

Lancashire County Council Burnley, Pendle & Rossendale Short Break Services

Inspection report

Haddon House
Greenock Street
Burnley
Lancashire
BB11 4DT

Website: www.lancashire.gov.uk

Date of inspection visit:
14 September 2016
15 September 2016
19 September 2016
22 September 2016

Date of publication:
16 November 2016

Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

We carried out an inspection of Burnley Pendle & Rossendale Short Break Services (Haddon House) on 14, 15, 19 and 22 September 2016. The first day was unannounced. On the 19 and 22 September we spoke with relatives/carers via telephone to gain their views of the service. We last inspected the home on 6 May 2014 and found the service was meeting the regulations that were applicable at that time.

Burnley Pendle & Rossendale Short Break Services (Haddon House) is a purpose built home situated in Burnley. The home provides care and support for up to 6 people with a learning disability and or physical disability in single occupancy rooms. Bedrooms were spacious and had en suite facilities. There were various aids to support people with mobility difficulties such as overhead tracking, specialist bathing facilities, dining space for wheelchairs and beds specific to people's needs. All areas were tastefully decorated and furnished to a high standard. There were 5 people accommodated in the home at the time of the inspection.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found the service was meeting the current regulations.

The service provided an outstanding level of care and support that placed people at the heart of their care and promoted their right to be self-determining in how they lived their lives. All the people, their relatives, visiting professionals and staff we spoke with had nothing but praise for the service and the excellent quality of life people experienced. People's rights to privacy, dignity, and freedom of choice were firmly embedded into the culture of the home and people's diversity was embraced.

People living in the home and their relatives described the service as excellent. They said there was and never had been any cause for concern in how people were treated. Staff were described as having 'special qualities', 'professional', 'caring and understanding'.

There was sufficient staff who had been carefully recruited and matched directly with people to ensure people received a personal service.

Safeguarding referral procedures were in place and staff had a good understanding around recognising the signs of abuse and had undertaken safeguarding training. Staff were clear about their responsibilities for reporting incidents in line with local guidance.

Risks to people's health, welfare and safety were managed very well. Risk assessments were thorough and informed staff of the actions to take to support people safely. Staff fully understood how people with limited

or no use of words communicated distress in different situations or circumstances and had been trained in positive behaviour support.

There were appropriate arrangements in place in relation to the safe storage, receipt, administration and disposal of medicines. Staff responsible for administering medicines had been trained.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. People with limited use of words and where English was not their first language, were supported very well through preferred communication methods, such as interpreters, body language, and use of pictorial signs to express their wishes and choices. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

All people we spoke with were very positive about staff knowledge and skills and felt their needs were being met appropriately. Staff felt confident in their roles because they were well trained and supported by the registered manager to gain further skills and qualifications relevant to their work. They were highly motivated and committed to providing a high quality of care.

People were provided with a nutritionally balanced diet. Staff worked closely with healthcare professionals to ensure people's dietary needs were met and potential problems associated with nutritional intake were avoided. Special diets were catered for including those diets relating to cultural and religious observance.

The home provided a well maintained very pleasant and homely environment for people. It was fully equipped to support people with a physical and learning disability. People's care and support was kept under continuous review. The service worked in partnership with relevant health and social care professionals to ensure people's changing needs were being managed well. This meant people received prompt, co-ordinated and effective care.

People were cared for by staff who demonstrated exceptional insight and understanding of people's personal values and needs. The service was described as going above and beyond people's expectations. There was a culture of valuing people embedded within the service. Privacy, dignity, independence, choice and rights were at the heart of the service they received.

Staff demonstrated through their actions, people were very important and unique. Staff had been very well trained to ensure people's rights were upheld. We found staff were very respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. People using the service, relatives, visitors and health professionals all spoke very highly of the high standards afforded to people using the service. The care was described as 'going above and beyond' 'exceptional' and 'remarkable'.

Assessment of people's needs was an on-going process which meant any changes to their care was managed very well. Communication between people using the service, relatives and staff was seen to be excellent. People who had difficulty using words or expressing their needs were very well supported to use other methods of communication to relay their wishes and feelings.

People were supported to live full and active lives and use local services and facilities. Activities for people were personal to their requirements and expressed wishes, meaningful and varied.

Raising issues was an on-going theme within the service with the purpose of raising standards and people

were actively encouraged to give feedback on their experience. The complaints procedure was accessible to all and a 'niggles book' was kept to record minor issues people raised. People had confidence in the registered manager to deal professionally with any complaint they raised.

People, their relatives, staff and professionals to the home described the management and leadership of the service as exceptional. The registered manager was referred to as an excellent leader who placed people at the heart of everything they did.

Equality and diversity, privacy, dignity, freedom of choice was firmly embedded and reflected in the high standards of care people received.

There was an excellent standard of organisation within the service that fully supported continuous improvement and ensured people received a high quality service.

