Southern Health NHS Foundation Trust

Oxford Respite 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

Summary of findings

Overall summary

This unannounced inspection took place on 10 April 2017. The service was previously inspected in October 2014, and at the time was assessed as meeting all relevant regulations.

Oxford Respite Service provides accommodation, personal care and support for up to six people on a short term basis. At the time of the inspection the service was providing personal care and support to two people.

There was 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.

Staff knew what action to take if they were concerned that someone was being abused or mistreated. The provider's whistleblowing policy protected staff to make disclosures about poor staff conduct or practice, and staff confirmed the manager would take responsive action if they reported such problems. People had risk assessments in place to keep them safe whilst enabling them to be as independent as possible.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. There were sufficient numbers of suitable staff to meet people's needs and people received their medicines as prescribed.

The building was secure and safety checks were regularly undertaken to ensure people's safety.

Some people who used the service did not have capacity to make decisions about certain aspects of their care needs. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff told us they felt supported by the management and received supervision and appraisals, which helped to identify their training and development needs.

People had access to health and social care services. The provider worked closely with healthcare professionals to assess people's needs and plan their support.

During their stays people were involved in menu planning, shopping and meal preparation. We saw snacks were available throughout the day and people had access to drinks as they wanted them. People were supported to eat and drink and any special dietary considerations were catered for.

People's needs had been assessed before they went to stay at the home and we found people and their relatives had been involved in the planning of the care. The care files we checked reflected people's needs

and preferences so staff had clear guidance on how to care for people.

People's privacy and dignity were protected by a caring staff team. There were positive relationships between people, their families and members of staff. People and their families were treated with kindness and compassion.

People received person-centred care, based on their individual strengths, interests and needs. People and their relatives said they had no complaints, but they would feel comfortable speaking to staff if they had any concerns. Although no concerns had been raised, the registered manager told us that all reported concerns would be investigated and resolved in a timely manner.

There were systems in place for monitoring the quality of the service which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement. The provider sought views of people using the service through feedback forms. They recognised the importance of regularly monitoring the quality of the service provided to people.

Staff, people and their relatives we spoke with told us the manager was approachable and the service was well-led.

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 were safeguarded from the risk of abuse. People we spoke with felt safe and staff knew about their responsibility to protect people.

People's risks associated with their care were managed to help ensure people's freedom was supported and maintained.

Medicines were stored and administered safely. People received medication as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by skilled staff who were supervised and received on-going training.

People's consent was obtained in line with legislation. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported with their dietary requirements. Their plans were clearly specified what they liked and didn't like and included guidance on any special dietary requirements.

Is the service caring?

Good

The service was caring.

There were positive and meaningful relationships between people and staff. Staff treated people with kindness and compassion and people felt well cared for.

People's privacy and dignity were respected and promoted by the service.

People were encouraged to make choices about how they wanted to be supported, and staff respected their preferences.

Is the service responsive?

Good

The service was responsive.

People received person-centred care. They had individualised care plans in place which detailed their likes, needs and wishes.

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable about people's needs and people's needs were being met.

There were systems in place to gather and analyse feedback from people, including complaints, and use it to develop the service.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place who knew people well and whose presence in the service was visible.

There was a positive working culture where staff felt well supported and valued by the management.

There were systems in place for monitoring the quality of the service which were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Oxford Respite Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced inspection took place on 10 April 2017 and was carried out by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Notifications are information about important events the service is required to send us by law. We also spoke with the local authority, commissioners and safeguarding teams.

Some of the people who used the service had communication and language difficulties and because of this we were unable to fully obtain each of their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. At the time of the inspection we spoke with one person who used the service and two relatives, as well as the registered manager and three care staff members. Following the inspection, we contacted a further two relatives of people who use the service.

We pathway tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person in the home. We saw four staff recruitment files and supervision records. We looked at all staff training records which covered the period of 2015-2017. We considered how information was gathered and quality assurance audits were used to drive improvements in the service. We also looked at records relating to the management of the service, such as health and safety files, risk assessments and business continuity plan.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "They are OK. I feel safe here". A relative of a person using the service told us, "I have no concerns about how [person] is treated." Another relative remarked, "[Person] is very safe here".

