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

Summary of findings

Overall summary

This was an announced inspection, carried out on 27 and 30 March 2017. '24 hours' notice of the inspection was given because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available in the office.

Brown's Short Break Respite Limited provides personal care and support to people living in their own homes. Since the last inspection the registered provider had registered with the CQC to offer a residential respite service for up to four people. There were two people staying at the residential respite service at the time of our inspection. There were 60 people being supported within their own homes. Both services are based at the same location in the Parr area of St. Helens. The inspection process included the experiences of people living in their own homes and those using the residential respite service.

The last inspection of Brown's Short Break Respite Limited was carried out in August 2015 and we found that the service was meeting all the requirements of the Health and Social Care Act 2008 and associated Regulations.

The service had a registered manager who had been in post 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 persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider followed robust recruitment procedures which helped to ensure that only staff suitable to work with vulnerable people were employed to work at the service. All staff undertook an induction process and completed mandatory training essential to their roles. There were enough staff in place to meet the needs of the people supported.

Prior to people using the service their needs were assessed and risk assessments were put in place. People's care plans included their social and medical histories, likes, dislikes and preferences. Care plans were regularly reviewed and updated as required following any changes.

People told us they felt safe and stated they had no concerns about the way they were treated by staff. The registered provider had safeguarding policies and procedures in place for staff to follow. Staff demonstrated a good understanding of abuse and the action they would be required to take should someone be at risk of harm.

People told us that they had regular staff supporting, them who were kind, caring and well-trained for their role. They told us staff treated them with dignity and respect. Staff told us they felt supported and always had access to a member of the management team whenever they were working.
Staff were confident about dealing with emergency situations and they had details of people and services

they may need to contact for advice, guidance or support any time of the day or night. People had personal emergency evacuation plans (PEEPS) in place.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and to report on what we find. We saw the policies and guidance were available to staff in relation to the MCA. Staff had a basic understanding of the principles of the Act. Care planning documents included consideration of the MCA which meant that people's rights were protected.

People's views about the service were sought by annually through questionnaires and also through care review meetings. The registered provider used this information to further develop the service.
The registered provider had systems in place for the monitoring and auditing of the service. This information was used to improve and develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe with the staff that supported them. Staff had received safeguarding training and knew how to recognise and report any signs of abuse.

Robust recruitment procedures were in place and sufficient numbers of staff were available to meet the needs of the people supported.

People's medicines were managed safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff received a thorough induction and on-going essential training to ensure they had the right skills and knowledge for their role.

People were supported by staff that had a basic knowledge of the Mental Capacity Act 2005 which meant people's rights were protected.

People were supported with their individual food and drink needs.

Is the service caring?

Good

The service was caring.

People were treated with dignity by staff that understood the importance of respecting a person's right to privacy.

People's independence was supported and promoted by staff that knew them well.

People told us that staff were kind, caring and friendly towards them.

Is the service responsive?

Good

The service was responsive.

People knew how to complain and felt confident to do so. The registered provider had a policy and procedure in place for the management of complaints.

People were supported to participate in activities of their choice including their hobbies and interests.

People's care plans reflected their individual needs and preferences. They were reviewed and updated regularly.

Is the service well-led?

Good

The service was well led.

The registered provider had an audit system in place to monitor and develop the service.

A registered manager was in post.

The registered provider's policies and procedures were up to date and regularly reviewed.

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 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.

The inspection took place on the 27 and 30 March 2017 and was announced. The inspection team consisted of one adult social care inspector.

Before the inspection, we checked the information that we held about the service including notifications we had received. A notification is information about important events which the registered provider is required to send us by law.

We spoke with three people who were supported by the service by telephone; we visited four people in their own homes and observed the interaction with staff. We spoke with four staff, including two team leaders, a training co-ordinator and the registered manager. We spoke with two people's relatives.

We looked at some areas of the respite residential service, including some bedrooms (with people's permission) and all communal areas.

We reviewed a range of records including the care records for five people using the service. These included support plans, risk assessments and daily records. We also looked at other records relating to the management of the service. These included staff training, support and employment records for five staff members, medication administration records (MAR), quality assurance audits and findings from questionnaires the registered provider had sent to people and their relatives.

We contacted the local authority monitoring and safeguarding teams and they did not raise any areas of

concern.

Good

Is the service safe?

Our findings

People told us they trusted the staff supporting them and felt safe with them. People's comments included, "Being supported by staff that I know, I feel safe in my home", "I feel safe when I am in respite" and "Staff keep me safe when I access the community and visit the pub to play pool".

