London Borough of Ealing

Short Break Service

Inspection report

Short Break Service
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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was carried out on 10 and 11 September 2015 and the first day was unannounced. The last inspection took place on 11 July 2013 and the provider was compliant with the regulations we checked.

Short Break Service is a respite provision for people aged between 18 and 65 years of age with learning disabilities and who may also have profound physical disabilities. The service provides a service to approximately 48 people through periods of planned respite throughout the year. At any one time the service can accommodate a maximum of ten people. The service also supports people who need respite on an emergency basis.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. The manager had been in post since August 2015 and was in the process of applying for registration with CQC.

Individual risk assessments had not always been completed for all areas of risk, which could place people at risk of harm from unidentified risks.

Shortfalls were found in medicine stock recording so medicines were not always being safely managed.

People felt safe at the service and systems and equipment were being maintained to provide a safe place to live. Accident and incidents were investigated and action taken to prevent recurrence.

People were happy with the service and we received positive feedback from people and family members. There were appropriate numbers of staff on duty to provide the care and support each person required. Staff supported people in a gentle and courteous manner, respecting their privacy and dignity.

Staff recruitment procedures were in place and these were followed to ensure only suitable staff were employed at the service. Staff had received training and demonstrated an understanding of people's individual choices and needs and how to meet them.

Staff understood safeguarding and whistleblowing procedures and were clear about the process to follow to report concerns. Complaints procedures were in place and family members were confident they would raise any issues they might have, so they could be addressed.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). DoLS are in place to ensure that people's freedom is not unduly restricted.

People's nutritional needs were identified and were being met. Information about health and social care professionals involved with people's care and treatment was recorded so staff could access their help for people if required.

Care records reflected people's needs, routines and interests and were reviewed to keep the information up to date. Staff were clear about people's individual religious and cultural needs and any care and support they needed to meet these.

The manager was approachable and provided good leadership, promoting effective communication with people, family members and staff.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

Some aspects of the service were not safe. Individual risk assessments had not always been completed, which could place people at risk of harm from unidentified risks. Shortfalls found in medicine stock recording indicated medicines were not always being safely managed.

The provider had arrangements in place to protect people from the risk of abuse and these were followed by staff.

Systems and equipment were being serviced and maintained to keep the service provision safe. Risk assessments were carried out for the premises to identify any concerns so they could be addressed.

Staff recruitment procedures were in place and being followed. There were enough staff to meet people's needs and staffing levels reflected the needs of the people using the service at any one time.

Is the service effective?

Good

The service was effective. Staff received training to provide them with the skills and knowledge to care for and support people effectively.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), so they acted in people's best interests. This is where the provider must ensure that people's freedom is not unduly restricted.

People's individual dietary needs and preferences were identified and were being met. People's healthcare needs were identified and input from health and social care professionals could be accessed when required.

Is the service caring?

Good

The service was caring. People were comfortable with staff and we saw staff supported them in a gentle and courteous manner. People's religious and cultural needs were identified and staff understood these and provided the care and support people needed to meet them.

People and their family members were involved with making decisions about their care. Staff understood the individual support and care people required, communicated with them and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive. Care plans were in place and staff were kept up to date with people's needs, so they could provide the support and care people required. People had individual routines for activities and staff understood people's interests.

Summary of findings

Family members said they knew how to raise any concerns and were confident that these would be addressed. Staff knew how to identify if someone was unsettled and would work with them to address any concerns.

Is the service well-led?

Good

The service was well-led. The service had a manager who was experienced, communicated well with people, family members and staff.

The manager had assessed the need for systems to be put in place to audit and monitor the quality, so areas for improvements could be identified and addressed.

Short Break 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.

The inspection was carried out on 10 and 11 September 2015 and the first day was unannounced. The inspection was carried out by one inspector plus an expert by experience with experience of caring for people with physical and learning disabilities. 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 the information we held about the service including notifications received. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including five people's care records, recruitment details for two staff, medicines and medicine administration record charts for two people, servicing and maintenance records for equipment and the premises, staff training information, risk assessments, meeting minutes and policies and procedures. We observed interaction between staff and five people using the service.