Staff were valued and respected and this was reflected in their work ethics.

We found there were effective systems to assess and monitor the quality of the service. People using the service, their relatives, professionals and staff contributed to the evaluation of the service and were actively encouraged to make recommendations for improvement. Results of surveys showed a very high satisfaction with the facilities, the staff and registered manager.

There was an effective and thorough quality assurance system in place to ensure any improvements needed within the service were recognised and the necessary action was taken to implement any changes.

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 cared for by sufficient numbers of staff who had been carefully recruited and were found to be of good character.

People's medicines were managed in accordance with safe procedures and staff who administered medicines had received appropriate training.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and appropriately managed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were very well trained and supervised in their work. They kept up to date with current best practice guidance in delivering safe and effective care that respected people's rights.

Staff and management had an understanding of best interest decisions and the MCA 2005 legislation. They supported people to express their views and make decisions in how their care and support was managed.

People were supported to have sufficient to eat and drink and maintain a balanced diet that met with their preferences and considered cultural and religious observance.

Is the service caring?

Outstanding ☆

The service was very caring

People told us staff went above and beyond their duty of care and were very kind and caring. Staff were very respectful to people and exemplary in their practice when promoting dignity,

independence and inclusion.

People were able to make choices and were involved in decisions about their care. Staff had an exceptional understanding of people's personal values and needs and placed people at the heart of the service they provided.

Staff understood the principles of equality and diversity and they worked in a culture where everyone was valued and respected.

Is the service responsive?

Outstanding 

The service was very responsive.

The registered manager and staff were described as going that extra mile to ensure people received a personal service. Key workers were matched to people's requirements and choice and their transition between other services was managed very well.

People's care plans were centred on their wishes and needs and continuously kept under review. Activities were personal to people's requirements, varied and meaningful and promoted social inclusion within the service and wider community.

People felt able to raise issues or concerns and were actively encouraged to do this to support the development of the service. People had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Outstanding 

The service was very well led.

The registered manager had ensured honesty, involvement, compassion, dignity, independence, respect, equality and safety was firmly embedded into the service people received.

The service worked in partnership with other agencies involved in people's care and strives for excellence through consultation, research and reflective practice.

There was open and effective communication between the management, staff, other professionals, people and relatives. This ensured everyone was fully involved in developing and improving the service.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

Burnley, Pendle & Rossendale Short Break Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 15, 19 and 22 September 2016 and the first day was unannounced. We conducted telephone interviews on the last two days of inspection. The inspection was carried out by an adult social care inspector.

The registered provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

Before the inspection, we contacted the local authority contracting team for feedback and checked the information we held about the service and the provider. This included any statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also received feedback from four health and social care professional staff.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered manager, five members of staff, seven relatives and two people who used the service.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints records and 'niggle book', medicines records, maintenance certificates and development plans, policies and procedures recent surveys and audits. We looked around the premises.

Is the service safe?

Our findings

One person we spoke with told us they were happy with the service and when we asked them if they felt safe and if staff treated them well they said "I like it here. I like [staff member]. I'm happy." Another person we spoke to via telephone as part of our inspection said, "I like it there. I'm happy."

We also spoke to seven relatives/carers by telephone as part of our inspection. They told us the service was "excellent", "more than I could wish for" and "very, very good." We asked if they had ever had any cause for concern in how their family member was treated and if they had confidence they were kept safe from abuse. They said, "I trust them implicitly", "Absolutely" and "[relatives]'s care is never in question. I have every faith in all of the staff to do the right thing for him". "I'm sure I speak for all mothers who need help with their son or daughter. People who help to care for them have to be special, caring and understanding. I can say with every confidence from first-hand experience, all the staff at Burnley Pendle & Rossendale Short Break Services have got these special qualities". "I would never let my [relative] go anywhere if I didn't trust the people caring for him. The staff are very professional." "It's a marvellous place and I have no issues at all. I have peace of mind and know [relative] is being cared for very well by staff who really do care".

There were safeguarding and 'whistle blowing' [reporting poor practice] procedures for staff to refer to. Safeguarding procedures are designed to protect vulnerable people from abuse and the risk of abuse. Staff we spoke with told us they had all received training in safeguarding people and we were shown training records which confirmed this. Staff knew how to raise a safeguarding concern if they witnessed or suspected any abusive or neglectful practice. The registered manager was clear about the responsibility for reporting safeguarding concerns and of working with other agencies to ensure people they supported were safeguarded in all situations.

We found a safe and fair recruitment process had been followed. Appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

We looked at staffing rotas. These showed how the service managed their staffing levels to ensure there were sufficient numbers of suitable staff to meet people's needs and keep them safe. The registered manager told us people booked their stay in advance. This helped to ensure they could arrange for staff they were familiar with such as their key worker to be on duty to support them. It also meant that should additional staff be required this was arranged in good time. Relatives we spoke with told us they were asked if there was any particular activity their relative wanted to take part in and staff support for this was arranged. Staff we spoke with told us there was enough staff to make sure every person had a personalised service during their stay.

