Nottingham City Council

Nottingham City Council Short Breaks Team

Inspection report

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Date of inspection visit: 14 May 2015
Date of publication: 17/08/2015

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

Overall summary

We carried out an announced inspection of the service on 14 May 2015.

Nottingham City Council Short Breaks Team Provide personal care and short breaks for disabled children who have a wide range of disabilities. There were 84 people receiving care and support in their own homes at the time of our visit.

There was a manager registered with the Care Quality Commission (CQC). 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.

Summary of findings

People felt the service was safe and reliable. The provider had suitable arrangements in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse. Staff were knowledgeable about how to recognise abuse and confirmed they had completed relevant safeguarding training.

Appropriate risk assessments had been undertaken to make sure the environment was safe and secure for staff to attend to people's needs.

People were supported by appropriately skilled and trained staff because the provider had a robust recruitment process in place. There were sufficient numbers of staff to cover calls in an effective and caring way. The manager was recruiting for additional staff at the time of our visit.

People were supported to make informed choices and staff had awareness of the Mental Capacity Act (MCA) 2005, The Mental Capacity Act 2005 is designed to protect people who do not have the capacity to make certain important decisions for themselves, because they may lack the capacity to make such decisions due to permanent or temporary problems such as mental illness, brain injury or learning disability. We found that the MCA was being adhered to.

Care plans contained individual information relevant to the person. People were encouraged to be independent and received relevant information on how the service was run. People felt that they could express their views about the service that they received.

People knew how to raise any concerns. They knew who they should contact and raise the concern with.

People received good care which met their needs. They were treated with respect and the staff provided the care in a caring way.

People and their families were involved in decisions related to their care and support. Care plans contained information relevant to the person and were individualised to reflect people's needs.

Complaints and concerns were recorded and reviewed to ensure they were dealt with in a timely manner, which also helped make improvements to the way the service operated..

The service was monitored regularly by the provider and registered manager to make sure a quality service was provided.

People were encouraged to express their views and comment on how the service was run.

The management team worked effectively and supported staff appropriately. The service worked well with other professionals and the care commissioners.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

People felt safe with the staff who cared for them and with the care they received in their own homes. The provider had suitable arrangements in place that supported people who used the service against the risk of abuse. Appropriate risk assessments had been undertaken to make sure the environment was safe and secure for staff to attend to people's needs.

There were policies and procedures in place to manage risks and they were easily accessible to staff.

People's needs were met by staff who had the right skills and competencies to provide care in a safe way.

Is the service effective?
The service was effective.

Good

People received care from staff who felt fully supported by the management team

Staff obtained people's permission before they provided care and support.

Staff had awareness of the Mental Capacity Act and how it was relevant to people who used the service.

People were encouraged to be independent and where necessary they were supported to have sufficient to eat and drink.

Staff had a good knowledge and understanding of how to meet the needs of the people they cared. Referrals were made to other healthcare professionals when required.

Is the service caring?
The service was caring.

Good

People were positive about the staff and the care they received.

People were treated with respect, compassion and in a dignified way at all times by the staff who cared for them.

Is the service responsive?
The service was responsive.

Good

Staff understood what people needs were and how to respond to their changing needs.

People and their relatives were aware of the complaints procedure. Complaints were responded to quickly and professionally.

People's care plans were reviewed on a regular basis to ensure they received personal care relevant to them.

Is the service well-led?
The service was well-led.

Good

Summary of findings

Procedures were in place to monitor and improve the quality of the service provided. This included logging and monitoring complaints and safeguarding.

Appropriate policies and procedures associated with the running of the service were in place.

There were plans in place for emergency situations. The manager and on call staff were contactable over a 24 hours period to ensure staff and people who used the service were fully supported.

Nottingham City Council Short Breaks Team

Detailed findings

Background to this inspection

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

This inspection took place on 14 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. The inspection team consisted of two inspectors and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law. We looked at the Provider Information Return (PIR). The PIR 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.