There were robust recruitment processes in place to ensure people's safety was maintained. We looked at the recruitment records for five staff. Staff had completed an application form, attended an interview and two references were obtained including one from the most recent employer. All staff employed had a background check completed by the disclosure and barring service (DBS). This informed the registered provider about any criminal record prospective staff had, and helped them make a decision about their suitability for the role. Records showed staff did not commence employment until after their DBS check had been completed. Recruitment procedures were followed to check that staff were of suitable character to carry out their roles.

There were sufficient numbers of staff on duty to meet the needs of the people supported and keep them safe. Staff rosters showed that there were the correct amount of staff available at all times to ensure people's needs were met. People who received visits to their homes told us that staff were generally on time and stayed the full-time.

All staff had undertaken training in relation to safeguarding people from abuse. Staff demonstrated a good understanding of this, and they gave examples of the different types of abuse as well as signs they would look for that may highlight a concern. Examples given included unexplained bruising on a person or a change in mood or behaviour. Staff described the process they would follow should they have any concerns and stated they would feel confident to do this. The registered provider had a safeguarding policy and procedure in place. The registered manager demonstrated a clear understanding of the local authority safeguarding procedure.

Risk assessments were completed to identify risks to people and to the staff that supported them. People had a range of risk assessments in place which covered areas that included moving and handling, environment, continence, pressure area care and personal care. Specific risk assessments were also carried out for people who accessed activities within the community, for example swimming, ice-skating or being transported within a vehicle. The risk assessments gave clear direction to staff for the process to be followed and were specific to the person. The registered provider demonstrated a clear process for the management of risk, without restricting or limiting a person's independence. This ensured people remained safe while still able to undergo activities of their choice. Records showed risk assessments were reviewed regularly and were up-to-date.

The registered provider had a medication policy and procedure in place. People's care plans indicated the level of support they required for the management of their medicines. Medication administration records (MARs) and medication care plans included a description of each medicine and any allergies staff needed to be aware of. Protocols were in place for 'as required' medicines, for example paracetamol or buccal

midazolam for the treatment of epilepsy.

Staff had all undertaken medication training and had been competency assessed. Medicines were ordered, stored and disposed of in accordance with the medication policy and procedure. Medication audits were undertaken by the registered manager. This meant people received their medicines safely in accordance with their individual needs.

A system was in place for the recording of accidents and incidents. Records showed a clear record of the event and included actions taken following this. The registered manager regularly reviewed these documents to identify any actions that needed to be taken to protect people following any accidents or incidents. This considered future risk and reduced the likelihood of any re-occurrence.

Within the residential respite service regular reviews, servicing and repairs were undertaken and recorded for equipment including moving and handling hoists, slings and profiling beds. Satisfactory up-to-date inspection certificates were for in place for gas, electric and legionella. Water temperature checks were undertaken regularly and were up-to-date. Fire alarm and equipment safety testing and servicing were regularly undertaken. All maintenance works were recorded and showed action had been taken in a timely manner when maintenance was requested.

The residential respite service was clean and free from odours. All staff had completed infection control training and had access to information and guidance that related to the prevention and control of the spread of infection. All staff throughout the service had access to personal protective equipment (PPE) including disposable gloves and aprons. PPE is used by staff when undertaking personal care with people so that people and staff can be protected from any risk from the spread of infection.

People staying at the residential respite service and those living in their own homes had a personal emergency evacuation plan (PEEPS) in place. These plans gave staff clear direction about the support people needed in the event of an emergency, such as the amount of staff required to support them. An example would be if a person required physical assistance due to their moving and handling needs or if a person required verbal prompting, reassurance and direction in the event of an emergency.

Good

Is the service effective?

Our findings

People spoke positively about the staff and felt confident in their skills and abilities to support them. People's comments included "All staff are well trained in what they do" and "Staff are brilliant".

All newly recruited staff completed the Skills the Care, Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give workers a good basis from which they can further develop their knowledge and skills. New staff shadowed an experienced member of staff until they felt confident to work independently. Training topics included within the care certificate were moving and handling, health and safety, fire safety and first-aid. Training was mainly undertaken within a classroom setting. Staff undertook regular refresher updates of all essential training required for their roles.

People were supported by staff that had the right skills and knowledge to meet their needs. Staff told us they felt fully supported by the management team and that there were opportunities for obtaining additional qualifications. Some staff had completed training linked to the qualifications and credit framework (QCF) in health and social care to further increase their skills and knowledge of how to support people with their care needs. Most staff had also completed additional training specific to people's needs such as dementia awareness, epilepsy and Percutaneous Endoscopic Gastrostomy (PEG) feeding. Staff told us that the training they had undertaken had fully prepared them for their roles.