We spoke with five people using the service, four relatives, the manager, the service manager on behalf of the provider, ten carers and the cleaner. We spoke with a mix of permanent and agency carers.

Requires improvement

Is the service safe?

Our findings

Procedures were in place for the management of medicines and had been reviewed in May 2015, to keep the information current. Medicine administration record charts (MARs) were available with full administration instructions for each medicine and each dose administered had been signed for. There were also personalised medicine information sheets listing each medicine, the reason for taking it, times of administration and any known side effects, so staff had clear information to refer to. Receipts of medicines had been recorded. We noted one discrepancy between the number of tablets recorded as being received and the number that were available for the person. We carried out a stock check of two medicines and found the stocks were correct against the number signed for as having been administered. For people who had been at the service longer term, stock balances of medicines were not being carried forward onto the new MARs at the beginning of each cycle, so it was not possible to carry out a stock check. Staff involved with the administration of medicines had received training in medicines management and were able to tell us about people's medicines. The service had a dedicated form for medicine errors which identified the type of error and details of the incident and the action taken to address it. We saw where a medicine error had occurred this had been fully investigated and recorded. We asked the manager to investigate the stock discrepancy we had identified and she said she would do this.

We looked at the risk assessments in people's care records. For two people risk assessment documents were in place and were thorough, identifying each risk and the action to be taken to minimise them. For one person no risk assessment document was available to view. For another person risk assessments were not available for the use of equipment such as bedrails and wheelchair lap straps, which were being used to maintain the person's safety. For a person with moving and handling needs an assessment for moving and handling was not available. The manager said she would address this. Staff understood the risks to people and supported people to minimise risks whilst also respecting their right to independence. We saw people move freely around the service and go out with staff to support them in the community.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded and included details of investigation findings and any actions to prevent recurrence. Staff were clear about reporting any incidents so they could be recorded and addressed promptly. A risk assessment of the premises had been completed in December 2014 and no issues had been identified. Risk assessments for equipment and safe working practices were also in place. The fire risk assessment had been last completed in June 2015 and identified the actions from the previous assessment had been actioned in a timely way. The manager said the actions from the new assessment were being discussed with the local authority health and safety department to ensure they were actioned. This showed us the majority of risks were being assessed and managed at the service.

Family members told us they felt their relatives were safe when they attended the service. Comments included, "If they know someone would be a danger, they contact me and change the date." "[Relative] behaviour would tell me they didn't want to go. I think it's important for them to spend time with their peers. [Relative] understands everything, but has very limited speech, so I mainly know how [relative] is from their behaviour." One member of staff told us, "We use the body map form. People can come from the day centre, college or from home; from different places. If we see anything, a bruise or a mark we note it on the form when they arrive." Another said, "I will ring [parent], if I notice maybe a scratch from shaving, just to check."

People were being kept safe at the service and protected from the risk of abuse. Staff had received training in safeguarding and were clear about the action they would take if they had any suspicions of abuse. Staff understood safeguarding and whistleblowing procedures, including the agencies they could contact such as the local authority or the police to report concerns if necessary. The manager explained all policies and procedures were available to staff via the local authority intranet and we were able to find the safeguarding policy easily on the local authority website, so information was accessible to staff. Any unexplained injuries were recorded and reported so they could be investigated and addressed and we saw body map forms in place and being used to record marks and injuries. Records were kept of any monies held on behalf of

Requires improvement

Is the service safe?

people using the service and all expenditure was listed and receipts kept. Regular checks of balances and records were carried out and people's monies were held securely at the service.

The manager explained that staff recruitment records were held at the local authority human resources (HR) department. They showed us the information available online for two staff and this contained confirmation from the HR department of pre-employment checks including references from previous employers, qualifications, a Disclosure and Barring Service (DBS) check, medical fitness and evidence of people's right to work in the UK. The local authority service manager explained that when recruitment checks were done the manager would attend the HR department and see the evidence that the checks had been completed. Staff we asked confirmed these checks had been carried out before they started working at the service. For agency staff the manager explained they used one agency and the majority of agency staff had worked at the service for some years. If a new person was needed, then the local authority checked with the agency that all necessary pre-employment checks had been carried out. Therefore action was being taken to ensure only suitable staff worked at the service.

