

Lifeways Community Care Limited

Copwood Respite Unit

Inspection report

15 Copgrove Road
Holmewood
Bradford
West Yorkshire
BD4 0DJ

Tel: 01274685546

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Ratings

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

Summary of findings

Overall summary

About the service: Copwood Respite Unit is a six bedded service providing respite care services for people with learning and physical disabilities located on the outskirts of Bradford. At the time of our visit there were five people using the service.

People's experience of using this service: Improvements to the safety of the premises and quality audits have been made since our last inspection in August 2017.

People were happy in the company of staff and were able to communicate with them to make their needs understood. Activities were on offer to keep people occupied both on a group and individual basis. Trips out were also organised in line with people's preferences.

Medicines were being administered safely and people's dietary needs were met.

Staff were kind and caring and there were sufficient numbers to keep people safe and to meet their care needs. Staff were receiving appropriate training which was good and relevant to their role. Staff were supported by the registered manager and were receiving regular formal supervision where they could discuss their on-going development needs.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and was described as being very approachable. Audits and checks were carried out and used to drive continuous improvements to the service people received.

People's feedback was used to make changes to the service, for example, to the menus and activities.

More information in Detailed Findings below:

Rating at last inspection: Requires improvement (report published 18 October 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found improvements had been made since our last inspection and the service has met the characteristics of Good in all areas.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Copwood Respite Unit

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Two adult social care inspectors.

Service and service type:

Copwood Respite Unit is a care home which offers respite care for people with learning and physical disabilities. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in August 2017. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

People using the service at Copwood Respite Unit were not able to fully share with us their experiences of staying at the service; therefore, we spent time observing staff with people in communal areas. We spoke with two people who were using the service, two support workers, the registered manager and one relative.

We reviewed a range of records. These included three people's care records and medication records. We also looked at two staff files around staff recruitment and supervision and the training records of all staff. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At our last inspection on 25 August 2017 we found the landlord was not making sure systems were being serviced at appropriate intervals.
- At this inspection we found improvements had been made to ensure the premises were safe. Gas, electrical and fire systems had all been serviced. However, the home was in need of general redecoration and refurbishment. The registered manager told us the provider intended to move the service to another one of their homes to provide people with a better environment and facilities. We would recommend if this move is delayed the provider and landlord need to put a detailed redecoration and refurbishment plan in place.
- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety to ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. For example; this included risks related to nutrition and hydration, epilepsy and choking.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services about the support people required in these circumstances.

Systems and processes

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

Staffing levels

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- People were supported by a consistent team of staff. There were no vacancies for staff. If rota gaps arose or additional staff were needed to facilitate outings staff worked across from the sister respite service nearby.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.

- Staff completed training in medicines administration and their competency was checked and discussions taken place about medicines and their side effects.

Preventing and controlling infection

- Staff completed training in infection control. Gloves and aprons were available and waste was disposed of correctly. The home was clean, tidy and odour free.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence.
- Staff made sure people who did not get on were not staying at the same time.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and people were invited for a tea time visit before they stayed overnight. This was to make sure they wanted to stay and staff could discuss the care and support they wanted with them and their relatives.

Staff skills, knowledge and experience

- Staff were trained to be able to provide effective care.
- The relative we spoke with was confident in the abilities of the staff.
- Staff spoke highly of the training, support and supervision they received.
- Staff told us additional training was provided so they could meet the needs of people using the service.

Supporting people to eat and drink enough with choice in a balanced diet

- People's care files contained information about their food likes, dislikes and any foods which should be avoided.
- People were offered a choice of foods at breakfast and shown what choices were on offer.
- There was detailed information for staff in the kitchen area regarding people's different dietary requirements. For example, who might need a soft diet, Halal food or was diabetic.
- There was also information about how people could be supported to eat independently wherever possible, for example, one person could eat independently if food was cut into to small pieces, another was at risk of choking if they ate too quickly.

