

# Nottinghamshire County Council

# Holles Street Short Breaks Service

## Inspection report

Holles Street,  
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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 inspection took place on the 9 September 2015 and was unannounced.

Holles Street Short Breaks Service provides respite care for up to ten adults with learning disabilities who live in Nottinghamshire. The service is in Worksop, Nottinghamshire.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection, we found that people who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Staffing levels were based on the assessed need of those using the service at the time to

# Summary of findings

ensure that there were sufficient staff. These staff had received the training they needed to provide care well and were supported by the leadership at the home. Medicines were stored and handled safely.

Risks assessments were in place to identify and reduce the risk to people's safety as part of each support plan. The Mental Capacity Act 2005 had also been considered when determining a person's ability to consent to each aspect of their support. Applications required under the Deprivation of Liberty Safeguards (DoLS) were in the process of being made in order to reduce the risk of people being unlawfully restricted. People were able to choose what they ate and maintained good links to their healthcare providers if they needed them.

Staff were kind and attentive to the needs of those they were supporting, responding to people's needs in a timely manner. We saw that efforts were made to ensure that people felt at home when staying at Holles Street and maintain the routines and contacts that were important to them. Activities were planned around the needs and interests of those using the service.

Everyone we spoke to had confidence in the leadership of the service who shared clear expectations with the team. People were encouraged to give feedback on the service provided. There were systems and process to ensure standards are maintained.

# 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 were protected from abuse and avoidable harm.

People were supported to make choices and take risks.

There were sufficient numbers of staff available to provide support to meet people's needs.

Medicines were stored and handled safely.

Good



### Is the service effective?

The service was effective.

Staff had the required skills to support people effectively.

People's consent was sought before care was provided and staff applied the principles of the MCA and DoLS appropriately when providing care for people.

Food was planned around the preferences and requirements of those using the service.

Arrangements were in place for people to have their healthcare needs met when they were using the service for a short break.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and respect.

People were treated with kindness and compassion by staff who involved them in planning their care.

Good



### Is the service responsive?

The service was responsive.

People experienced a service which was planned around their lifestyle and needs.

People were able to comment about their experiences using the service. They could be confident where improvements were identified these would be acted upon

Good



### Is the service well-led?

The service was well led.

People experienced a service which was person-centred, open, inclusive and empowering.

People received high-quality, person-centred care because the leadership and management of the service promoted an open and fair culture.

Good



# Holles Street Short Breaks 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 inspection took place on 9 September 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information that we have on record about the service. In addition to this we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with three people who used the service, three members of the care staff, the cook, two team leaders and the registered manager. Telephone interviews were also conducted with three family members.

We looked at all or parts of the care records of the people who were staying at the service at the time of our inspection, as well as a range of records relating to the running of the service including quality audits carried out by the registered manager. We also observed care being delivered at the time of our visit.

# Is the service safe?

## Our findings

People were protected from the risk of harm and staff ensured people's safety was maintained. Although people had limited communication, we observed people were comfortable with the staff that were supporting them. All of the relatives spoke to said that they felt their relatives were safe while staying at Holles Street. One relative told us "I have every confidence that [my family member] is safe at Holles Street – I have full confidence."

Risks to people's safety were reduced because they were supported by staff who could identify the signs of abuse and knew who to report any concerns they might have, both within the service and to external agencies. A staff member told us "I feel safe working here, our manager is very friendly and approachable and if I have any concerns about the service users' safety I will write things down and report it to my manager." Another staff member told us that they had confidence that their supervisor or the registered manager would deal with any concern that they raised.

People were protected from abuse because staff had access to information about safeguarding and had attended safeguarding adults training. The records we looked at confirmed this. Notifications made to CQC showed that the home acted appropriately if they had a concern about people's welfare. A safeguarding adult's policy was in place. There were notices displayed giving details of the local safeguarding team for concerns to be reported if needed, and we saw notes of a meeting for the team leaders to ensure that they were aware of how to follow safeguarding procedures.