Information we were given in the Provider Information Return (PIR) indicated they were part of Lancashire model of Positive Behaviour Support which is accredited by British Institute for Learning Disability (BILD).

The model used promoted an emphasis on taking a proactive person centred approach to people's support. This included equality and diversity, the prevention of aggression, minimization of harm and the importance of reducing the need to physically intervene. It also encouraged reflective practice, communication and duty of care.

We viewed three people's care records and found individual risk assessments had been completed. These were focused on their health and safety needs and well-being. They were wide ranging, thorough and informed staff of the actions to take to support people safely. These included risk of falls, skin damage, nutritional risks, health risks such as epilepsy, moving and handling and individual support requirements for personal care, moving people safely and equipment.

We found the attention to detail in managing risk to people becoming distressed in any given situation was very good. It was clear from reading risk assessments that a lot of research had taken place with professionals and relatives, and as a result staff were aware of how people might communicate distress and what trigger signs to look for. One example we saw was the impact of not following a plan for the day or a change to routine. 'This could lead to them displaying behaviour which had a negative impact on themselves, such as through self-injurious behaviour or by being verbally or physically aggressive towards others.' The management strategies put in place by the registered manager meant the likelihood of people becoming distressed was minimal. Risk assessments were kept under review and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

The registered manager told us staff had been trained in positive risk taking. They had good practice guidance that focused on positive behaviour support. They had insight into how people displayed that they were feeling anxious and unsafe and could recognise when this was happening through the use of person-centred planning.

Relatives we spoke with told us risks to their relative's well-being had been discussed when care plans had been first put in place. They also told us they were always asked if there had been any change to these when they were arranging for their relative to have a short stay at the service. One relative told us, "They know what [relative] is like. If anything upsets her she can be really difficult to handle. They have everything in place to avoid this and she loves going to stay." Another relative told us, "Routine is very important for [relative]. The staff always make sure this is followed."

We noted in staff files risk assessments had been completed to ensure their safety and welfare at work. This included health issues, and personal safety. Action plans were completed to minimise any risk and induction training covered personal safety such as driving at work and lone working. We also noted staff contractual arrangements were in place to protect people such as a requirement to notify their employer of any offence including road traffic offence during their employ.

Systems were also in place to assess wider risk issues and respond to emergencies. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Staff training records showed staff had received training to deal with emergencies such as fire evacuation and first aid. Each person staying at the service had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific requirements to ensure people can be safely evacuated from the service. Security to the premises was good and visitors were required to sign in and out.

Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, and moving and handling equipment. There was an emergency incident matrix for

events of reasonably foreseeable emergencies showing staff what action they needed to take should such an emergency occur.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Corresponding Medicine Administration Records (MAR) sheets for staff to use were completed showing people had their medicines as and when they were needed. People's records contained full details of their medication and side effects along with information about any allergies the person may have.

Policies and procedures were in place to ensure good and safe practice with the administration of medicines. People who came to stay at the service brought their own prescribed medicines with them to last them for the duration of their stay. The service did not order or keep any stocks of medicines on site and each person had their own personal medicines profile. When people arrived at the service, their medicine was itemised, counted and placed in a locked and secure cupboard by two members of staff. A fridge was also available for those medicines which needed to be kept at specific temperatures and fridge temperatures were being monitored. This meant appropriate measures were in place for the safe and effective storage of medicines.

One relative we spoke with told us, "They are really strict to make sure [relative's] medicines are right. They are never accepted without the original prescription label on. I send enough medicines for the length of the stay." We saw documentary evidence to demonstrate staff administering medicines had been appropriately trained. Medicines given whenever required or for emergency administration such as those prescribed for 'seizure', were managed well. All staff administering emergency medicines had been trained to do so safely and their competency checked.

The premises were found to be very well maintained and clean. We looked at the arrangements for keeping this high standard. There were infection control policies and procedures in place for staff reference and all staff had been trained in this topic. Staff were provided with protective wear such as disposable gloves and aprons and suitable hand washing facilities were available. Laundry facilities were good and washing machines had sanitising programmes. Infection control measures were also managed on a personal level for people using the service.

Is the service effective?

Our findings

Relatives we contacted after our visit to the service told us they had confidence in the staff team. One person said, "They [staff] really know how to support [relative]. I don't know how they do it but they provide a first rate service. I have every confidence [name] is in good hands." Another relative said, "I can only describe the staff as being the very best and the manager is outstanding. They make it their business to know everything that is important to [relative] and to us. They certainly know what they are doing, very professional." "[Registered manager] is amazing and the staff are fantastic. It's like a home from home service. It's always about what does [relative] want to do. Whatever it is, it's arranged."