Staff told us they received support and supervision. The supervision policy stated that face-to-face supervision should take place every three months and one observed practice and an appraisal should take place annually. Records reviewed showed all staff had received some supervision and had completed an annual appraisal. This meant staff were supported and had the opportunity to discuss development opportunities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005 stop application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We discussed the requirements of the (MCA) 2005 and the associated DoLS with the staff and the management team. Staff had received training and demonstrated an understanding of the Mental Capacity Act and associated safeguards. They were able to outline the key principles of the act and also explain how people should be deemed to have capacity unless proven otherwise. Where appropriate mental capacity assessments were in place and there was evidence of specific best interest decisions within people's care plan files.

The safeguards that protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised are issued by the Court of Protection for people living in their own homes and are necessary to protect a person's individual rights. There was no-one subject to a DoLS or Court of Protection Order at the time of our inspection.

People told us that they had consented to the care they received. We observed two staff quietly asking a person if they needed personal assistance. The staff members then supported the person into their bedroom to undertake this task in the privacy of their own room. The people who could not give verbal consent use body language such as a smile, to give implied consent. This demonstrated that staff understood the importance of involving people in decisions about their own care.

People within the residential respite service as well as people living in their own homes were supported with their food and drink choices. Their care plans described the level of assistance they required which included food being cut into bite size pieces, pureed meals and healthy eating choices. People's food and drink likes and dislikes were also detailed in their care plans. One person told us "I am following a healthy eating plan and staff are supporting me with this. I have now lost some weight and this has reduced the amount falls I am having" and another person told us "Staff support me to plan my meals for the week, prepare my shopping list and work with me to prepare my meals". One relative told us the staff always followed the feeding protocols that were in place which were so important and another described how staff always ensured their relative was left with a drink before they left. Where people had been identified as being at risk of malnutrition or dehydration, staff recorded and monitored their food and fluid intake.

People's care records included evidence that they had been supported to access healthcare services in accordance with their needs. For example, services from district nurses, physiotherapists, speech and language therapists and occupational therapists. If required, staff liaised with health and social care professionals involved in people's care if the person's health or social care needs changed. One person's records showed that in response to some changes in their mental health a review had been held resulting in an increase in their medication. Reasons for the change in medication were clearly documented and this information had been shared with team members. One person told us staff had contacted their GP to request a home visit when they were concerned about their health. A relative told us that staff always contacted them if they had any concerns regarding their son's health during their stay at the residential respite service.

The environment within the residential respite service had been adapted to meet the needs of the people who used the service. The accommodation was located on the first floor of the property and could be accessed by the use of stairs and a passenger lift. Each bedroom had an ensuite bathroom although these were not fully wheelchair accessible. However there was a fully accessible bathroom/wet room with a toilet available for people to use. People were encouraged to bring personal belongings to decorate their bedroom for the duration of their respite. People had access to an accessible kitchen where they participated in drink and meal preparation.

Good

Is the service caring?

Our findings

People told us that they received support from staff that knew them well. Comments from people included, "All the staff are kind and caring", "All the staff are nice and friendly" and "Staff are brilliant". Relative's comments included "Nothing is too much trouble", "Staff are so lovely" and "Staff are so nice". Recent quotes from a survey undertaken in December 2016 included, "Staff are friendly, cheerful and protect my dignity", "I wouldn't change anything and I like that the staff are caring" and "I am very happy with the service and my staff are friendly and understanding".

The dignity and privacy of people was respected. Staff were observed knocking on people's doors and waiting for response before entering (where appropriate) within the residential respite service as well as within people's own homes. People told us that staff would keep their bedroom curtains closed whilst they were being supported to dress or undress. Staff told us they would offer people privacy whenever it was safe to do so.

People's independence was actively promoted where ever possible. One person told us that staff were supporting them to develop their independent living skills. They described how they were learning to cook, manage their finances and spend some time in the community without support. This person also described their job as a volunteer that they enjoyed going to every week. A relative told us that their son was encouraged to take photographs during their respite visit, to show their parents visually what activities they had been undertaking. We observed a person being supported to prepare their lunchtime meal with staff support. The member of staff demonstrated patience and understanding whilst encouraging the person to complete as much of the preparation as possible.

People received care and support from staff who understood their history, likes dislikes, do's and don'ts as well as things that were important to them. For example, one person had expressly stated they did not wish to discuss their history, another person had asked that staff speak slowly and clearly. Within people's care plans there were comprehensive details about their history that included their family as well as medical history. We saw staff interacting with people in a comfortable way. They had conversations relating to people's hobbies, interests and families. This meant people received support from staff who understood their individual needs and preferences.

People told us they received support from regular staff that knew them well. They spoke positively of the relationships that they had developed with staff.

The registered provider had an advocacy policy and procedure in place that detailed local services. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services as well as defending people's rights and responsibilities. The registered manager told us that the service had not recently been accessed by anyone who require the support from an advocacy service but they always ensured the information was readily available to people.