There were appropriate numbers of staff on duty to meet people's needs. Routine admissions for respite care were booked for the year and the staffing rota was planned to meet the needs of each individual coming into the service. We saw the staffing rota, which included permanent and agency staff and saw how staffing levels varied depending on the number and needs of people being admitted to the service. Also, the shift patterns reflected the times people were at the service, for example, with more staff on duty early in the morning to help get people ready to attend day centres. Where people had been identified as needing one to one care this was planned for and we saw this was being provided. People's gender preferences for carers were also taken into account when planning the staff rota. Staff confirmed there were always enough of them on duty to ensure the needs of people coming into the service could be met. One told us, "When there are agency staff there is always a shift leader who knows the customers." This was also reflected in the staff rota, so there were always staff on duty who were experienced in people's care and support needs. A family member told us, "Staff change so much I don't know if they're agency." The manager acknowledged there had been several changes in the staff team in recent months. They had successfully recruited four care staff and were in the process of recruiting a deputy manager. The manager was very aware of the importance of providing a stable staff team within the service.

We viewed a sample of equipment servicing and maintenance records. These showed that equipment such as gas appliances, moving and handling equipment, fire safety equipment and portable electrical appliances had been checked and maintained at the required intervals, to ensure these were safe. We also saw records for weekly flushing of rarely used water outlets and the person responsible for carrying this out understood the importance of ensuring this was carried out in line with the legionella risk assessment to keep the water supply safe.

Good

Is the service effective?

Our findings

A family member told us, "Yes, they know to give [relative] water, prunes, salad and veg. To be honest if I have any issues about the food I can bring it up at our meetings." Another relative said, "Sometimes handover is not so good. Also, there could be better interaction from the staff, especially the agency staff." We asked one person if they enjoyed the food and they said, "We have fish and chips on Friday and I like that."

New staff undertook induction training and this was comprehensive. An induction was also carried out for new agency staff to give them an overview of the service. Staff supervision took place every six weeks and annual appraisals had also been completed. Staff confirmed they received regular supervision and felt supported in their work. Staff had received training in topics specific to the needs of the people using the service, for example, communication skills, breakaway techniques and epilepsy awareness. If someone had an individual need, then specific training had been completed, for example, for the use of enteral feeding equipment. Staff said they did online training for some subjects and practical sessions were arranged also, for example for moving and handling and first aid. Staff said they received the training they needed to provide them with the skills and knowledge to care for people effectively, and we saw them putting this into practice when supporting people. The manager had identified areas of staff training that needed to be updated and had arranged to meet with the local authority training manager to discuss this, so staff would receive any training updates they needed.

People had different ways of communicating with staff and we saw the majority of staff understood these and were able to communicate with people effectively. We discussed with the manager about training for the agency staff working at the service. Two we asked about communication techniques indicated they had not received recent training in this area and we saw their communication skills with one person were limited. The manager said she would speak with the agency to ensure staff were kept up to date with their training.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom was not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager was aware of the need to apply for DoLS assessments where appropriate. Four applications had been made with one assessment outcome being awaited and appointments made for three assessments to be carried out. Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interest. We observed staff supporting people within the service and accompanying them on outings, and we did not identify any concerns with regards people's rights being respected and staff acting in their best interests.

People's nutritional needs and wishes were discussed and recorded and care plans were in place to identify and address these needs. These included any special diets including meeting people's religious and cultural needs. Individual food charts were displayed on the kitchen wall and these listed people's likes and dislikes, any foods they did or did not eat and if they required a special diet, for example, halal. The weekly menu was put together taking into consideration the preferences and needs of those who would be using the service that particular week. Staff provided people with the support and assistance they needed at mealtimes. Staff had received food safety training and from our discussions with staff and observations during the inspection we saw people's individual nutritional needs and preferences were catered for.

People's healthcare needs were identified in their care records so staff were informed and could provide care and support to maintain people in good health. Health and social care professionals such as people's GPs and social workers were identified in the care records so staff could access them if required. Staff were able to describe how they monitored people's medical conditions, for example, observing and recording seizure activity. They understood the action to take if someone became unwell and needed medical help or transferring to hospital. The service worked with the local authority community team for people with learning disabilities. Where people required input from health or social care professionals during their stay at the

Good

Is the service effective?

service this was arranged and recorded in the care records. For someone who had been at the service longer term staff had taken them for an annual health check, so their health was being monitored.