During our visit we spoke with 15 relatives, (as the people who used the service were under the age of 18), four link workers, four support staff, one care co-ordinator and the registered manager.

We looked at the care plans for six people, the staff training and induction records, two people's medicine records and the quality assurance audits that the registered manager completed.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe when they were supported by staff. They said that they felt their family members were at ease or very happy when staff were with them. One relative said, "[Named person] has always been safe. [Named Person] is able to tell me how they feel or if they are not happy." Another two relatives both said, "Our [name] is safe."

Relatives told us they had confidence in the service. One relative said, "I would recommend the service as it is very reliable." They also added, "My family member loves the service, as their support worker is lovely and safe."

We found the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse. Policies and procedures were in place and staff told us they were aware of the policies and where they were kept if they needed to access them. Staff we spoke with had a good understanding of how to recognise the possibility of abuse and how they should keep people safe. They confirmed they had completed relevant training in safeguarding. One support worker said, "Safeguarding is an on going process and I understand all the actions I need to take to protect the young people I support."

The manager told us there was a process to introduce the link worker (a staff member who worked on a one to one basis with the young person) to the family and young person before they provided any support. This included sharing details about the link worker's background, skills and experience. The young person also had an introductory meeting with the staff member who was their link worker and if they were in agreement the support sessions would go ahead.

Staff had access to support and advice should complex or urgent situations arise. They were able to contact their line manager and colleagues during normal office hours and also via the out of hours call system. This helped to ensure people received appropriate care and any concerns could be addressed promptly.

We looked at the provider Information return, completed by the provider. They stated they followed the local authority safeguarding procedures and reported accordingly. The manager told us they contacted the local authority to obtain advice when dealing with safeguarding issues. We found they were proactive when issues of concern did occur.

Risk assessments were in place and potential risks had been identified and considered as part of the assessment for the support package. The manager told us these risk assessments were completed with the person and their family. Care files we looked at contained completed risk assessments and showed the likelihood, level of risk and control measures that were in place. We found risks had been assessed for the risks to and from community activities, such as, use of equipment and venues attended. We saw discussions had taken place about all the risks and some people had signed their assessment themselves to confirm they fully understood the risks that were involved.

People could be confident they would be supported in a safe way, because the service had robust recruitment procedures in place to ensure staff were recruited safely. All staff we spoke with confirmed they had undertaken relevant checks to make sure they were suitable to work with young people.

Relatives told us the link workers were not responsible for administering medicines unless they had been fully trained. Staff confirmed they did not administer medicines unless they had completed training and authorised to do so. One link worker told us that they did not administer medicines routinely, but had had training to enable them to do this in a specific case, should a urgent situation occur. They told us "I support one person with epilepsy. I have attended relevant training in case they have prolonged or too many seizures. The care plan and risk assessments are in place should I need to administer medicines in an emergency." We saw there were arrangements in place to manage risk for people with specific medical conditions. Information was available on the care files we looked at to show how staff should deal with these conditions.

Good

Is the service effective?

Our findings

Relatives recalled an initial assessment taking place when people first received their support package. The manager told us referrals were made by social services or by families themselves. They said care plans, risk assessments and a checklist to identify health needs were completed at the initial assessment. A care coordinator told us the service was aware, from the start, what the person's needs were. This way they could match them to the right link worker with the relevant skills.

Relatives told us there was time taken to ensure the person was matched up with the right link worker. They described good effective support and good practices in how the young persons were assisted. They gave us examples of instances where this had had a positive impact on the people who used the service. One person had a visual and hearing impairment, so they were linked to a link worker who had personal knowledge, skills and techniques they could use to give them a good understanding of how this person actually felt.

Another example was of a young person who locked themselves away in their bedroom, when they first started to use the service. Their relative told us the person lacked trust when mixing within large groups and went onto explain that the skill and knowledge of the link worker, who took time to gain the young person's, trust and made them feel confident. This had impacted on the young person and they were now more confident. We received positive comments that link workers were pro-active in preparing for the support visits so they involved some development activities, or some health and wellbeing benefits.