Before this inspection we contacted a number of associated professionals who commissioned or dealt directly with the service. Comments we received were extremely positive and demonstrated the service valued working in partnership with other agencies for the benefit of people who used their service. One professional commented, "As a day service we work very closely with this service as a joint support network for individuals who access both the day and short breaks service – sharing information, support plans etc. to ensure individuals have a consistent and person centred service. At times staff have accessed the day service to 'shadow' individuals in a different setting for information and observations, regularly working alongside the day service staff. This is hugely beneficial for all concerned particularly the individual, to ensure consistent and continuity of care, good support and best practice." This meant people's care and support was never compromised and by working together people received a very personalised service.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records and from information contained in the PIR, we found that staff received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. The training record was electronically managed. This alerted the registered manager when renewal of training was needed and of further training being provided.

The registered manager told us staff had specialist training tailored to the specific needs of people using the service. This helped them support people safely who had for example health care needs such as epilepsy and swallowing difficulties. A professional commented, "As a Positive Behavioural Support Trainer I have regularly trained the staff at this short breaks service. Myself and both my training colleagues and my work colleagues have always found the short breaks service staff and managers to be approachable/ friendly and professional."

The registered manager told us the provider made sure staff received such appropriate support, training, professional development and supervision to enable them to carry out their duties effectively. We noted there was an in depth induction training programme for new staff to help make sure they were confident, safe and competent in their role. One staff member we spoke with commented "When I first started working here I hadn't much experience. My induction was very good and all the staff really helpful. The more training I got the more confident I became. I love my work. It's very rewarding. We have excellent support from the manager."

Staff told us they were supported by the management team and provided with supervision. Supervision records we viewed showed staff discussed what went well for them, the people they supported and the service. Supervision also identified training and further development needs that were viewed by all as being positive progress. Arrangements were put in place to ensure these needs were met. Records showed competency checks had also been completed on staff practical skills.

Staff told us that handover meetings were held at the change of every shift. A communication diary and daily diaries helped them keep up to date about people's changing needs and the support they needed. A white board was used in the office and we noted it was frequently updated with information for staff during our visit. Records showed key information was shared between staff. The staff we spoke with had an exceptional understanding of people's individual needs. One member of staff said, "We have a very good team and we all work well together. Our work is very flexible to accommodate individual needs and choices." We noted each person had a communication passport. This helped staff understand how to communicate with people with limited or no spoken words.

Relatives/carers we spoke with told us they were consulted as part of the process of making decisions related to the care and support of their family member. Comments included "[Relative] can't make her choices known, so obviously as a parent we know what she likes and dislikes and what she needs. No decision is ever made without consulting me first and of course with [family member]." And "I am involved in all the decisions made regarding [family member]."

We looked at comments in a quality monitoring exercise carried out at the service. One relative had commented, "Staff complete or add comments in [relative] day-care/home diary. I find this very useful as I can't tell how his stay has been. I just go off his general mood on returning home." Another relative commented, "I can't ask for more from the staff. When my [relative's] come home, staff will write back about what they have done which I find very useful."

We were informed by the registered manager that as part of the assessment process family members and other health and social care professionals, and any other person involved in the life of the individual, were invited to contribute to planning their care as appropriate. This approach to assessment helped to make requirements and preferences of people clear. We saw records where introductory visits had taken place along with recorded evidence that people and or their relatives/carers, as appropriate, had been involved in this process. We saw that interpreters were used where English was not people's first language to support people understand their options. The information was also used to update care plans and inform staff of any changes between stays at the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA 2005 sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The service had policies and procedures around the MCA 2005 and DoLS. The registered manager and staff expressed a good understanding of the principles of the MCA and DoLS and code of practice. At the time of the inspection we noted every person had a capacity assessment. DoLS applications had been processed and best interest decisions for personal care, sensory mats and use of bed rails were in place. These were being reviewed at regular intervals and clearly recorded in the support plans. Staff understood the

importance of gaining consent from people and the principles of best interest decisions. Useful information about their preferences and choices was recorded.

Communication passports supported people with limited capacity to express themselves and to make sure they were not overlooked when it came to making decisions and choices. People relayed their consent for example by using body language, gestures, and verbal sounds which as a result of a comprehensive assessment and fact find, staff clearly understood.

We looked at how people were protected from poor nutrition and supported with eating and drinking. There were effective systems to identify whether people were at risk of poor nutrition, dehydration or had swallowing difficulties. Records showed people were supported to eat healthy food and to and drink sufficient amounts of fluids to meet their needs. Attention to detail in supporting people who had swallowing difficulties meant potential problems associated with this such as choking were avoided.

Staff on duty told us they were able to purchase any food people wanted. They always made sure they had personal preferences for people ready for their stay. Special diets were catered for including those diets relating to religious observance.

