the service. People and, were appropriate their family members were included in the recruitment of new staff and their views and opinions were listened to and acted on. The management team worked alongside staff to monitor their practice as well as undertaking spot checks to review the quality of the service provided. These checks included reviewing care records kept at people’s home to ensure they were appropriately completed, talking with people who used the service and their family members and checking on staff performance.

Surveys were sent out twice yearly to people and their family members to obtain their feedback about the quality of the service. The surveys invited people to rate and comment on aspects of the service such as the quality of care, safety and staff. Results of the most recent survey showed that people were satisfied with the service they received.

An audit was completed of any complaints and compliments made about the service and feedback from this information was analysed and used to further improve the quality of the service provided. Although staff supported people in their own homes they carried out informal checks of the environment and supported people when necessary to address any risks or concerns.

There was a system in place for reporting and recording any accidents and incidents which occurred. Forms were completed in good detail and included a process for staff to consider any learning or practice issues.