Staff told us they received supervision and appraisals of their work on a regular basis. One staff member told us they attended regular supervision meetings and discuss any issues they had or any training needs they required. Another staff member told us they felt confident and comfortable to contact their senior manager regarding any concerns or issues that may arise.

The manager told us they ensured staff had the right knowledge from training and completing the Skills for Care certification. (Skills for Care is a learning and development organisation to help staff gain a qualification in social care) Staff we spoke with said they had attended training courses relevant to their roles and responsibilities. We found there were sufficient staff with the appropriate knowledge and experience to keep people safe. We saw staff rotas reflected people's needs. Staff we spoke with felt there were enough staff and that they were fully supported to acquire further qualifications and skills relevant to their job, which helped to support them provide people with safe care. This showed people were cared for by skilled staff.

Relatives told us they and their family members felt staff were good at what they did, were competent and had the necessary skills to support them. Information included by the in their PIR stated the service had development mornings and fun lunches that were designed to create an open platform of communication to share good practice.

All relatives told us staff asked their and the young person's permission before they provided any care or support. We looked at six care plans and saw people had given their consent by signing documentation to say they agreed to the care and support they received from the staff.

Staff we spoke with told us they were aware of the Mental Capacity Act (MCA) 2005 and had received training in this area as part of their induction. They were aware they needed to give people a choice in the way they wanted to live their life. One staff member described to us how they supported a person who had the capacity to make their own choices. This person was able to do things for themselves, but needed guidance in some of the procedures, such as, help to correct their clothes. The staff member was fully aware of when the Mental Capacity Act was relevant or irrelevant to their role.

People were supported with eating and drinking. Relatives described link workers as being thoughtful and encouraging about people's diet. People were supported to make wise, healthy choices when it came to eating and drinking. Staff respected people's right to make their own choices about the food they ate, even if this meant some unhealthy choices. Staff told us they made sure people had enough to eat and drink. One staff member told us they discussed food choices with the relative and the person they supported to make sure what sort of foods the young person could eat. Some relatives provided a packed lunch. This showed people were supported to have enough to eat and drink and their individual preferences were taken into account.

Good

Is the service effective?

We looked at care files and saw the provider took preventive action to ensure people were in good health. Referrals were made to external professionals when required.

Good

Is the service caring?

Our findings

Relatives described their family member's care as 'good' and felt it was what had been agreed with the provider and met most of the young person's needs. All relatives told us the young people felt they were treated with respect and looked forward to the staff visits.

Relatives told us they were happy with the care their family member received. One relative said, "The staff are pleasant and people like that don't come along very often. My [name] loves them." Another family member said, "They [staff] treats my [name] with respect and politeness." Other relatives provided comments that staff were considered polite, respectful and respected the young person's rights and independence.

We found relatives were involved in decisions related to their family member's care and support. Care plans we looked at contained information relevant to the person and were individualised to reflect people's needs. Comments suggested the care provided was in a way that was both sensitive and dignified to the young person's disabilities, age, gender and preferences.

People were encouraged to form meaningful friendships with their link worker. One relative said, "I feel more confident, as the worker really knows [name] well." Another relative told us the link worker was very reliable and would call them if they were running late. They said they were pleasant and polite to the person they supported. People received care and support from staff who knew and understood their needs. There were systems in place to ensure link workers had the necessary skills and information available to them to be able to support in a kind and compassionate way.

We looked at six care files. It was recorded when people's needs or circumstances had changed to ensure the person received the most appropriate support for them.

Staff told us they ensured the people they supported felt valued by listening actively and attentively to them. One link worker said, "I take them seriously and listen to what they tell me." We found young people who were supported by the service were given information in a way they could understand, using pictures, computerised equipment and sign language.

Good

Is the service responsive?

Our findings

People and their relatives were aware of and involved in their care plan reviews. One relative said, “We had a review face to face with the manager.” Another relative told us their family member was able to express their preferences in their review meetings. They said, “[name] knows what they want.” Other relatives told us they had review appointments pending. We saw the records of some annual reviews that had taken place. This showed peoples involvement in identifying their needs, choices and stating their preferences about how their needs were met.