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. Staff confirmed that they had received training in this area and that they had access to relevant procedures. Staff felt confident that if they did report any concerns, these would be promptly taken into account by the management team and that action would be taken to protect people. Staff knew what other agencies they could contact if they had concerns about the registered provider, for example the local authorities, the police or the Care Quality Commission (CQC). A member of staff told us, "If I saw or heard anything, I would report it to the manager. If they did not act on it, I would go to the local safeguarding team".

People had been individually assessed before they began using the service so that the provider was able to determine whether their needs could be met by the service. Risk management plans were put in place to protect people from harm and maintain their safety. For example, one person who suffered from epilepsy had relevant risk assessments and management plans in place to guide staff on how the person should be cared for. The identified areas of risk depended on the individual and included areas such as the risk of choking, risks involved in bathing, moving and handling, and risk of sunburns and dehydration.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

People's relatives considered the number of staff to be sufficient to provide people with activities of their choice and to maintain a good quality of life within the service. One person's relative told us, "There are enough staff here. They are meeting all our needs". Staff also told us they thought the staffing ratio was sufficient to keep people safe and enable them to do what they needed to do. One staff member said, "Staffing levels are good." During our inspection, we observed that there were enough staff to promptly respond to people's needs.

People's medicines were administered safely by staff who had been trained and assessed as competent to do so. Medicines were stored appropriately within locked cabinets in people's rooms. We looked at medicine administration records (MAR) for four people and found that these had been completed correctly, with no unexplained gaps.

The registered manager informed us that when an incident or accident occurred, they would report it using

the provider's accident forms. These were then used to analyse incidents and introduce steps to reduce the likelihood of a similar incident taking place in the future. The registered manager also told us they would report the incident to appropriate regulatory bodies, such as the local authority or the Care Quality Commission (CQC). We looked at accident forms and saw that incidents had been recorded, acted upon and reported on appropriately.

People were protected from the spread of an infection. Staff ensured the kitchen remained clean and free from potential cross infection. They adhered to food safety standards and ensured the food was prepared safely. They wore appropriate protective clothing, food was kept at appropriate temperatures and other staff had limited access to the kitchen.

Staff followed the colour coding system for their cleaning equipment. Colour coding is the process of designating colours to cleaning equipment in certain areas of a venue, reducing the spread of germs across areas and increasing hygiene throughout a service. As a result, the spread of a potential infection was reduced because, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Staff wore protective plastic gloves and aprons when delivering personal care so as to reduce the risks of cross contamination. We observed that staff washed their hands and used hand cleansing products before performing various tasks.

Regular checks and tests, such as weekly fire alarm tests and monthly emergency light test, were completed to promote and maintain safety in the home. All electrical portable appliances had been tested within timescales. As a result, people were protected from potential risks caused by faulty equipment.

The service took appropriate action to reduce potential risks relating to Legionella disease. When staff reported any maintenance requirements and issues, these were resolved in a timely manner.

The registered manager explained that they had worked with the provider to ensure there were emergency plans in place for the service. These included procedures for such scenarios as a fire, adverse weather or a staff shortage, as well as individual procedures describing the specific support each person needed in the event of an emergency. Records confirmed that these plans were in place, both for the service and the people using it.

Good

Is the service effective?

Our findings

People were supported by staff who had the necessary skills and experience to provide effective care and support. One person's relative told us, "On the whole, staff know [person] and her needs". Another relative said, "[Person] has got very complexed needs and I completely trust them. Staff are well trained and adaptive to his needs. I do not worry about him being here".

Staff told us they had completed induction when they began to work for the service and were up-to-date with their training. One member of staff told us, "We are always up-to-date with our training. We are offered new training opportunities and regular refreshers". We looked at the training records which showed staff had completed a range of training courses which included: moving and handling, first aid, safeguarding adults, the Mental Capacity Act, and infection control. The training records showed that staff's training was up-to-date. If needs for updates arose, they were identified immediately. A member of staff told us, "We get updated about different trainings and we are booked accordingly".