We looked at how people were supported with their health. People's healthcare needs were considered as part of their admission process. Details of health issues were recorded with guidance in place for staff in monitoring this. This helped staff to understand the extent of people's limitations regarding their health and to recognise signs of deteriorating health.

We spoke with relatives and asked them how effective the service was in accessing healthcare if this was needed. They told us "They have all [relative's] details regarding health issues and contact numbers for GP and emergencies." And "I know if they are concerned they would ring the emergency services or GP if necessary." One relative told us "I always thought [relative] had problems with hearing. This was dismissed by health professionals. I never said anything. I was approached by the registered manager who asked me if [family member] had hearing problems. The observations made by staff at Burnley Pendle & Rossendale Short Break services confirmed my suspicion and as a result I was able to take this matter up with my GP quite confidently. I got the help [relative] needed. They [staff] are amazing and I'm very grateful to them for doing such a good job."

We were shown around the home. We saw that the decoration was clean and bright and the home was well maintained. Being a purpose built residence, it was suitably arranged to safely accommodate and support people with a learning disability/ and or a physical disability. Bedrooms were spacious and had en suite facilities. There were various aids to support people with mobility difficulties such as overhead tracking, specialist bathing facilities, dining space for wheelchairs and beds specific to people's needs.

Is the service caring?

Our findings

People we spoke with told us they really enjoyed their stay at the home and staff were very kind and caring. They said, "I like the staff they are good. I like [staff member] best. He's nice and helps me shower. He got all my stuff ready." Another person told us, "I like the staff. They look after me. I like it here." Comments in a service user survey included, "I have enjoyed my stay and being with such lovely staff" and "I had a nice stay and staff are nice. That is good."

Relatives of people using the service indicated to us staff were exceptionally kind and caring. One relative we spoke with said, "As soon as I mention Burnley Pendle & Rossendale Short Break Services [relative] packs a bag ready. He can't wait to go. The staff are like family and they really do care. I have no problems at all with this service. I have peace of mind when he stays." Another relative told us, "I wouldn't send [relative] there if it wasn't right. In my books it has to be 110%, my standards are so high. Well the care [relative] gets is more than that. The staff and [registered manager] go above and beyond the call of duty. I don't know how they do it but they do. They are amazing. We are so lucky. I would recommend this service to anyone."

Other comments included, "Wonderful staff," "Very caring, so thoughtful and kind". Another relative told us, "They care about [relative] and they care about us. We are always asked not just about [relative], but how we are. I don't mind saying I've had some difficult times managing [relative] and haven't known where to turn. [Registered manager] really went above and beyond to help us and showed us where and how we could get extra help. It was a Godsend. We now have community nurse support. The atmosphere in the home is lovely and they make sure every little thing that matters to [relative] is in place, even to preference for room. A marvellous service."

Staff training included the key principles on people's right to respect, compassion, dignity in care and empowerment. Communication between relatives, people using the service and the staff was excellent. People's views were consistently sought before, during and after people's stay. Daily records showed staff reported respectfully and with sensitivity on people's experiences around various activities such as with personal care, nutrition, and their social and emotional wellbeing. Where communication passports were used; staff referred to how people communicated their feelings in their report. For example, [Named person] really enjoyed going to the park with staff, was [communication method for being happy].

How people using the service communicated was an essential part of their assessment. Facial expressions and body language was explained for staff to interpret, for example, "When I [body language] it means I am unhappy. Please check if I am hungry, thirsty, require personal care or require repositioning. Offer me reassurance." People using the service also had a communication diary. One relative told us, "I know exactly what [relative] has been doing during his stay, even what he has had to eat. It's lovely to read." Another relative told us, "I love to read what [relative]'s stay has been like. We are involved in every aspect of his care and support."

Care plans placed people at the heart of their care. For example, "I like to be treated as an individual and to be respected" and, "If you get to know me I can be very affectionate and will display this by [communication

method]." Staff knew what was important to people and what they should be mindful of when providing their care and support. Dignity issues were managed exceptionally well for example, preference of gender of carer for personal care was always arranged and the detail that went into their care plan for personal care was very clear with regard to allowing people as much privacy time that was safe. Care and support plans clearly reflected human rights values such as people's right to privacy, dignity, independence, choice and rights. We could see people were enabled to do as much as they could for themselves.

We were able to determine the registered manager had created a 'valuing culture' where everyone matters within this service and this extended to the staff. Staff had written a profile of 'What is a good day for me', 'How best to support me'. Other team members wrote comments on 'What people like and admire about me' and 'tell me what I'm really good at'. The registered manager said it was important to let everyone know how much they were valued and this reflects in their approach to their work. "It's good to take the opportunity to say what we think and to share our thoughts on how we can help each other. We work very well together and we care about each other." The results of the quality assurance monitoring showed the staff team were described as being 'exceptional', 'considerate', 'understanding' and 'very supportive'.

