

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Natural Breaks Merseyside

Bishop Goss Community Complex, Rose Place,
Liverpool, L3 3BN

Tel: 01512079120

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Natural Breaks
Registered Manager	Mrs. Evelyn McCormack
Overview of the service	<p>Natural Breaks is an organisation providing support services to people with learning disabilities, mental health issues, physical disabilities and acquired brain injuries (ABI). The service has two strands offering both a domiciliary care service and a support and leisure service both of which provide people with a range of hours per day or per week in line with their assessed needs. The service is located in Liverpool and covers a large geographical area across the north west.</p>
Type of service	Supported living service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

Speaking to service management

What people told us and what we found

We asked people using the service to tell us if they were making decisions about their care and support and people told us they were. People gave us lots of examples of the choices they were making on a daily basis and told us about a range of things they did with the support of staff. This indicated that staff were supporting people to make choices and to use their independent living skills. People told us staff supported them with their health needs and one person described how staff supported them with their dietary and social needs.

We asked people if they felt confident to raise any concerns they had about their service and people told us they did, people also told us they felt safe.

People gave us good feedback about staff. People told us staff were "Good" and "Caring". One person told us they felt staff were "Really Great".

People told us which members of staff were on their team and they told us they had support from the same small group of staff.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People who use the service were listened to and involved in decision making about their care and support.

Reasons for our judgement

We asked people using the service to tell us if they were making decisions about their care and support and people told us they were. People gave us lots of examples of the choices they were making on a daily basis and told us about a range of things they did with the support of staff, this included going out shopping, swimming and going out to eat. This indicated that the service was supporting people to make choices and to use their independent living skills.

During our visit we looked at records that showed each of the people using the service had an individualised support plan. These indicated that people's preferences and choices had been listened to and were being respected. We saw in people's support plans and from discussions logged within the files that issues of equality and diversity had been recognised and acted upon in terms of planning people's care. We asked staff to give us some examples of how they ensured people's diverse needs were being met and staff gave us appropriate answers .

Records we looked at showed that people using the service had a meeting to review their support on a regular basis. These review meetings included the person, their relatives or representatives, staff and other relevant professionals. This showed that people were being listened to and their views and the views of other people who were important to them were being used to monitor and shape their current and future support.

We saw that some of the information provided to people using the service had been produced in an 'easy read' format and some information included the use of pictures. This included information about the service provider and how to make a complaint.

It was apparent during our discussions with staff that they had a good knowledge of people's needs. Staff were able to tell us about how they communicated with people and they described people's skills, needs, likes, dislikes and lifestyle choices.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People using the service were provided with appropriate care and support which met their individual needs.

Reasons for our judgement

We saw a sample of records from people receiving a range of care from the service, each of the records we saw showed that people using the service had a support plan which described their needs and how these should be met. The plans we saw included information on the person's skills and needs in areas such as their daily routines, physical health needs, mental health needs, mobility needs, personal choices, likes and dislikes, independent living skills, aspirations and achievements and communication needs. The support plans we looked at had been reviewed on a regular basis.

Staff told us that people using the service had been involved in their support plan as much as possible.

We saw that people were asked to sign their support plan to show they were in agreement with it as and when this was appropriate. We saw support plans that showed that representatives of people who used the service had also signed care plans as appropriate to the person's needs. The individual support plans we looked at had a section which described the support the person needed to keep healthy.

We saw that staff had supported people to see a range of health professionals on a regular basis including a GP, dentist, dietician, speech and language therapist.

We saw risk assessments had been carried out when any risks to a person's safety or well being had arisen or been identified. These included guidelines as to how to manage risks or prevent the risks from occurring. The risk assessments covered many different aspects of people's support, and offered key ideas and actions to minimise risks.

We noted that people also had individual review meetings where their care and support was reviewed with staff, relatives and relevant professionals as appropriate to the person. Alongside this we noted that multi disciplinary meetings were being held on a regular basis for those people who required a greater level of input from a range of professionals.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

During our inspection we saw that the service had adult protection policy and procedure was in place. This included information about staff's responsibilities to recognise and report abuse and about the requirements for staff to contact relevant authorities if they suspected abuse may have occurred.

We saw training records and certificates which showed that staff had been provided with appropriate training.

We asked members of staff how they would respond to a complaint or concern and they were able to provide an appropriate response to this question in line with their roles and responsibilities.

We know from the information we have received from this service provider that senior staff are aware of their responsibilities to report suspected abuse and we asked senior staff to tell us about their responsibilities during our visit. Their responses were appropriate and indicated that they would ensure the person concerned was safe and appropriately supported and inform relevant agencies.

We saw that the processes for supporting people with their personal monies was well documented. We also saw risk assessments and risk management plans about supporting people with their finances. Regular financial audits were in place for the sample of people whose records we looked at.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were protected through an appropriate and robust staff recruitment process being in place.

Reasons for our judgement

We looked at the staff files for a sample of staff who had been recruited the past 12 months, and a sample of staff files for those recruited several years ago, we chose these at random from a list of all staff.

Staff files were well maintained and it was easy to locate the information we required about recruitment. We found that pre employment checks had been carried out as required. These included checks on the person's identity, references and criminal records bureau disclosures.

During our inspection the staff files we looked at contained information on the training needs of staff and what training the staff had been provided with. The files we saw indicated that staff had been provided with training in topics such as managing medication, first aid, fire safety, health and safety, moving and handling and food hygiene. In line with identified training needs highlighted during the staff recruitment and induction period.

We saw that some staff had been provided with training in topics such as supporting people who have mental health needs, autism or specific health conditions. We saw that the senior staff have arranged staff training in line with the specific needs of the people they support. This was again in line with areas identified during the recruitment and induction process.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider has an effective system in place to regularly assess and monitor the quality of the service that people received.

Reasons for our judgement

We didn't ask people to comment directly on how the provider was checking on the quality of the service.

We saw records that showed there were systems in place for monitoring the quality of the service.

We saw that senior staff carried out monthly checks on many different aspects of the service which included checks on people's care and welfare and health and safety practices.

We saw records that showed that the project managers also carried out a check on each of the services for which they were responsible every two months. Peer reviews also took place across the services so that managers were also auditing each others services. We were told that the results of these audits and checks then went to the project's board every two months, to be further examined and included in the projects future planning.

We saw records that showed people's care and support plans and risk assessments had been regularly reviewed and monitored to make sure people were being provided with the right care and support. We also found that all information we required about people's care and support and the other areas we looked at was readily available and appropriately detailed and updated.

We saw records that showed people using the service and stakeholders had been asked to complete surveys about the quality of the service. We saw that the outcome of these surveys was good. We were informed that a further survey would be carried out in the near future.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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