Risks to people who used the service were managed so that people were protected and their freedom was supported and respected. Staff referred to information in people's care records to ensure this was so. All areas of the building were accessible to people staying at the service. We observed people choosing which area of the service they used and the activities they took part in. The bedrooms, bathrooms and activity spaces had tracking hoists fitted to the ceiling so that people with disabilities could use them comfortably.

When being supported with their mobility, people received support in a way that protected them from any injury. Staff

followed safe practices by using the correct equipment when undertaking any moving and handling procedures. They told us they worked in pairs when needed so that risks to people's safety were reduced.

People were supported to have their own personal space, with staff checking on them as needed to make sure that they were safe. In each of the care records that we looked at we saw the risks to people's safety had been assessed and steps to reduce the risks identified had been minimised. Support plans of those staying at the service were available for staff to refer to in the staff office.

Holles Street is a short breaks service and people's needs may have changed since they last stayed at the service so people's needs were checked before they arrived each time that they used the service. Their support plans and risk assessments were updated to ensure that they reflected people's current support needs. Accordingly, support plans for those coming to stay at the service in the next few weeks were available so that staff could read them and familiarise themselves with people's support needs and any changes since their last stay.

The service had a number of checklists to ensure that the premises and equipment were maintained well, however there were a few occasions in the last year when these checks had not been carried out. The registered manager agreed to ensure that these checks were made at the required time in the future so that equipment is maintained in good working order.

There were sufficient numbers of staff available to meet the needs of those using the service. Each person was allocated staff to support them during each shift. This meant that staff were able to focus on providing the support that each individual person needed. A relative told us that they were confident that they were always enough staff to meet people's needs. The registered manager and staff we spoke with told us they felt there were enough staff and they had sufficient time to keep people safe and meet their needs. During our inspection we saw that people were supported by staff that understood their needs and had the required skills to meet them.

People's support needs were determined during an initial assessment to ensure that the correct numbers of staff could be made available and these staff had received

## Is the service safe?

specific training so that they had the skills they might need. Before each stay, any changes to a person's needs were checked during a pre-visit call so that any adjustments to the staffing could be made.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment files for three members of staff. These files had the appropriate records in place to make safer recruitment decisions including; references, details of previous employment and proof of identity documents. Before staff were employed, the provider requested criminal records checks, through the Disclosure and Barring Service (DBS), as part of the recruitment process. These checks enabled the provider to reduce the risk of people receiving support from inappropriate staff.

People's medicines were stored and handled safely. The people we spoke with told us they got their medicines as prescribed and in a timely fashion and we saw this on the day of our inspection. Both relatives and staff told us of the arrangements were in place so that everyone was certain about the medicines each person had prescribed for them

before they arrived for their stay. Staff told us that if someone was prescribed a new medicine that they had not administered before they would learn about it to promote the person's good health.

When someone arrived for their stay, any medicines were checked and counted, and this was recorded. Information about each person including the way they liked to take their medicines and whether they had any allergies was also recorded. The records showed that staff had their competency at administering medicines checked and staff told us what they would do if a medication error was made. These things reduced the risk of people being harmed by having incorrect medicine.

Where people were prescribed 'as needed' (or PRN) medicines, we saw guidance for staff to follow. The reason why these medicines were administered was also recorded on each person's Medication Administration Record sheet. Arrangements were in place for the recording and safe storage of any controlled medicines a person may require during their stay.

# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. We were told by a relative how staff acquired new skills to support someone's changed needs so that they would continue to be well supported when they stayed at Holles Street. Staff also told us that they had good support and training. We saw details of new and specific training that was being provided to the team so that they had the skills to meet the needs of someone who was about to begin staying at the service.

Staff spoke about additional training that they had requested as personal development over and above the level of training required. Details of training undertaken were recorded on a training matrix so arrangements to refresh any training that needed updating could be made in good time.

Staff told us that they felt well supported and received supervision and appraisal of their work.

The registered manager told us that the frequency of supervision meetings varied depending on the needs of each staff member and the records we looked at confirmed this. To ensure that people were supported by staff whose practice was effective, the registered manager undertook observations of staff. An example of this was in moving and handling procedures, to ensure that people were supported with their mobility safely without the risk of injury.

The registered manager also told us that she felt well supported by her line manager and received regular supervision and appraisal. She was able to draw from and contribute to a network of other local service managers who she could call upon for advice and support.