The manager took us on a tour of the service and showed us where three overhead hoists had been installed to better meet people's needs, with plans for a fourth to be installed. A shower facility had been upgraded with a shower bed and a shower chair had also been ordered. In one bathroom an accessible bath had been installed and work was ongoing to redecorate this facility. This work had been identified and carried out in order that people's differing personal care needs could be met. The manager had also identified other areas where work was needed to improve the environment, for example, in the kitchen and this work was being planned for.

Good

Is the service caring?

Our findings

We saw staff had a calm approach to people and a good understanding of individual support needs. A family member told me "It's good, very accommodating. If there's an emergency or if I want to go away I don't have to worry, I know [relative] will be well looked after." Another told us, "I would say they do treat [relative] with dignity. I would certainly not be sending them there if I had any concerns." Two family members told us they could not make the carers meetings because of work commitments however all family members said they felt able to ring at any time to discuss matters. One family member told us "Such kind hearted, concerned and really caring people. It's just brilliant……All the staff are trained in how to prepare [relatives] food."

Staff told us there was good teamwork amongst the staff team. One said, "everybody is doing their best, they have a proactive attitude." When we asked staff what they felt the most important thing when caring for people was answers included, "To make people feel respected and dignified, to support choice and use interactive communication and active listening and support." "I want people to be happy." People had been assessed before they started to attend the service and information about the care and support they needed was available in their care records. People's choices were identified, for example, gender preference for personal care, waking and retiring times and meals. Staff explained during the week people attending day centres needed to get up and be ready to be collected, whereas at the weekend they could have a lie-in and get up at their leisure. Staff were clear about people's choices and worked to ensure these were being met.

We saw pictures of the staff on duty were on display, and also pictures of the people currently using the service. These were looked after by someone using the service, who enjoyed the responsibility of this role, and staff were supportive and encouraging to them. We observed staff providing people with care and support in a courteous and friendly way. One carer was assisting a person by filing their nails and explained this was because the person was at risk of scratching themselves and they were helping to prevent this. Staff understood people's individual needs and responded appropriately to them, and there was a happy atmosphere in the service. We observed a carer calmly and gently supporting a person with high needs. The person used vocalizations, behaviour and movement to communicate. The carer sat with the person whilst another member of staff prepared their meal and a drink. The carer then vocally guided the person to move from their wheelchair to sit at the table and supported them to feed themselves independently, which they were able to do. We saw staff supporting other people at mealtimes and saw they had their individual choices respected and were enjoying the mealtime experience.

Good

Is the service responsive?

Our findings

Family members told us the service was responsive to their needs. One said, "We had a bit of an emergency, so I rang and said I need help and they took him in." Another family member explained, "They have had to cancel respite, but they did offer another date. Sometimes it is due to emergency placements, but they have always helped me out if I need an emergency place. So it's give and take, you see." One told us, "[Relative] loves it there, but what do people do? I couldn't tell you." Another said, "They just seem to have the telly on, surely there must be some sort of training. It's too easy to just turn the telly on."

A carer demonstrated good understanding of individual people's needs and described how one person made their needs known. They told us, "If [person] wants to go out [person] goes and stands beside their wheelchair, or will sit in their room opposite the wardrobe. And if [person] is hungry they will go and stand by the kitchen hatch." A person who showed us around the service told us, "I like to do my laundry and [carer] helps me." They expressed their satisfaction with particular staff who supported them. A member of staff told us, "It's important to get to know our customers and to know what their needs are." They demonstrated an understanding of 'Intensive Interaction' approaches and we saw them use these to connect and communicate well with a person. Another carer explained to us the various signs one person used and we saw them interact very well with the person, who clearly enjoyed the interaction.