People who used the service attended social activities and were encouraged to participate in activities that were of interest to them. Relatives told us the activities were in line with what had been discussed when the service first started. One relative said, “I know [name] is following more fitness activities, but it still includes what they want to do. It seems a good balance between the two.” This relative also went on to tell us how staff supported the person to develop new skills. They told us. “For example, letting them handle the sale or change when they go to the shops. This will help their life skills as they get older.” Relatives described activities that provided learning, health and wellbeing benefits as well as enjoyment for the person. The manager told us the service was proactive in referring people to other relevant organisations if they felt a person could benefit from more interaction or different opportunities.

People were encouraged to be independent. One link worker said, “We promote independence by letting/helping the young person do little tasks for themselves, for example, dressing or setting up situations where they need to make a choice.”

When we spoke with staff they had a good understanding of the people they cared for and their needs. They described how they supported individuals and what was important for that person. They discussed how they ensured they provided individual care that was relevant to the person’s needs.

People and their relatives were aware of how they could raise concerns. Relatives told us they had no complaints, but would know who to contact if the need did arise. We saw there was a complaints policy and procedure in place and this also formed part of the ‘guide to support’ package given to each family. The manager told us each person received a copy which included how to make a complaint and contact details for the provider and other professionals should people require using it.

We found three complaints had been received in the last 12 months. The provider’s complaints policy had been followed and they had responded in a timely manner. We found the service reported significant events appropriately. Records were comprehensive and included the consequences of the incident along with the person’s views of the event.

Good

Is the service well-led?

Our findings

During our inspection the feedback from people and their families on the way the service was run was consistently good. Relative's spoke positively of the service they received, but some mentioned there had been delays between referral to receiving the service. The manager's focus was to continually improve the service and implement systems in order to provide a high quality service. They told us they had recognised the increase in demand for their service and were currently looking at ways to reduce waiting times by implementing fixed term contracts for their link workers. As an interim measure they currently offered families an alternative service should they not be able to meet their needs.

Relatives told us they felt the service was generally well led and staff were approachable. They were able to contact the office when required. One relative said, "They seem well organised and have got some good workers." Everyone we spoke with felt the office staff were very caring and responsive. They told us they could contact them at any time.

Internal quality assurance feedback systems such as questionnaires and surveys were available to enable people to share their views and experience. The manager told us that the provider's representative was implementing an annual inspection of the service. They also told us they [the manager] completed weekly and monthly audits. We looked at the audits which were undertaken by the manager. We saw staff observation spot checks had taken place on a regular basis and a robust system was in place that ensured the service provided was of a good quality and met people's needs.

Relatives felt the continuity of support was helpful. One person said, "Having the same member of staff most of the time means we get to know each other."

We found staff were clear about their role and responsibilities; they felt supported to raise concerns if needed. One staff member said, "I am aware of the whistle blowing policy and feel confident to use it if should I need to raise a concern." Staff felt well supported and attended team meetings regularly. They confirmed they had participated in observations with their supervisor when out in the community and supporting a young person.

There were systems in place to monitor care calls and ensure all calls were met. The care coordinator showed us how the system operated and they said they cross-referenced the times with the staff timesheets. We saw this process taking place during our visit. This showed the service was proactive in their working practices to ensure people received quality calls that were relevant to their needs.

There was a registered manager in post and the care coordinator told us the staff team worked well together. All staff we spoke with felt the manager was approachable and listened to their views or concerns. One staff member said, "The manager is supportive, if I had a problem I am confident it would be addressed and I would be supported."

The registered manager told us the vision and values of the service were to promote independent care for people and to make sure people received good quality care that protected their dignity and privacy. They told us they ensured staff supported this by completing observation of practice and quality assurance audits.

The service worked with other health care professionals who were complimentary about the service provided. We contacted the local care commissioners who told us they had no concerns about the service provided.