Leicestershire County Council

Melton Short Breaks Service

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 inspection took place 5 December 2014 and was unannounced.

Melton Short Breaks is a care home for up to six people and provides care and support to people with a learning disability, physical disabilities and additional complex needs. The service provides respite care with an average stay of one to two weeks.

Melton Short Breaks is required to have a registered manager 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. At the time of the inspection a registered manager was in post

People said they felt safe using the service and staff knew what to do to keep people safe and how to raise concerns should they need to. Risks were assessed and

Summary of findings

management plans were in place to minimise risk. Medicines were managed in a safe way. Staffing numbers and skill mix were adjusted in accordance with the needs of people who used the service.

People had their needs met by staff who were competent and supported to do their jobs. Consent was always sought before care and support was provided. Staff knew about the Mental Capacity Act and associated Deprivation of Liberty Safeguards and ensured that the principles were followed so that human rights were protected. People were supported to eat and drink enough and to maintain a balanced diet. People were consulted about the things they liked to eat and any dietary requirements they may have had. People had access to healthcare services and professionals when required.

People were treated with kindness and respect. Staff ensured people felt important because care and support was delivered in a way the person preferred and met individual needs. People were involved in making decisions about their care and support as much as possible and their privacy and dignity were respected. People were able to pursue their chosen hobbies and interests and lead full and active lives.

People were consulted about and involved in developing the service. Feedback from people was sought and acted upon. The management approach was open and inclusive and managers were visible. The quality of the service was monitored and changes implemented to improve.

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 told us they felt safe. Risks were assessed and people's human rights promoted. Staffing numbers and skill mix met the needs of people who used the service, Staff were recruited so that in so far as possible only people suitable to work at the service were employed.

Good

Is the service effective?
The service was effective.

Staff had received the training and support they required to meet people's needs. They obtained people's consent before providing care and support. People received appropriate assistance at mealtimes and had sufficient to eat and drink.

Good

Is the service caring?
The service was caring.

People told us that staff were good and made them feel important. People were involved in making decisions about their care and their privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before they started using the service and they were asked about their personal preferences and wishes. Plans of care were in place and these were detailed and focused on the person.

Complaints procedures were accessible and complaints responded to appropriately and within timescales.

Good

Is the service well-led?
The service was well led.

People and staff were involved in developing the service. The management approach was open and inclusive. The quality of the service was monitored and changes were implemented to continuously improve.

Good

Melton 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 was 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 5 December 2014 and was unannounced. The inspection was completed by one inspector.

We looked at and reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed additional information the provider had sent us, such as safeguarding notifications, these are made for serious incidents which the provider must inform us about.

We spoke with two people who used the service. We also used observation to understand people's experience of the care and treatment they received. We spoke with the registered manager, a deputy manager, two care staff and a staff member responsible for maintenance. We looked at the care records of four people who used the service and other documentation about how the home was managed. This included policies and procedures, records of staff training and records associated with quality assurance processes.

Good

Is the service safe?

Our findings

People told us they felt safe. Staff had received training about protecting people and knew how to recognise the signs of abuse and how to report suspected abuse. There was information for people who used the service about how to keep safe and who to speak with if they had any concerns. Information was available in accessible formats such as 'easy read' and pictorial documents.

Risks were assessed and management plans were put in place. For example, risks of developing pressure sores or malnutrition were assessed and staff knew what action to take to reduce the risk. Where people displayed behaviour that put themselves or others at risk this was included in the support plan. Information about what may trigger risky behaviour and what staff should do in response was also recorded. Staff we spoke with were knowledgeable about this. They had also received training about conflict resolution and knew how to diffuse a potentially risky situation or incident.

People were able to take positive risks such as going out independently. People could decide as part of the risk assessment if they wanted staff to come into their room at night to check on them.Some people preferred not to be disturbed during the night by staff checking on them.

Staff maintained records of all accidents and incidents. The registered manager and senior managers monitored all accidents and incidents and took action to reduce further risk. For example there had been an increased incidence in medicine errors. Systems were changed so that two members of staff checked all medicine before it was given. We were informed that this had led to a decrease in errors.

People said they got their medicines at the right time and in the right way. We saw that arrangements for the management of people's medicines were safe. Staff had received training and had their competency assessed. There was no one managing their own medicines at the time of our visit but policies were in place should this be requested and assessed as safe.