Staff providing consistent, effective, timely care within and across organisations

- The registered manager had developed strong links with social workers from various local authorities and health professionals in different trusts. If people's needs changed the links required to get support from other agencies were in place.
- Staff also have systems in place to maintain good communication with people's day care placements

Adapting service, design, decoration to meet people's needs

- All of the accommodation was at ground floor level and had good wheelchair access.
- Some bedrooms had specialist hoisting equipment. One person told us they always had the same room when they visited because they needed this.
- A multi sensory room was available for people to relax in.
- The home was comfortable and decorated with photos which showed people participating in activities. Artwork produced by people using the service was also on display.

Supporting people to live healthier lives, access healthcare services and support

- Copwood only provided short stay respite care for people. Relatives were supporting people with their health care appointments.
- if someone using the service became unwell during their stay relatives would be contacted or in an emergency an ambulance would be called.
- The registered manager could make referrals to the speech and language therapy team, health facilitation nurses and occupational therapists with any concerns about people's on-going healthcare needs.

Ensuring consent to care and treatment in line with law and guidance

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.
- The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager had discussed the issue of DoLS in a respite care centre with the relevant manager in the Local Authority. The overall decision was DoLS authorisations would not be needed as if anyone showed any signs of distress about being at Copwood they would be able to return home.
- Staff spoke with people before any care and support was delivered to get their consent.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- One person told us, "I like staying over and have been using the service for seven years.² Another person, was smiling and laughing with staff and was clearly enjoying their company and 'banter.'
- A relative told us they were very happy with the service.
- At the time of the visit the service was decorated for Christmas and one person in particular was very excited for the festive season. The registered manager told us that a variety of significant festivals were celebrated including Eid and Diwali, recognising the differing cultural backgrounds of people who used the service.

Supporting people to express their views and be involved in making decisions about their care

- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided. This included choice of activities, food, celebrations, and how they were supported.

Respecting and promoting people's privacy, dignity and independence

- We saw staff treated people well and with dignity and respect. Staff shared jokes and responded to individual communication methods both verbal and nonverbal. People were happy around staff and the registered manager.
- Staff supported people in a caring way to promote their independence.
- Staff saw one person was feeling overwhelmed by the noise in the dining area. Staff supported the person to eat their breakfast in the kitchen, which was quiet.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs.
- Care records were reviewed three monthly or if people's needs changed.
- People who stayed at the service were supported to continue their day to day activities by attending day centres or college, as appropriate.
- Staff organised activities and outings for evenings and weekends. For example, there had been a trip to Blackpool at the beginning of November to see the illuminations and a trip was planned to go to the pantomime at the Alhambra theatre in Bradford.

Improving care quality in response to complaints or concerns

- An easy read complaints procedure was in place and displayed at the service. Records showed that there had not been any recent complaints received at the service.
- A relative told us they would feel able to raise any concerns with staff.

End of life care and support

- Copwood was a respite care centre and would not be involved in supporting people at the end of their life. If a life threatening incident occurred emergency services and the persons relative would be contacted.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- At our last inspection on 25 August 2017 we found some of the quality audits were not effective in picking up and addressing issues.
- At this inspection we found improvements had been made to ensure people received a consistently good service.
- People who used the service received high quality person centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was an open and transparent culture in the home and staff told us the registered manager was approachable and supportive.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager knew people using the service and their relatives very well. We saw them to be kind, caring and very knowledgeable about people's personalities.

Engaging and involving people using the service, the public and staff

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- Staff meetings were held and staff were also consulted during handovers between shifts.
- The registered manager had an 'open door policy' so parents or carers could see them or one of the team leaders at any time to discuss any issues.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure regulatory requirements were met.

- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received. A new more detailed care planning system was in the process of being implemented, which was very detailed and clear.

Working in partnership with others

- There were excellent links with other healthcare professionals, which included the speech and language therapy team (SALT), health facilitation nurse, occupational therapists and social workers. The registered manager explained that the health facilitation team consisted of learning disability nurses who gave guidance and advice to the service. The registered manager explained how they knew people who used the service well and could work in liaison with community staff. One example was where a family needed to purchase a more suitable bed when the health of their relative had deteriorated. This would be an expensive purchase and staff at the service made observations about their sleeping positions to help guide this process.