People were supported by staff that reflected on their working practice. The registered manager provided staff with regular supervision and support. Staff told us they felt supported and used their one-to-one meetings to discuss how people's needs were being met. A member of staff told us, "I get regular supervision from my manager. If I ask this will be done earlier for whatever reason. They can be really useful. I like to talk about new ideas of how to improve running of the service".

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked the capacity. A member of staff told us, "A service user must be assumed to have capacity unless it is established that they lack capacity. Also, people may lack capacity to make one decision but may have capacity to make another decision". Where people had been assessed as lacking mental capacity to make decisions, best interest meetings were held involving people's relatives and other health and social care professionals. For example, we saw evidence of a best interest meeting for a person who had been assessed as lacking capacity to consent to staff supporting them with care tasks that they were unable to carry out for themselves.

People's communication needs were assessed and individually met. Care records noted people's preferred

communication methods. Guidance in care records identified effective ways of sharing information with people and specified how people expressed themselves. For example, one person's care records informed staff that if the person sucked their thumb, this meant the person was unhappy or bored. Staff were advised to ask the person why they were unhappy and to offer the person an activity of their choice if appropriate.

We found people were offered dishes which their families said were 'culturally appropriate' and in line with people's preferences. For example, one person preferred to eat only halal food while another person preferred food provided to them by their family.

People were supported with risk assessments relating to their nutritional needs. These included risks of under eating, dehydration and swallowing difficulties. For example, one person was at risk of choking if they ate too quickly. They were supported by a staff member at mealtimes to ensure they remained calm and to encourage them to slow down eating when necessary. People's care plans included assessments detailing their dietary requirements, food likes and dislikes, food allergies and the support they required from staff at meal times. Staff were aware of people's dietary needs and how to support them to eat and drink. For example we saw one member of staff offering a person a choice of drinks.

People had access to a GP and other health care professionals when needed. Most people using the service were registered with their own GP. People's health care professional's contact details where recorded in their care file. Before each admission to the service, relatives were required to advise the service on any new and on-going health care issues or changes in people's medicines. This information was used to update people's care plans. The health information sharing form also included confirming the contact details of the person's GP, changes to medicines, and changes to diet. People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital.

Good

Is the service caring?

Our findings

People using the service and their relatives spoke very positively about staff and the care they received. One person said, "I like the staff. I like being here". One person's relative remarked, "I think they do a fantastic job here". Another person's relative told us, "I think they are absolutely phenomenal".

Staff showed kindness and compassion whilst providing people with care and support. We saw that staff took time to talk to people to make them feel supported and comfortable at the service. For example, we observed care staff talk to one person and then give them assistance with a drink and a snack. They talked to the person about the person's day and what they had planned for the weekend. The person appeared to be happy to have a friendly chat with staff. There was friendly banter between people who use the service and staff.

People told us their relatives were made to feel welcome when they visited. Relatives told us the staff were friendly when they brought people for respite stays. One relative said, "[Person] has got really good relationship with staff. He always asks to come here".

People were cared for by staff who knew people's needs well. People were treated with dignity and respect. Staff told us how they ensured people had privacy while receiving care. For example, staff remembered to keep the doors and curtains closed when providing personal care, explained to people what was happening and gained people's consent before helping them. A member of staff told us, "We always close the doors and use a towel to cover them when providing personal care. We keep them as comfortable as possible".

We saw that staff promoted people's privacy and always remembered to knock on their door and asked for permission before entering their rooms. Staff excused themselves when they needed to leave the room and explained why they had to go and when they would be back. People were addressed by their preferred names and were acknowledged as individuals. Where people required same gender member of staff, this was accommodated by the service.

People's care plans described ways in which people should be supported to promote their independence. A member of staff told us, "We try to promote their independence but we do this in a funny way. For example, when taking a jumper off, you hold their arm and they pull it so we do this together. This makes people happy that they have done it themselves, they achieved it". During the inspection, we observed care workers provide prompt assistance but also encourage people to build and retain their independence. For example, people were encouraged to choose what they wanted to do and where they wanted to go throughout the day.

People and their relatives were involved in preparing and, if necessary, amending people's care plans. One of the relatives told us, "Each time we come back here we give an update to the manager so they can update the care plan". In order to facilitate communication, most information was provided in a format that was easy to read, with symbols and pictures. The format gave people spaces to put the pictures of the things they wanted, for example, pictures of home or their favourite activities and things important to people.