People told us there were enough staff on duty to meet their needs. Staffing levels were pre planned and calculated based on the needs of people who used the service. Staffing levels were increased or decreased accordingly. On the day of our inspection it was a 'changeover' day where people went home and new people moved in. We saw that staffing numbers were increased every changeover day in order to meet people's increased needs and keep them safe. The registered manager said there was never a problem asking for more staff should this be required. Staff told us there were enough staff and they could meet people's needs.

Safe recruitment procedures were followed. Every applicant was screened and assessed for their suitability to work at the service. Pre-employment checks were carried out references were requested from the most recent employer. This meant that in so far as possible only staff who had the right skills, experience and character, were employed.

Arrangements were in place to manage the premises and equipment in a safe way. We saw that the premises were clean and well maintained.

Good

Is the service effective?

Our findings

One person said "It's a great service". Another person told us how staff had helped them during their stay and how they were looking forward to returning home. People said they liked the staff and that staff knew how to meet their needs.

Staff had received the training they required to do their jobs and meet people's needs. This included specific training about meeting the needs of people with learning disabilities, additional complex needs and induction training. This meant that staff were aware of best practice in the learning disability sector and knew how to meet people's needs and keep them safe. A recently recruited member of staff described their induction training to us. They told us they had been supported and given time to get to know and understand people's individual needs and the provider's policies and procedures. They had been supernumerary for the first two weeks so they had time to get to know people.

There was an ongoing training plan and the manager was aware of staff development needs. They had also identified that additional training in dietary and nutritionally needs were required and this had been arranged. Staff also received at least four 'supervision' sessions a year as well as an appraisal. This meant that staff performance was monitored and assessed and staff could discuss their learning and development needs with their line manager. Staff confirmed that they had received supervision and also said they could ask for support at any time.

The provider informed us that they were committed to the government's 'driving up quality code'. This code is intended to drive up quality for people with learning disabilities that goes beyond minimum standards. Staff we spoke with knew about the code and records showed that staff meetings had been held about this.

People told us their consent was sought before care or support was given. During our visit we saw that staff were giving people choices and checking that consent was given beforehand. Staff communicated effectively. People had 'communication passports', these documents set out the most effective way to communicate with people. We were informed that additional training was provided by a learning disability community nurse. Records for one person showed that staff had worked hard to increase their confidence in respect of receiving personal care. This resulted in the person feeling confident to accept help with a shower. Staff had consulted with the person's relative as part of this process.

Some but not all people had, had their mental capacity assessed. The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and treatment. It also ensures people are not unlawfully restricted of their freedom or liberty. The registered manager told us that there was an action plan in place about mental capacity and about deprivation of liberty safeguards. The action plan was designed to ensure that staff were equipped to follow the principles of the MCA and DoLS. One person had their liberty deprived in order to keep them safe. A best interest decision was in place and had been made by an authorised person. Staff knew about this and knew how to apply this in the least restrictive way.

People told us they had a choice of meals and that they received sufficient to eat and drink. One person said "the food is nice". Information about people's dietary needs and preferences was asked for before people moved in. This meant that staff could prepare and ensure the right food and drinks were available. We heard staff ask people what they wanted for lunch during our visit. We also saw that pictorial menus were available to assist people with their choices. People had their risk of malnutrition assessed and were referred to appropriate professionals where this was required. The lunchtime meal served during our inspection was appetising and nutritious.

People told us they had access to their doctors and other healthcare professionals. One person said "they [staff] have sorted out my new glasses". People had 'health action plans" which set out their health needs and the actions staff needed to take. They also had emergency grab sheets. These are used should a person require emergency admission to hospital. They contained important information about the person and about the best way to communicate with them. Records showed that people had attended doctors and dentist appointments and had been referred to community nurses when this was required.

Good

Is the service caring?

Our findings

People told us they liked the staff and that they were caring. One person said, “The staff are caring and make you feel important”. Another told us, “I get on with the staff and the other people.” Staff interacted with people in a positive and respectful way. People knew which staff member was supporting them. Staff greeted people warmly and enquired about each person’s welfare. Staff knew about people’s individual needs and preferences and about the things that were important to them.

The registered manager told us that when people first began using the service, the transition was managed to suit the person’s needs. Short visits and overnight stays were offered so that the person could get to know the service at a pace that suited them before they began using it.

