

Derbyshire County Council

South Derbyshire and Dales Short Break and Assessment Service

Inspection report

Meadow Lane
Newhall
Swadlincote
Derbyshire
DE11 0UW

Date of inspection visit:
11 March 2016

Date of publication:
13 April 2016

Tel: 01629532001
Website: www.derbyshire.gov.uk

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 inspection took place on the 11 March 2016 and was unannounced. At our previous inspection on the 31 October 2013 the service was meeting the regulations that we checked.

South Derbyshire and Dales Short Break and Assessment Service provides personal care for up to 10 adults with a learning disability and associated conditions. The service is known locally and by people that use the service as Newhall bungalow. We will therefore refer to this service as Newhall bungalow throughout this report. Newhall bungalow is separated into two units. One was for people who live in the community to have a short break, the other was a life skills unit. This unit was for people to learn and gain independent living skills. Some people were staying at Newhall Bungalow on a long term basis whilst others went for short term respite care. There were seven people staying at Newhall Bungalow on the day of our inspection.

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. The registered manager oversaw the running of the full service and was supported by a unit manager and deputy managers.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. Staff knew how to respond to incidents if the registered manager was not in the service. People told us and we saw there were sufficient staff available to support them. Medicines were managed safely and people were supported to take their medicine as prescribed.

People were treated with dignity and respect and had their choices acted on. The staff worked in partnership with people when supporting them. People confirmed that staff supported them in the way they wanted. Staff knew people's likes and dislikes and care records reflected how people wanted to be supported and how care was provided.

Equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence. People were supported to develop life skills to enable them to live more independently and they developed and maintained hobbies and interests within the local community to promote equality and integration.

The staff team actively sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Is the service effective?

Good ●

The service was effective

People made decisions in relation to their care and support. People were supported by staff who received training to meet the support needs of people who used the service. People were supported to eat and drink enough to maintain their health and staff monitored people to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences. People were supported in their preferred way to promote their independence and autonomy. People were supported to maintain their privacy and dignity and to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Staffed worked in partnership with people to ensure they were involved

in discussions about how they were supported. The complaints policy was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify and make improvements where needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality and safety of the service provided.

South Derbyshire and Dales Short Break and Assessment Service

Detailed findings

Background to this inspection

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

This inspection took place on 11 March 2016. This was an unannounced inspection. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed other information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with three people who used the service and observed how staff interacted with people. We spoke with the unit manager, one deputy manager and two care staff. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us, "The staff are nice here. I can go out when I want to but they like to know I'm safe, so if I am going to be late back I have to let them know, so they don't worry about me." Another person told us, "The staff are nice to me." We saw that the staff had a good rapport with people and they appeared relaxed and comfortable with the staff supporting them.

Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "If I had any concerns at all I would report it to the manager or one of the deputies, they are all very good, I'm confident they would take action." We saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Risk assessments were in place regarding people's assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting people to maintain as much choice and independence as possible. Discussions with staff and a check on the daily records showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the service to be evacuated. We saw that the information recorded was specific to each person's individual needs and supported staff to understand the actions that would be required. Records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed to maintain people's safety.

People told us there were enough staff to meet their needs and support them as agreed. One person told us, "There are always staff around, they always check with me that I'm ok and ask me if I need anything." We saw that the staffing levels on duty were determined by the support needs of the people that used the service. One member of staff told us, "Tonight there will be two staff on sleep in as well as the night staff. Our staffing levels are always calculated on people's needs." We saw that staff were available to people, so they received support that met their needs.

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files we looked at had all the required documentation in place.

We saw that medicines were managed safely as the provider had processes in place to receive, store, administer, and dispose of medicines safely. We saw that assessments were completed to determine the

level of support people needed to take their medicine so that staff could support the person according to their needs and enable them to maintain as much independence as possible. We saw that where needed people were supported by staff trained to administer medicines. A medicines administration record was kept and we saw that staff signed when medicine had been given or if not, the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing and independence. People we spoke with said the staff met their needs. One person told us, "The staff are helping me to be more independent. I've got two keyworkers, they are supporting me with cooking and doing my own washing and ironing"

Staff told us and records showed that they had been provided with training and support to enable them to meet people's individual needs. One member of staff said, "The training we get is good, it's all very organised, so we are told when refresher training is due and it's booked for us." Another member of staff said, "We get all the training we need and we can ask for training if we think there is something we need. New staff get good support and don't work on their own until they've done their induction. We all work together as a team and support each other." Staff confirmed they received supervision and an annual appraisal and we saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "We have regular supervision but we can speak to the manager anytime, she is very approachable." This showed us that staff were supported to meet people's needs.

We heard staff offering people choices and gaining their consent before supporting them. A member of staff told us, "We support people to do as much as possible for themselves and make their own decisions, whenever they can. "

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. We saw that the information in people's assessments and care plans reflected their capacity when they needed support to make decisions. This provided staff with information on the support the person needed to make a decision and identified how, when and where the staff could best provide information to them in a way they would understand. We saw people were supported to make decisions using sign language, pictures or real life objects. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people who used the service were unable to understand risks to their safety and that they were not safe to go out without support from staff. We saw that appropriate authorisations were in place to ensure that people were only deprived of their liberty when it was necessary to protect them from harm.

We saw that people were empowered to choose their own meals. One person told us, "The food is nice, so far I've liked everything but I know people have different things if they want them." People were supported

to maintain their nutritional health. One person had been supported by the staff to maintain a healthy lifestyle and they told us how they had lost weight, through eating a healthy diet and exercise which they were very proud of. This showed us that people were supported to eat healthy food and meals they enjoyed to support their wellbeing. The care plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with people's care plans.