Staff we spoke with had a very good knowledge and understanding of people's personal values and needs and talked about them in a respectful manner. One staff member said, "I love my job. It's very interesting and rewarding. People are looked after very well. We make sure their experience here is a good one." Another staff member told us "Everyone is different with different needs and we spend a lot of time preparing for their stay. We get to know them and it's important we treat them as individuals. We always respect them and if we can improve people's lives in any way we will and we do." "When I applied for this job, I hadn't done this sort of work before. It has to be the best job I've ever done. It's very rewarding and gives job satisfaction when people you support show they are very happy to be with you."

We saw from people's records that detailed notes were kept during a person's stay and their preferences were at the centre of all their care and support. 'All About Me' information provided a more personal touch in meeting people's needs. This gave staff essential knowledge to provide people with a personal 24 hour service. Information included for example, 'What I like to wear, to eat, drink, night routine, personal habits and what is important to me'. Attention to detail was exemplary in ensuring people's care was fine-tuned and the routine important to people was not disrupted as a result of staying at the short stay service. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal matters were kept confidential.

Relatives we spoke with told us they received an account of their relatives stay. The registered manager kept in touch with them in between stays at the home to see how their family member was doing and if there were any changes they needed to make to ensure their relatives stay was a positive experience for them. Relatives told us that they could not speak highly enough of the service and would not hesitate to recommend it to others. One relative we spoke with told us, "I love knowing what [my relative] has been doing. From my experience of [my relative] using the service I don't think they could do any better than what they do. [My relative] gets a first class service. I couldn't find better anywhere." One relative commented in a quality monitoring survey, "Staff at Burnley Pendle & Rossendale Short Break Services have always been very supportive. During a family bereavement I found their support invaluable and very genuine. They were a great help."

Is the service responsive?

Our findings

Relatives we spoke with told us their family member received a service that was responsive to their relative's needs and preferences. They said, "They know all about her and what she likes to do" and "They are spot on with their understanding of his needs." Relatives told us before their relative came to stay for respite care they were visited by the registered manager who had completed an assessment. They indicated they found these useful and helpful in knowing what to expect. These pre admission assessments were reviewed every time respite care was booked. Relatives told us this was very good for keeping the staff up to date with any changes since their relatives last stay.

The registered manager told us they made sure people were involved in their assessment as much as possible. They visited people in their home and in other settings such as day centres. Short visits to Burnley Pendle & Rossendale Short Break Services were arranged to enable people to spend some time at the service getting to know other people and to help them build up a relationship with staff. During this time people's needs continued to be assessed and this helped build up a more detailed understanding of how they communicated their likes and dislikes.

The registered manager demonstrated an awareness of the potential difficulties people faced in moving between services and explained the strategies in place to maintain their continuity of care. This involved having rooms ready, food preferences available, staff key worker on duty to meet and greet and a host of activities planned to meet people's requirements. We saw an example where considerable time was spent working with relatives and other professionals to map out a plan of care and support for a person transitioning from children's services and who was considering using the service in the future. The registered manager told us it was important to keep avenues open for people. Work like this was essential as it was important to be able to provide a service that could be ready and able to respond to people's needs at any given time. A health care professional confirmed this and also told us of the registered managers "willingness to go that extra mile" to provide a personalised responsive service.

People booked in advance to stay at the service and arrangements were in place to make sure the right staff would support them during their stay. Each person had a keyworker responsible for them. Key workers were matched to people's requirements and choice. Gender issues were considered as part of the process. Prior to their arrival contact was made to the family, professionals and if required any other agency involved in the persons care and support. This was to make sure any changes to the persons' needs or circumstances since their last visit could be planned for.

People's care and support plans and other related records were person centred. This meant people were cared for as an individual and their cultural diversity; values and beliefs, routines and preferences including their night care was managed exceptionally well. For example, people's observance of a cultural and faith diet was planned for. The planning document was clear in defining what was important for people and what was important to them such as people, places, possessions, routines, faith, culture, interests and hobbies. It also showed what support people wanted and needed during their stay and the best person placed to provide this support.

Care and support plans included information about people's likes and dislikes and provided staff with details about when and how they wished their support to be delivered. Picture communication symbols (PCS) were used by people with limited use of words to express their wishes. Attention to detail of people's requirements meant staff could easily recognise if there was any change to people's health and welfare. Staff told us the care plans were useful and they were an on-going working document that could change at any given time as people's needs changed.

There was a handover meeting at the start and end of each shift, and combined with care plans, information boards, and communication diaries, staff were kept up to date with people's needs. A 'Learning Log' was used to make sure how people responded to care and support was recorded. This helped staff to improve people's experience whilst using the service. For example we noted the repositioning of one person in a communal area had greatly improved their inclusion in activities around them whilst minimising triggers of distress. This demonstrated that the service responded to people's experiences in order to improve the care provided.