We asked two members of staff if they would be happy for a person they cared about to use the service. Both said without hesitation that they would. A staff member said they would use the service for a person they cared about because staff had a positive attitude and high standards. The staff member also said, “we try and make it like a holiday for the person and try different activities”.

Pre and post stay telephone calls were offered to people and their relatives. This meant that people were asked for their views about their care and support before and after using the service. Questionnaires were also used to gather people’s views. Tenant’s survey results were made available at the service. Records showed that people were consulted and asked for their views and these were acted on.

People had their privacy and dignity protected. Staff knocked on people’s doors before entering. Where possible people had their own door keys and people could choose the room they wanted for their stay. Staff told us that they had received training about protecting privacy and dignity and this was part of their induction training. Staff were proactive about involving people’s families in decision making and understood the impact a stay away from home had on the person and on their families.

We observed a member of the maintenance staff providing training to new staff about emergency evacuation plans. The training included the impact an emergency evacuation would have on people’s anxiety levels and how staff should manage this to promote wellbeing.

Information about independent advocacy services and how to contact them was also available at the service.

Good

Is the service responsive?

Our findings

The majority of admissions were pre-planned and people had their needs assessed before they used the service. People were asked about the things that were important to them. For example, it was important for one person to stay in a particular room, to have a radio in their room and certain items of food and drink. Plans of care were focused on the person and included their individual preferences. People's cultural, social and religious needs were assessed and were incorporated into care and support plans. We were informed that emergency stays could be accommodated only if people's needs could be met and other people's experience was not compromised.

Where people displayed behaviour that put them or others at risk the provider took appropriate and proactive action. People were asked what made them angry or upset and how staff could help them during these times. This was recorded in care records and staff knew about this.

People were able to continue with their chosen hobbies and interests. One person told us they liked to sit in the garden and were able to do so. People were able to continue to access day care services and colleges when they used the service. We were informed that staff asked each person either before they came in or as soon as they moved in about what leisure activities they would like to do. Staff told us that they encouraged people to try different activities and some people liked to spend time relaxing. For example, on the day of our inspection some people were going out to see the Christmas lights being switched on in the town. There were regular planned trips and activities into the local community.

The premises were adapted to meet people's physical disability needs. Staff had received training in 'sign along' and also used visual aids to promote effective communication. All staff had received training about equality and diversity. Handover sheets were used for each person and these included a weekly plan of each person's wishes.

Information about how to make a complaint was available to people in accessible formats. A record of all complaints was recorded along with action taken. A 'tell us' board was displayed in the reception area. Examples of action taken in response to people giving their feedback included making the complaints policy more accessible to people. This was in response to some people not being sure about how to make a complaint. Complaints were seen by the registered manager and by senior managers and were responded to in a timely way in line with the provider's own policy. Post-stay telephone calls were offered to everyone who used the service. This meant that people and their relatives had opportunity to raise complaints or concerns should they need to.

Good

Is the service well-led?

Our findings

People were asked for their feedback and this was used to develop and improve the service. For example some people said they were not sure how to make a complaint. The provider took action and made the complaints procedure more accessible. The provider used a variety of methods to seek the views of people and their families. Pre and post stay telephone calls, tenant's surveys and questionnaires and speaking with people and their families during their stay. Results of surveys were analysed and action plans were developed. Action plans were discussed at staff meetings. Staff meetings were held at least monthly and manager's meetings were also held. Staff told us the management team were approachable, accessible and listened to them. Communication between staff and managers was effective, staff knew what was expected of them and how to keep people safe.

There were clear lines of accountability and managers and staff knew what their responsibilities were. A senior manager regularly visited the service. Photographs of the staff team were displayed and this helped people to identify the staff team supporting them and what their roles were.

Staff knew about and shared the values and vision of the service. One staff member told us the service provided people and their carers with a break and that it enabled people to stay at home longer. They also said the service was used as a stepping stone to independence.

The whistle blowing policy was displayed at the service and staff knew about the policy and what to do if they had concerns.

There was a registered manager in post. The registered manager was visible at the service and accessible to people, their relatives and staff. They understood their responsibilities and this included notifying CQC about incidents as they were required to.

Audits were carried out for different aspects of the service so that the quality of service provision could be monitored. For example, the management of medicines was audited. We saw that procedures had been changed to improve safety in respect of medicines. The registered manager told us they were supported by senior managers and said they were accessible and open.