Discussions with staff and records seen demonstrated that staff supported people to maintain their health care needs. For example we saw that when needed referrals and advice had been sought and followed from professionals, such as GPs, dieticians, occupational therapists and speech and language therapists. Contact and emergency grab sheets were used if the person required hospital intervention. This ensured information was in place to support people if they went to hospital.

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. People appeared comfortable with the staff that supported them. Staff demonstrated a good understanding of people's needs and treated people with respect and in a kind and caring way. One person told us, "The staff here are very friendly, they have made me feel welcome, it's a nice place." Another person told us, "The staff are my friends."

Staff worked in partnership with people to ensure they were treated as individuals with their own interests, values and preferences. Information was provided about each person's likes and dislikes and their preferred daily routine. Staff understood people's method of communication and this was recorded in their support plans. This enabled people to make decisions about their life and demonstrated that staff worked with the people they supported to ensure decisions were sought, included and respected, according to individual preference and choice. The support provided to people promoted their independence, by supporting them to make choices on a day to day basis. We saw that people's right to privacy was observed. For example we saw that some people preferred to spend time in their bedrooms and staff respected this.

Where needed, people were supported to access the services of an independent advocate. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. We saw that one person had been supported by an independent advocate in a decision regarding their care and welfare.

We saw that people were supported to maintain contact with their relatives and people that were important to them, whilst staying at Newhall Bungalow. One person told us, "I go and play pool at the pub with my step dad." We observed staff supporting a person to speak to their relative on the telephone.

Is the service responsive?

Our findings

People told us they were involved with reviewing their care. One person told us, "The staff have gone through my care plans with me to check I agreed with what they said and I did." People confirmed that the support provided to them met their needs as an individual. One person said, "The staff are working with me to see what I can do for myself and what I need help with."

We saw that assistive technology was in place in the life skills kitchen to enable people to maintain their independence and learn new skills. For example we saw that equipment in the kitchen was height adjustable, to enable people that used a wheelchair to access the kitchen facilities. One person told us, "I have cooked some meals myself, with a bit of support from the staff, as I want to live in my own flat one day." This showed us that staff encouraged people to maintain their skills and empowered them to learn new skills.

We saw that people received continuity in the support they received because they were supported by a regular team of staff that knew and understood them. We saw that a full assessment had been completed that included people's needs and preferences. Plans were specific to individuals and staff we spoke with demonstrated that they knew people well. For example, one staff member told us how a person liked to listen to music in their bedroom and the person confirmed this with us. Staff used information they had about people to provide good interactions. We saw staff talked to people about their friends and family and also about things they had done and liked doing. We saw that people accessed the community to participate in activities they enjoyed. For example, one person was supported to attend a keep fit class and go swimming, which they told us they enjoyed. We saw that people went out to undertake a variety of activities with staff during the inspection.

People confirmed they would feel comfortable telling the manager or staff if they had any concerns. One person said, "The staff are always asking me if I am ok, so I think if I had a complaint it would be sorted out, they are all really nice." Recent feedback from a relative stated, 'If there is ever a problem, I feel the staff are easy to talk to and the problem sorted.' Staff told us that any complaints or concerns made to them would be reported to the manager. One member of staff told us, "If anyone raised a concern I would tell the manager and I know it would be addressed quickly. The manager has really good people skills." A complaints procedure was in place and this was included in the information available to people in their bedrooms. This information was provided in a pictorial format to support people. We saw a system was in place to record complaints received and the actions taken and outcome. We saw that the manager was proactive in addressing any issues raised. For example, one person's relatives had commented about an issue regarding their relatives care. The relative had not raised the issue as a concern. The manager had used this information to address this under the provider's complaints procedure and was working with the person's relatives to improve the outcome for this person. The manager told us, "I think it's important to address any concerns identified. This relative said they didn't want to complain but I explained to them that we want to get things right and work with them to achieve this."

Is the service well-led?

Our findings

People and relatives spoke well about the staff team and manager and we saw there was a positive atmosphere. One person said, "It's a nice place and the staff are great, they listen to me." We looked at recent feedback from relatives and saw that positive comments were made. One relative said, "I find the service given to [Name] a wonderful facility. The staff are very friendly and helpful towards [Name]." Another relative said, "The quality of service [Name] gets is very good, the staff make [Name] feel welcome and they always feels really happy about staying there." Staff explained how they were a good team and would all work together to make the atmosphere nice for the people that used the service.

In addition to seeking people's views of the service through feedback letters, people and their representatives were contacted prior to respite stays to provide updates on any changes in people's care and support needs. This showed us that the manager was proactive in ensuring people's current needs could be met. We saw that following each person's stay, people and their representatives were contacted for their feedback. This enabled the staff team to ensure that any concerns made could be addressed and changes made as needed.

Staff we spoke with told us they were happy to raise concerns and were aware of the whistle blowing procedure. Whistleblowing is the process for raising concerns about poor practices. One member of staff said, "If I ever needed to do it, I wouldn't hesitate, the manager is brilliant". We saw there was a whistleblowing procedure in place. This demonstrated staff knew how to raise concerns and were confident they would be dealt with.

Staff told us they had meetings to ensure they were kept up to date with any changes. One member of staff said, "The staff morale is really good here, the manager doesn't expect the staff to do anything she wouldn't do herself, she involves us all, seeks our opinion and we feel valued. This showed us that an open and transparent approach was in place that empowered staff and enabled a positive working environment.

Quality checks were completed by staff who worked at the service and the provider. These included checks of medicines management, infection control, health and safety, the general environment and the monitoring of incidents and accidents. We saw the manager checked for any patterns and trends to ensure actions could be taken. This demonstrated that systems were in place to monitor the service and enable improvements to be made as needed.

We saw the data management systems ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team.