Prior to a person's first stay they were able to visit Holles Street to have a look round and spend time at the service. This helped them become familiar with the building and those who would be supporting them during their stay. During our inspection, we saw this happening with someone making their second visit to the service before their first stay. Relevant information was shared so that the person and their family were involved in creating and consenting to their support plan.

When people received support we saw staff ask, and look for signs of consent, before proceeding. Each of the care plans records confirmed that staff explained the support that they were providing to the person and why so that the person could give their consent, and their consent was documented. This related to each aspect of the care and support that a person received.

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent with regard to each aspect of their care while at Holles Street. The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. The registered manager told us that they were in the process of making DoLS applications for people when they were staying at Holles Street. This was because people were not able to leave the home if they wanted to and may be at risk of being unlawfully restricted.

People were supported to eat and drink enough to keep them healthy while staying at Holles Street. A relative told us the food was good and they were confident that their family member ate well when they stayed at Holles Street. Another relative said that their family member enjoyed their food at Holles Street and had been observed eating a hearty meal during their stay by a friend who was visiting.

People could make a choice from several options as to what they ate for their dinner. Menu choices were displayed in written and pictorial form to support their decision making. On the day of our inspection, everyone had chosen the roast chicken. This was freshly cooked and presented in an appetising way. People ate their meal well, using adapted crockery and cutlery if needed and receiving support they needed from staff.

The main meal was prepared in a central kitchen. People were supported to prepare their own breakfast and any snacks they wanted during the day using the kitchenettes adjacent to their bedrooms. So that menus for the main meals could be planned to accommodate people's needs, preferences and choices, the chef maintained records of the preferences of each person, their dietary requirements and any allergies they had. This included any cultural or religious requirements.

## Is the service effective?

To ensure that food was fresh and the menu could be changed should the needs of those staying at the service change due to emergency admissions, food orders were placed on line twice each week. People's food and drink was stored safely and cupboards were clean and well stocked with dry and fresh food. Fridges and freezers were well maintained and their temperature was checked daily to ensure the food within them was stored safely.

People's health needs were maintained and monitored while staying at Holles Street. As Holles Street is a short break service arrangements to meet people's healthcare needs were made from their home address. A relative told us of how well the staff had supported their family member with an ongoing healthcare need while they stayed at Holles Street.

Contact details for each person's medical professionals were contained within their support plan. However, links had also been formed with a local GP practice for advice or if someone needed to see a doctor urgently. Staff told us that if a person fell ill while using the service they would contact the person's GP for advice, or use the local hospital accident and emergency department. This was confirmed by a relative who added that arrangements were in place for their family member to attend the hospital they usually attend (rather than the hospital local to Holles Street), supported by the family as that was their preference.

# Is the service caring?

## Our findings

People were supported by staff who were kind and caring. Staff were attentive to the needs of those using the service and engaged with them; asking if they wanted a drink or making them laugh and smile. The staff we spoke with knew people's personal histories and we saw them using this information when interacting with people. A staff member told us how, if a person was upset or unhappy during their stay, they would give reassurance and offer different activities. If that had not brightened the person's outlook, they would encourage the person to speak to family members, "This usually makes the person feel happier and more settled," they said.

Staff told us it was important for them to make each person's stay at the service as comfortable as possible. For example, if someone was feeling anxious about staying they could bring personal items from home such as their own bedding. Other people had artwork they had created from previous stays which could be stuck on their bedroom door or walls so the person knew which room was their bedroom and it felt familiar to them.

During our inspection, people were given reassurances to who the inspectors were and why they were there by the staff that were supporting them. Staff ensured the inspectors knew who might find their presence unsettling and checked with people that they were happy for us to speak with them. We spoke with one person who was doing some craft work. The staff member ensured the person carried on doing this activity while they were talking to us so that they were comfortable around us.

Care records contained detailed information about what was important to each person and plans for staff to help people to do these things. So that people could match their interests to those supporting them at Holles Street a noticeboard showed pictures of staff members and the things that were important to them. A staff member told us how important it was for them to build relationships with those who used the service so that they could understand what the person was saying to them, including by picking up on any nonverbal communication. They said, "Some of the service users are capable of telling us what they want because they have been coming a long time."