The care records were comprehensive and provided a good picture of each person, their individual wishes and needs and how these were to be met. We saw the majority had been reviewed in the last year and the manager said she would be arranging care reviews where these had not yet been carried out. Staff confirmed they read the care records to familiarise themselves with the care and support each person needed. We saw people and their family members were involved in care reviews and had input into the care plan, so their needs and wishes were included. We attended a staff handover session and this was clear, identified any changes to routine for people, for example, someone being taken to attend a family celebration so appropriate plans were in place to facilitate this. The handover sheet identified the staff responsibilities including supporting each person, doing the cooking, administering medicines and carrying out security checks, so staff knew their roles for the shift.

Activity plans were seen in the care records and identified structured activities such as attendance at day centres as well as information about people's interests, so staff were aware of this when providing people with support. For example, people's likes in respect of music, television programmes, films and trips out into the local community. A family member said their relative liked to read a particular catalogue. When in the lounge we looked at various items and came across the catalogue and asked the carers whose it was and they confirmed that this particular person liked to look at it. They also pointed out books that individuals liked to have read to them.

The manager emphasised the importance of ensuring people's religious and cultural needs were identified and catered for. Information regarding people's religious and cultural needs was included in the care records and was very detailed, for example, identifying any needs in relation to medicines management for people specific to their cultural beliefs. We saw appropriate meals were provided for people and asked about attendance at places of worship, about which the manager said people would be taken if they so wished. The manager told us she was investigating a television package that would provide channels with programmes relevant to people's religious and cultural needs. This showed people's religious and cultural needs were recognised and action taken to meet them.

The service had copies of the local authority complaints procedure plus one specific to the service giving details of how to complain to the service in the first instance and also details of the local authority if required. There was a flow chart to identify the level of each complaint and coding them red, amber or green depending on the seriousness, and information was provided for the action to be taken in each instance. The service had not received any complaints in 2015. Family members said they were able to raise any concerns they had and the manager listened to them. One said, "Oh yes, I can just call and say I have a concern." Staff said they would observe for any signs people were unhappy and if people expressed any concerns they would ensure they were listened to so action could be taken to address it.

Good

Is the service well-led?

Our findings

All family members spoken with were happy with the manager and comments included, “She seems very nice and approachable.” “You can just ring up and she has rung me back in the past.” “No complaints, really good. Yes, excellent.” A member of staff discussed working with the manager, “She’s good, we have excellent lines of communication. I feel better able to carry out my duties as any issues can be discussed.”

The manager had management and leadership qualifications and demonstrated a good understanding of people’s individual needs. In her previous role managing a day centre she had been involved with the care and support of many of the people who used the service and felt this provided good continuity for them. We observed her communicating with people in an effective way and promoting their wellbeing. On the second day of inspection there was an individual handover from the manager to a senior carer who would be the senior person on duty over the weekend, to provide continuity of care. We saw a variety of publications relevant to the care and support provided by the service for staff to read to assist with keeping their knowledge up to date.

Meetings were held for staff and for family members with people who use the service. One member of staff said, “We have staff meetings every Monday. They have parent’s meetings as well.” We saw the minutes from staff meetings and these included discussions around work practices and any changes taking place, to keep staff up to date. Family members were happy with the meetings and felt able to contact the manager at any time to discuss any points, especially for those who were not always able to attend the meetings. Reviews for people gave the opportunity for them to discuss any issues or changes they wanted to their care, so their opinions were sought.

Policies and procedures were in place and we saw where these had been updated and some that needed to be reviewed to ensure they were up to date. The manager was aware she needed to ensure all the policies and procedures for the service were reviewed and updated as changes occurred. Notifications were being sent to the Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.

The manager had met with the service manager on 9 September 2015 and they had identified areas for development. Following the inspection they provided us with a copy of the development plan which showed works that had been prioritised and already completed, for example, the bath and shower rooms and care staff recruitment. The kitchen was in need of improvement and the local authority health and safety officer had been called in by the manager and had reviewed the kitchen and advised on the improvements to be made. The development plan identified surveys for people and staff were to be carried out and for the service to be appropriately audited and monitored to ensure issues, for example those we had identified at our inspection, would be picked up promptly and addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment for people who used the service was not provided in a safe way because: 1. Risks to people's health and safety were not assessed. Regulation 12(2)(a) 2. Medicines were not managed safely. Regulation 12(2)(g)