We saw that records containing people's personal information were kept in the office which was locked and no unauthorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. One person admitted, "I like the staff. They know how to care about me". One person's relative told us, "They are meeting all the [person's] needs". Another person's relative said, "They are really accommodating to our needs. If we needed extra support, they would accommodate it".

People's needs were assessed prior to their admission and updated during each respite stay. Care records provided clear guidance to staff on how they should support people's health, social, personal care, nutritional, behavioural and communications needs. Relatives confirmed that people were involved in the planning of people's care when appropriate to ensure it was tailored to a person's needs.

Some people had very specific health needs. These were monitored and reviewed regularly to help ensure any changes were identified. Care documentation contained links to further information about particular conditions. This demonstrated the service worked continually to develop the care provided in order to meet people's needs as best as possible.

People were encouraged to maintain their normal routines and activities whilst staying at the service which included attending physiotherapy. The service also arranged activities with people for things they wanted to do. A member of staff told us, "We try to provide people with different kinds of activities. We use music, soft toys and bubbles. Last weekend we played outside in the garden".

Staff were provided with clear guidance on how to support people in line with people's wishes and preferences. Staff showed an in-depth knowledge and understanding of people's care and support needs. All the staff members we talked to were able to describe the care needs of each person they provided with support. This included individual ways of communicating with people, people's preferences and routines. A member of staff told us, "[Person] likes to be reassured. He likes art & craft and handprints. We always tell him what he's doing and what it looks like. He loves singing sessions and has got good sense of rhythm".

People had access to specialist equipment enabling greater independence which met their physical, emotional and sensory needs. Equipment included hoists, slings and adapted beds. The kitchen worktop was adapted to wheelchair users so they could enjoy cooking sessions. This was important to one person who loved spending time in the kitchen listening to different noises and smelling different scents. The person's relative told us, "[Person] goes out with staff, helps in the kitchen and likes to chat with people. He is always keen to come here."

People and their relatives told us they knew how to make a complaint and would do so if there was a reason for concern. One person's relative said, "I have no complaints about the service. I'm sure I can find out how to raise it if I needed to". Another person's relative stated, "I know how to complaint but I haven't had a reason to do this". The registered manager told us and records confirmed there had been no formal complaints since the last inspection. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

Good

Is the service well-led?

Our findings

People's relatives spoke positively about the registered manager. One person's relative told us, "I have very good communication with the manager. They are very open to me, very flexible, supportive and try to help whenever they can". Another person's relative said, "The manager and the whole team are really good".

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They felt the registered manager was approachable and listened to their concerns and helped them identify ideas for improvement. A member of staff told us, "I receive plenty of support from the manager. They are very open and available to speak anytime". They said they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. All of the staff we spoke with said they enjoyed working at the home.

We found that there was positive leadership in place at the service which meant staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be very well motivated, passionate about their role and trained to an appropriate standard, to meet the needs of people using the service.

Monthly staff meetings were focused on satisfying the needs of people. Copies of staff meeting notes demonstrated that care and attention were paid to ensure people who lived at the home were safe and well-supported. Staff told us they contributed to the team meeting agenda. A member of staff told us, "Staff meetings are normally held once a month. If there is something we would like to discuss we can contribute to the agenda".

The provider sought feedback from people and their relatives. People and their relatives were asked for their views at the end of each respite stay and regular surveys were undertaken. The registered manager analysed responses and acted upon them. For example, they had increased the number of activities and purchased more sensory equipment.

We saw a number of audits and checks carried out by the service. These included environmental audits and compliance audits which were based on the five domains used by the Care Quality Commission (CQC). We saw evidence that when issues had been identified, they were addressed in a timely manner, helping to ensure continual improvement to service delivery. For example, bathing risk assessments had been completed for people using a new bath and one of the bedrooms was redecorated.

We found that accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these were looked at to identify if any systems could be put in place to eliminate the risk.

The registered manager understood their legal responsibilities as a registered person. They ensured that the local authority's safeguarding team and the CQC were notified of incidents that had to be reported and

maintained records of these for monitoring purposes.