Staff told us people using the service had regular stays and this helped them recognise if people were not their usual self. Staff confirmed there were systems in place to alert the management team of any changes in people's needs. A contact list was recorded in people's files of professionals who were involved in their care and well-being. This meant processes were in place to respond to people's needs in a timely manner.

We found reviews of people's needs and level of support required were regularly being carried out to make sure a true reflection of the person's need was identified. This aided assessment of any on-going progress or of any issues people needed to be aware of. Relatives confirmed they were always involved with the review process. They said, "I am definitely involved in planning [relative's] care. They really do listen to what I have to say and between us I think we come up with a good plan." And "We plan everything. I'm so pleased they have supported [relative] to meet with people of her own age and she has made some good friends as a result. They always involve her with everything going on and she seems to do a lot more things here. They provide her with good stimulation which she enjoys."

Relatives we spoke with told us the service was flexible. One relative told us they were accommodating to them when an emergency situation occurred and they needed extra support. They said "I rang the manager and told him I needed a short stay for [my relative]. I explained the reasons and even though it was short notice they arranged this for me. I don't know what I would have done if he had said no. I couldn't let [relative] go to strangers, it was a life saver. I had been so worried and I felt better knowing that [relative] would be cared for properly."

From our discussions with the registered manager, relatives, people using the service and staff and from referring to people's records, it was clear people were supported to participate in a range of appropriate activities. Activities were tailored to the individual and were not limited. One person we spoke with told us, "I've been to college and done tutorial, ICT, art and visit the enterprise café. I do quizzes and I like to watch quizzes on TV. I can watch my tele in my room but I like watching it in the lounge. I like 'The Chase'." Comments from the quality monitoring surveys included, "I have enjoyed going bowling and chatting to staff", "I enjoyed going out shopping with [staff member]" "Had a lovely time. Went to watch swimming" and "Had a fun weekend."

One relative told us, "The last time [relative] stayed he wanted to do some baking. The staff are really good like that. He's spoilt really. It doesn't matter what it is they will always make it happen. He also gets involved in other activities such as shopping, going out for meals and getting out and about in the community. There is always something going on." Another relative told us, "We get invited to all the events they have. They had

an open day. It's good to build up social networks with other people." And another relative told us, "Even though [relative] can't move independently, she is not excluded from anything. Staff really make an effort and involve her in all of the activities that take place. They are thoughtful like that. It means so much to her." And "They are very accommodating. They try to do whatever [relative] wants like swimming. They have helped her mix with females of her own age and she has developed friendships with them and they keep in touch in between visits. [Relative] likes getting away and being just who she is, [name]. You couldn't ask for anything more. Every stay is packed with an adventure for her. It's amazing."

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and people were given information about the procedure in the service user guide and in pictorial formats for ease of understanding.

Raising concerns or issues was an on-going theme within the service aimed at raising standards. Every person and their relatives were asked to comment on people's experience during their stay and what if anything could be done better. The registered manager told us they never had any formal complaints. They had a 'niggles' book where small issues raised were recorded, looked at and resolved in a personalised way for people.

One relative we spoke with told us, "If I had any concern, which I never have had, I would definitely tell the manager. He is very good and I'm confident he would handle my complaint very well. I really feel that my opinion matters and we are always asked every time [relative] stays if they could improve on anything. They definitely want us to tell them. I think this approach has created a culture of trust where people feel ok to say what they really think and have confidence in the manager to improve things." Another relative told us, "I've never had to make a complaint. If I needed to I would and I'm sure it would be dealt with properly. They are the sort of people who take their work seriously and want to provide the very best service possible." Comments in quality monitoring surveys included, "No reason to complain. If there are any issues I feel these have been dealt with straight away, minor things."

Is the service well-led?

Our findings

All people, relatives, health and social care professionals and staff spoken with had nothing but praise for the management of the service. The registered manager was described as an excellent leader who placed people at the heart of everything they did. One relative commented, "[Registered manager] is amazing, fabulous. I can ring any time and speak to him. He is very supportive and because of him and his team of wonderful staff, people have a first class service. When you think of the numbers of people during the year that stay for one night, two nights maybe a weekend or week, being able to create a supporting environment tailored to each person's needs and wishes, has to be an outstanding achievement. Not everyone can do that. I've used other similar services and never found the same quality as I do here. I can't thank them enough and feel [relative] is very privileged to be able to stay here."

One health care consultant said, "I have found the services to be driven to meet client's needs and to be very open to MDT (Multi-Disciplinary Team) working. Feedback from my clients and their families who access the service has always been very positive." We noted another acknowledgement with regards to the integrity of the registered manager that read, "I feel blessed that you are a manager within our service. You put your heart and soul into your work and the results have been to achieve a wonderful team who try to deliver the best they can. I have admired your passion and from the first time I heard you speak, I knew you would become a respected professional leader. Being dedicated to people with disability is something which shines through from you."