People's records were kept securely in locked filing cabinets at the registered provider's offices and in the

residential respite service. Information held on the computer was password protected. Care plan files within people's homes were kept in a safe place agreed with the person and staff put these away at the end of each visit.

Good

Is the service responsive?

Our findings

People told us they were happy with the service they received. Their care comments included, "They are a very good service and I have recommended them to others", "It's great living here", "I like to go shopping for food and clothes" and "The staff arrive on time and do everything I need". A relative told us, "It's like home from home and that's how it should be" and "My son loves visiting, I can tell him a week before and he looks forward to it".

The registered provider had a policy and procedure in place for dealing with any concerns or complaints. This was readily available to all people staying at the residential respite service or being supported in their own homes. People told us that they knew who to contact if they needed to raise a concern or a complaint and felt confident to do so. One person said "I've not had any cause to complain". A relative told us that they were confident any concerns would be listened to and addressed promptly.

Prior to a person being supported by the service a comprehensive assessment of their needs was undertaken by the registered manager or another appropriately qualified member of the care team. People and where appropriate, their relatives were encouraged to share the person's likes, dislikes, history and ways that they would like to be supported. Care plans were developed on the basis of the information gathered thorough assessments so that they included details such as the person's preferred daily and nightly routines. Care plans also considered other aspects of people's care need requirements including; skin integrity, communication, continence, mobility, personal care, social and spiritual needs.

Care plans gave clear guidance to staff on how to make sure people received personalised care and support. Records showed that review meetings had been held and where appropriate changes were made when there had been a change to people's support needs. People and their relatives told us they had been fully involved in the development and reviewing of care plans.

Supplementary records for monitoring people's health and well-being formed part of their care plans where required. For example, regular monitoring was in place and recorded for one person's skin integrity, as they had been identified as a high risk of developing pressure ulcers due to their limited mobility. Another person who was living with epilepsy had a chart in place to monitor their seizures. This information was shared with the person's GP and other relevant healthcare professionals to help assess the person's seizures and on-going care and support. This monitoring helped staff to identify any changes in a person's needs which needed to be responded to.

Staff completed a written record of the care and support they had provided to people who used the service. These documents are required by staff to record the nature of their interaction with the person and the outcome. This information was used during regular reviews of people's care plans to ensure their needs remained fully met.

When it was part of a person's care plan, people were supported to take part in activities of their choice and encouraged to maintain hobbies and interests. People told us they enjoyed accessing the community for

shopping, meals out or socialising in pubs. One person said they enjoyed colouring and undertaking craft activities. One person's records showed they had regularly enjoyed swimming and accessing the internet as well as participating in online games. Another person's records described their participation in ice skating. This encouraged people's involvement in activities of their choice within their community.

Good

Is the service well-led?

Our findings

The service had a registered manager in post that had been registered with the Care Quality Commission since January 2012. People who used the service, relatives and staff described the management team is being accessible and approachable. Comments from people included "I visit the office every Friday and all the staff are very friendly" and "Marie (registered provider) has visited us regularly over the years we have received support. She always asks us if we are happy with the care and support we are receiving".

The registered provider had a system and process in place to enable them to monitor the service. Audits were undertaken weekly and monthly by the registered manager and reviewed by the registered provider. Audits included the monitoring of complaints, care concerns received from the commissioners and compliments. People's care plans, medication and risk assessments were monitored on a regular basis and updated as required. Staff training record audits identified when staff required refresher training. Accidents and incidents were reviewed regularly by the registered manager to identify any trends or staff development needs. The registered provider used the audit information to improve and develop the service.

The management team included the registered provider, registered manager, care coordinators and team leaders. The lines of responsibility and accountability within the management structure were clear to people supported, relatives and staff. Staff told us they knew who their line manager was and who they could go to for support or advice any time. Staff had access to a 24-hour on-call manager at all times they were working. This ensured management support was always available to staff.

The management team monitored staff performance and this included spot checking staff while they were visiting people in their homes. Records showed care plan documentation was checked for correct completion and people and their relatives were invited to feed back about staff performance.

The registered provider sought feedback bi annually from all people using the service and their relatives. People were encouraged to raise concerns as well as put forward ideas for service development and improvement. We reviewed all of the survey results from June and December 2016 and found many positive comments within them. People were satisfied with the service they received. This showed that the registered provider valued people's opinions.

The registered provider had notified the Care Quality Commission promptly of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the Care Quality Commission of certain incidents and events that happen within the service.

The registered provider had up to date policies and procedures in place for the service. Policies were available to staff in order for them to be assisted to follow current legislation and best practice. This ensured staff had accessed up to date information and guidance.