People engaged with staff and responded positively to their interactions. We observed staff used a variety of techniques to communicate effectively with people. For some people they spoke up close, and with others they used objects to assist the person understanding what they were saying.

During our inspection we saw people being supported to make choices. A staff member told us, "We let the service user do things that they can do and we will then assist them with things that they may struggle with." We saw staff presented lots of choice to those they were supporting. For example, people could choose where they sat, what they ate, and how they spent their time. People were also able to choose which bedroom they used when they visited. We were shown the activity store room and staff explained that if someone could not tell them what they wanted to do, they would often take them into the room so that they could choose what they wanted to do by choosing from the resources available.

After each stay at Holles Street, a follow up call was made to each person's carers so that any feedback could be incorporated into the planning of the person's next visit. The records we looked at confirmed that these calls were made.

The service had information on a local advocacy organisation so that people could seek independent support to make difficult decisions in their life. Advocates are trained professionals who support, enable and empower people to speak up.

On the day of our inspection, we saw that people were treated with dignity and respect. Relatives also told us they felt their family members were treated with dignity and respect while staying at Holles Street. One said, "Staff cope well with [their relative] who has complex needs, and there are not many places that can do that anymore."

People had their preferences respected. A staff member told us, how they understood people's different needs when it came to personal care. For example, they said, "One service user likes to be dressed and assisted with personal care by female members of staff only." Staff told us how important it was to build relationships with people staying at Holles Street, they gave the example of them needing to know and trust the staff member that was providing personal care to them.

Personal details for people were kept in their files which were stored in the office so that they could only be

## Is the service caring?

accessed by those who needed them. Only the files for those using the service, or soon to visit were available, the others were secured away. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

The layout of the building meant that there were plenty of places to go if someone was upset or needed some privacy. Bedrooms were located in three areas so that people with different needs and preferences could use the service at any one time.

# Is the service responsive?

## Our findings

While staying at Holles Street, people were able to maintain their daily routines if they wished. For example one person went to the shop every day when at home, so this was incorporated into the planning of their day while at Holles Street. Other people were able to continue to use their usual day services while they are staying at Holles Street and some people did this on the day of our inspection. A relative told us how they made arrangements for their family member to attend their regular social events when they were using the service at Holles Street. This helped people remain independent.

People were also encouraged to maintain relationships with others in their lives during their stay and family members and friends were welcome to come to visit people. We were told by a relative of how they made arrangements for their family member to be visited by friends while they were using the service at Holles Street which their family member found reassuring.

We saw that people who were using the service were engaged in activities with those providing their support in a comfortable and relaxed manner. The service had three lounges and a large open 'atrium' so people were able to join in with activities or enjoy their own company. The registered manager told us that this availability of space was helpful when people with differing needs were staying at the service.

We observed staff interacted with people effectively throughout the inspection in both activities and in meeting their care needs. They showed a good understanding of people's preferences and choices and ensured wherever possible they accommodated people's wishes. For example we observed staff ensured people's choice of where they would like to sit and what activity they would like to undertake, and agreed with them what was going to happen next.

People were able to engage in activities that were planned around their interests. Someone staying at the service told us (with the help of the staff member supporting them) that they liked football, colouring and making beads. While speaking to us they were painting and someone else was making a bracelet out of beads. Outside was a big pitch of grass with a football net, so the person would be able to participate in their favourite activities if they wanted to.

During our visit people went to the shops and got an ice cream, because it was a warm day and that was what someone wanted to do. Staff told us about the need to ensure that everyone's needs were considered when planning a trip out so that no-one was put at risk or felt left out.

So that staff were prepared for those coming in to use the service, the names of people staying in the near future were displayed on a notice board in the staff office. Staff were allocated to make a 'pre-visit phone call' to check the person's details and update the records of any changes since the last visit if needed. The updated care plans were then made available so that staff could update themselves by reading the updated care plans before the person arrived for their stay.

The complaints procedure was available for people throughout the service, although this was not available in an accessible format. However, staff members reiterated their vigilance - that they were observant to people's behaviour and would report any concerns they had to their team leader or the registered manager. Staff we spoke to were confident that any concerns they raised would be resolved. Details of how people could complain about the service to an external body were contained in the documentation that was given to each person when they first started using the service at Holles Street. Information of how to contact the CQC was not provided, however, the registered manager told us they would add this information.

After each stay a post visit phone call was undertaken to check that there were no issues arising from the visit and learn of anything that might be planned differently next time the person stayed. The relatives we spoke to and the records we checked showed that these phone calls were undertaken.

Relatives told us that if they had any concerns, they were confident that they would be dealt with by the registered manager. There were no formal complaints recorded for the last year. The registered manager attributed this to the fact that any low level concerns, like a missing item of clothing, were routinely picked up during the post visit phone calls. These were all resolved quickly which meant that they did not escalate into the need for the use of the formal complaints procedure.

## Is the service responsive?

Everyone on the staff team we spoke with had confidence that they could make a complaint if they needed to and that the appropriate action would be taken.

# Is the service well-led?

## Our findings

People benefitted from the positive and open culture in the home. We saw people felt comfortable and confident to speak with the staff that were supporting them.

Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

Staff told us that they felt well supported by the registered manager and the team leaders. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. Staff spoke highly of the registered manager and the team leaders. A staff member told us, “If we have any problems we can go to [the registered manager or the team leader] and they will deal with it.” They went on to say that they felt that there was strong teamwork and everyone pulled together to resolve problems.

The position of the offices within the service meant that the leadership was visible and accessible to those using, visiting or working in the service.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through the Service user meetings which were held regularly. This information was used to inform the planning of the service that was provided at Holles Street. An example of this was the food survey in 2014, which led to some baking sessions being introduced as an activity for people while they stay at Holles Street.

Feedback was also sought from carers by way of informal conversations as well as and pre-arranged carers meetings. The registered manager told us people’s feedback was continually captured through the post visit phone calls, which gave a lot of information to help shape the service. She said that the fact that the service was almost always full, with frequent requests for emergency bed spaces from families and the local authority “and smiling service users” was testimony to the fact that people were happy with the service that was being provided at Holles Street.

There was good management and leadership at the service. A staff member said, “[The registered manager] builds relationships and is always happy to talk – if I had any concerns, I’d tell [the registered manager]”

The registered manager was not present at the start of our inspection; however we were fully briefed on the service by the team leader on duty who had lots of knowledge around how the service worked. The team leader role modelled positive interaction with everyone who used the service as they showed us around.

The conditions of registration with CQC were met. The registered manager had been in place for less than two years, although she had been part of the leadership team at a similar nearby service for ten years previously. She had a good understanding of her responsibilities and also of the political and economic climate in which the service functioned. The registered manager was supported at the service by her team leaders, and also by the provider who made regular visits to monitor the service. There was good delegation of tasks with each of the team leaders knowing what was required of them, and staff knowing who was responsible for what.

People were supported by staff who were clear about what was expected of them and had confidence that they would get the support they needed from the registered manager and the team leaders if they had a problem. Policies and procedures governing practice were available.

Relatives told us that they were confident that Holles Street provided high quality care. They attributed the high quality of care to the increasing amount of notice required for stays on specific dates to be due to the service being used by more from across the county.

People benefitted from there being processes in place to ensure that the service was of a high quality. A staff member told us that they felt they had the skills they needed to deliver high quality care. We saw that there was a system of audits in place and these had been completed in areas such as health and safety, the kitchen and medicines administration to ensure that the service complied with legislative requirements and promoted best practice.

Systems were in place, understood and used by staff to record the delivery of day to day care and support using three files. These ensured people had effective monitoring and recording of day to day activities while also capturing

## Is the service well-led?

any concerns observed. The files also enabled staff to review notes from previous visits quickly should they need to refer to them. While the same information was maintained for each person there were some differences in which file a document was located in.

Clear communication structures were in place within the service. There were weekly staff meetings which enabled

the registered manager and provider to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. One staff member told us, "I didn't have a care background before taking this job but feel I have enough support from other members of staff and the managers if I need it."