There was strong evidence to show equality and diversity, privacy, dignity, freedom of choice was embedded into the culture of the home. These values were clearly given a high profile and this was reflected in the high standards of care people received.

The registered manager was qualified, competent and very experienced to manage the service effectively and had been registered as manager with the Commission since 05 September 2013. He told us he worked in partnership with other organisations to keep up to date with current practice and regularly received bulletins from health and social care organisations which he reviewed. He followed guidance from CQC (Care Quality Commission) and was aware of the new requirements following the implementation of the Care Act 2014. He kept up to date with best practice through training, media, research, and with working in partnership with health, social and educational professionals.

The registered manager was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. He said, "I get a chance to discuss relevant issues with other managers, share experiences and learn. We discuss what went well and what we can learn from our own and others experience. It's important not to lose sight of what we are about. This service is an integral part of the community. We work in partnership with other agencies involved in people's care such as schools and children's short break services, day centres and colleges to ensure best practice and high quality care is consistently maintained." We saw good evidence of working in partnership with other services such as occupational therapy, community nurses and GP's to support people and improve their quality of life.

The registered manager also told us short break services of which they were included had been nominated for a Lancashire Pride Award and had celebrated being runners up. This award recognises team work that has a significant and positive impact, a commitment to continuous improvement, continuously delivered excellent customer service (internally or externally) and has shown enthusiasm and openness to change. Open days and social events were also arranged and these provided families with an opportunity to get to know each other and share experiences.

According to the PIR (Provider Information Return) the registered manager stated "As registered manager it is important for us to have an open door policy for the people who use the service as well as the staff team. We work alongside support staff to enable the managers of the service to understand some of the issues which come up and to better understand the support which is needed." Staff we spoke with confirmed this.

Staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. We observed a good working relationship between the registered manager and staff. Staff absenteeism was minimal and the retention of staff very good. Staff spoken with were aware of the lines of responsibility and told us communication with the registered manager was very good. In response to questions we asked they said they felt well supported to carry out their roles in caring for people and felt confident to raise any concerns or discuss people's care. They said [Registered manager] trusts us to deliver high standards of care. We are trained well and I would say we are valued." "[Registered manager] has very high standards and is a good role model. He is very supportive and if I had a problem I wouldn't hesitate to tell him. I'm confident whatever we talk about is kept confidential." "I think we have a very good staff team. I can speak with [registered manager] any time. If I had a problem he would do his best to help. He always has time for us." "[Registered manager] will often work with us and we feel part of a team. I would definitely say we are valued and he cares. I love coming to work."

There was a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. These had been reviewed regularly to make sure they were updated to reflect any necessary changes. These included whistle blowing policy [reporting poor practice] and safeguarding policies and procedures. Staff also had key roles by taking the lead in areas such as infection control, medication management, safeguarding, dignity and health and safety.

During our inspection we spoke with the registered manager about people using the service. He was able to answer all of our questions about the care provided to people showing that he had a good overview of what was happening at all levels.

People were actively encouraged to be involved in the service they received and were respectfully referred to as 'guests'. People were supported to give feedback about their stay at Burnley Pendle & Rossendale Short break Services by using accessible communication methods they understood. Relatives were also encouraged to give their view on the service their family member received. We saw that people were given a personalised response to any issue they raised and a plan put in place for future stays. For example in one feedback survey we read "[named person] wanted her key worker to be changed on last visit to [staff name]. Action, This was done on [named person]'s wishes and to support a person centred service".

People also completed quality assurance surveys. We looked at the results of the last survey and saw there was an overwhelming level of satisfaction expressed. The registered manager said it was important to listen to people and understand what they wanted. He also told us, "It's the most effective way to improve the service as people's experience is what really matters. They are at the centre of everything we do and we want them to be happy."

According to the PIR the registered manager stated, "We have team meetings, discuss support, development and new ideas, this often includes coordination of new people who will be accessing the service in the future, planning and development of care plans, assessing risk and staff matching. Team meetings take place regularly, staff teams contribute to the agenda items, have opportunities to share new approaches and ideas, discuss positive aspects of their role and feedback any comments which people have made during or after their stays." We were able to verify this during inspection.

It was impressive to see the excellent standard of organisation within the service. Records maintained were accessible, completed to a high standard and used for auditing purposes. We found auditing of the service to be thorough and an integral part of the operation of the service. Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, fire prevention and detection equipment, learning logs, staff training and medicines audits, all of which helped determine where the service could improve and develop. This supported the service in providing a quality care that considered people's health, welfare and safety at all times.

The registered manager described his challenges over the next 12 months as making sure the staff had the right skills to meet people's complex needs, ensuring all people's needs were met and managing the diversity of people's health and social care needs. He said, "We are learning and developing the service all the time." The registered manager set out detailed planned improvements for the service in the PIR (Provider Information Return) under safe, effective, caring, responsive and well led. This demonstrated the registered manager had a good understanding of the service and was focused on improvements.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams.