

# Community Integrated Care Bredon Respite Service

## Inspection report

Bredon  
Lapwing Grove, Palacefields  
Runcorn  
Cheshire  
WA7 2TJ

Date of inspection visit:  
15 January 2018  
17 January 2018

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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

Bredon Respite Service provides short-term residential respite care for up to four adults with learning disabilities and physical disabilities. The service has four spacious en-suite bedrooms with a tracking-hoist system, a shared kitchen and lounge/dining room. All of the rooms are located on the ground floor.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

The service met all relevant fundamental standards.

A registered manager was in post. 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.

The care and support provided at Bredon Respite Service was responsive and demonstrated a high standard in relation to assessment, planning and review. It was clear from care records and discussions with people that their care needs were met in an extremely flexible and personalised way.

Care records showed that people's needs were assessed prior to accessing the service by trained staff. Staff completed visits to people's homes to meet them and their relatives. They recorded important information about the person's needs, preferences and routines in detail.

Information regarding people's needs and preferences was gathered and recorded in accordance with best-practice approaches for person-centred planning. We saw evidence that different person-centred planning styles were used depending on people's needs and preferences. Other records contained elements of a variety of person-centred planning styles in one document. This meant that information was captured and presented in a manner which was individualised.

People's relatives told us that the service was safe and provided examples where people's personal safety had improved. The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about safeguarding was available for staff to access.

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence. Environmental risk was managed through regular audits and reviews. The registered manager had acted quickly when issues were identified.

Medicines were safely stored and administered in accordance with best-practice. Staff were trained in administration. The records that we saw indicated that medicines were administered correctly and were subject to regular audit.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide effective care and support.

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, opticians and dentists. People had up to date healthcare records and health passports which contained important information for healthcare professionals.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment.

Relatives told us and we saw that staff treated their family members with kindness and respect. Although the service provided short-term respite care people were still supported to maintain important family relationships and regular contact if they chose to.

People were actively involved in decisions about their care. Staff took time to explain important information and offer choices. This was achieved by talking face to face using simple language to support understanding.

People spoke positively about the management of the service and the approachability of staff. Staff were equally positive about the management of the service, the quality of communication and the support that they received.

The service had a clear vision to provide high-quality, person-centred care. The registered manager, regional managers and the staff that we spoke with were able to articulate this vision and demonstrated it in the provision of care.

Staff and the registered manager clearly understood their roles and responsibilities. The registered manager demonstrated a mature and transparent approach when issues were raised during the inspection. They were able to provide information and generate appropriate responses and were well supported by the regional managers.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through regular meetings, discussions and surveys.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Bredon Respite 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 was a comprehensive inspection.

The inspection took place on 15 and 17 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a care service for adults who are often out during the day. We needed to be sure that they would be in.

The inspection was conducted by an adult social care inspector.

A Provider Information Return (PIR) was available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We spoke with people using the services, their relatives, staff and the registered manager. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets, staff training records, minutes of meetings and other records relating to the management of the service.

During our inspection we spoke with two people using the service and four of their relatives. We also spoke with the registered manager, two regional managers, a senior support worker, two support workers and two visiting healthcare professionals.

# Is the service safe?

## Our findings

People's relatives told us that the service was safe. Comments included; "I think it's safe. It's brilliant", "I can leave [relative] in absolute safety. Staff know [relative] so well. When [relative] is there I can relax. I know that [relative] is completely safe", "I've no concerns at" and "[Relative] can really show challenging behaviour. There's been a reduction in the number of incidents since [relative] went there."

The service maintained effective systems to safeguard people from abuse. Staff were aware of what to look out for and how to report any concerns. Information about safeguarding was available for staff to access.

Individual risk was fully assessed and reviewed. Positive risk taking was encouraged to improve people's skills and promote their independence. For example, one person had been supported to develop their domestic skills including vacuuming and laundry.

Environmental risk was managed through regular audits and reviews. The registered manager acted quickly when issues were identified. For example, they secured funding to improve the safety of fire doors. Each person had a personal emergency evacuation plan (PEEP) and the service conducted regular fire drills to ensure that people could exit the building safely in the event of an emergency. Other checks were completed as required.

Staff were safely recruited and deployed in sufficient numbers to provide safe, consistent care and support. The registered manager was available to provide additional support and to monitor safety and quality.

Medicines were safely stored and administered in accordance with best-practice. Staff were trained in administration. The records that we saw indicated that medicines were administered correctly and were subject to regular audit. During the inspection we identified a minor stock error which was due to difficulty counting medicines provided by family members. The registered manager changed the system immediately to improve safety and accountability.

Procedures reduced the risk of infection, and staff had signed the extensive infection control guidance file. Staff were clear about the need to use personal protective equipment when providing personal care.

Incidents and accidents were recorded and subject to analysis by the registered manager, regional manager and a specialist quality team.

# Is the service effective?

## Our findings

People's relatives were confident that staff were well trained and supported to meet the needs of their family members. Comments included; "Staff have the right skills" and "It's knowing [relative's] other side that helps." Staff were equally positive about the training and support they received. Their comments included; "We do more training than necessary. We've done MAPA [management of actual or potential aggression] training, catheter training. It depends on the needs of the person."

People's needs were assessed to a high standard, and the information was used to inform the delivery of care. Care and support were delivered in line with current legislation and best-practice. For example, the service made use of positive behaviour support (PBS) models to ensure that behaviours were clearly understood and to reduce the use of behaviours that challenged.

The service ensured that staff were trained to a high standard in appropriate subjects. This training was subject to regular review to ensure that staff were equipped to provide effective care and support. All staff had achieved level 2 or above in a health and social care subject.

People were supported to maintain a healthy diet in accordance with their needs and preferences. Care record details people's individual needs and preferences. Provision was made for people who required softened foods which were placed in moulds to make them more attractive to eat.

We saw clear evidence of staff working effectively both internally and externally to deliver positive outcomes for people. Visiting healthcare professionals were complimentary about the service. One person said, "It's really good. They all get personalised care. They know the patients."

People were supported by staff to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, opticians and dentists. People had up to date healthcare records and health passports which contained important information for healthcare professionals.

It was clear that the décor of Bredon Respite Service had been designed with the needs and preferences of the people living there in mind. Rooms and shared areas were decorated in a manner which was age appropriate, bright and homely.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). It was clear from care records and discussions with people that their consent was always sought in relation to care and treatment. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made regularly to the local authority.

## Is the service caring?

### Our findings

Relatives told us and we saw that staff treated their family members with kindness and respect. Comments included; "They treat [relative] as they would treat their own. That's all you can ask", "Staff speak to [relative] very well. They're brilliant with [relative]" and "It's fabulous. [Relative] doesn't see it as respite. It's like having a holiday. The staff are lovely." One person using the service told us, "I feel happy. I like coming back."

Although the service provided short-term respite care people were still supported to maintain important family relationships and regular contact if they chose to. The family members that we spoke with told us how the service kept them informed and engaged.

It was clear that staff knew people well and communicated with them in an appropriate and respectful manner. For example, one person using the service was having difficulty hearing our questions. Staff knew that the person's hearing aid had just been checked, but recognised that it was not functioning properly. They arranged for it to be checked within 48 hours.

People were actively involved in decisions about their care. Staff took time to explain important information and offer choices. This was achieved by talking face to face using simple language to support understanding. We saw evidence in care records that other people communicated through facial expressions, body language and noises. Staff understood what each of these methods of communication meant.

People's care records were extremely detailed and personalised to meet their individual preferences and needs. There was clear evidence that care plans were subject to regular review.

Staff were aware of the need to maintain privacy and dignity when providing personal care or when people communicated using behaviours that might compromise their dignity. Where required, staff acted in accordance with specific risk assessments to achieve a balance between dignity and risk. This was clearly documented in the person's best-interests.

We saw numerous examples in care records of staff actively promoting people's independence. For example, in accessing community-based activities or improving their skills.



## Is the service responsive?

### Our findings

The care and support provided at Bredon Respite Service was responsive and demonstrated a high standard in relation to assessment, planning and review. It was clear from care records and discussions with people that their care needs were met in an extremely flexible and personalised way.

People and their relatives were regularly involved in discussions about needs, goals and aspirations. Plans were reviewed regularly and we saw evidence that people had made significant progress towards their goals. For example, one person had recently been supported to re-start ballroom dancing after it was discussed with a parent. The person told us, "I like dancing. I joined the community centre. Staff ask me what I'd like to do." One relative said, "They send home a booklet to say how [relative] has got on and we ring-up to see how [relative] is getting on." Another relative told us, "For me it's a life-line. If they can get [relative] in they will do. It's really helped me."

Care records showed that people's needs were assessed prior to accessing the service by trained staff. Staff completed visits to people's homes to meet them and their relatives. They recorded important information about the person's needs, preferences and routines in detail.

Information regarding people's needs and preferences was gathered and recorded in accordance with best-practice approaches for person-centred planning. We saw evidence that different person-centred planning styles were used depending on people's needs and preferences.

Information was used to define the care that was provided and to identify a wide range of activities. The service made use of an activities coordinator who worked with staff to provide individual and group activities in accordance with people's needs and preferences.

The service exceeded the requirements of the Accessible Information Standard by utilising a range of communication methods. These included; face to face conversations, easy read written information, body language, facial expression, images and photographs.

We checked the records in relation to concerns and complaints. There were no formal complaints recorded. However, the complaints' process was understood by the people that we spoke with and was clearly displayed.

None of the people using the respite service at Bredon had needs in relation to end of life care or planning. This was not considered during assessments or reviews. However, the registered manager was clear that they would consider people's needs in relation to end of life care and had kept in touch with families when people who used the service had died.

## Is the service well-led?

### Our findings

A registered manager was in post. 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.

People spoke positively about the management of the service and the approachability of staff. Comments included; "There's a very good level of communication. They always have time for a chat", "It's a relaxed, professional, calm and nurturing environment" and "Communication is really good at Bredon." Staff were equally positive about the management of the service, the quality of communication and the support that they received. One member of staff said, "The support I've had has been unbelievable. We can raise any issues at team meetings or supervision. [Registered manager] is a great manager. You can always go to [them]."

The service had a clear vision to provide high-quality, person-centred care. The registered manager, regional managers and the staff that we spoke with were able to articulate this vision and demonstrated it in the provision of care.

Bredon Respite Service had a robust performance framework which was appropriate for its size. Policies and procedures provided guidance to staff regarding expectations and performance.

Staff and the registered manager clearly understood their roles and responsibilities. The registered manager demonstrated a mature and transparent approach when issues were raised during the inspection. They were able to provide information and generate appropriate responses and were well supported by the regional managers.

People using the service and staff were actively involved in discussions about the service and were asked to share their views. This was achieved through regular meetings, discussions and surveys. A recent staff meeting highlighted a request for table-top games and pets. We saw that the items had been purchased and were valued by the people using the service.

We saw evidence that the service worked effectively internally and with other health and social care agencies to achieve better outcomes for people and improve quality and safety. This included staying up to date with developments in learning disability care through membership of the British Institute for Learning Disabilities (BILD).