

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

Date of Inspection: 13 February 2014

Date of Publication: March
2014

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

Consent to care and treatment	✓	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
Supporting 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 which provides support services to people with a range of needs. These may include a learning disability, mental health issue, physical disability or an acquired brain injury. The service has two strands offering both a domiciliary care service to people living in their own home and a social and leisure service. People are provided 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

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Requirements relating to workers	10
Supporting workers	11
Assessing and monitoring the quality of service provision	13
About CQC Inspections	15
How we define our judgements	16
Glossary of terms we use in this report	18
Contact us	20

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 announced 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 13 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider, reviewed information sent to us by other authorities and talked with commissioners of services. We talked with other authorities.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We met with 11 people who used the service and they gave us good feedback about all aspects of their support. People told us they felt listened to and respected by staff and they told us they felt supported to make their own decisions and to be as independent as possible. People's comments included: "Staff always ask my permission before they help me" and "I make my own decision's, staff help me if I get stuck."

People's needs were clearly reflected in their care plan and staff presented as having a good understanding of people's needs.

Systems were in place to protect people from the risk of abuse. Staff had undergone training in safeguarding and they were clear in their responsibilities to report concerns.

Checks had been carried out on staff before they started working for the service. These aimed to ensure people were supported by staff who had the appropriate qualities, skills and experience they needed to carry out their roles.

Staff felt well supported and appropriately trained. Communication across the staff team was good and staff were being provided with regular supervisions and team meetings.

The provider had a system in place for monitoring the quality of the service and this included asking people who used the service for their views. People who used the service told us they would feel confident to raise any concerns or complaints about the service and we saw that when complaints had been made they had been listened to and acted upon.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

People who used the service were asked for their consent to care and support and the provider acted in accordance with their wishes.

Reasons for our judgement

People who used the service were encouraged and supported to make choices about their lifestyle and their care and support. People were clear that they were making their own choices and they described occasions when staff had supported them to make more complex decisions. People told us that staff sought their consent before providing support. People's comments included: "Staff always ask my permission before they help me", "I make my own decision's, staff help me if I get stuck" and "We work as a team, they won't do it but they encourage me to do things myself."

All staff we spoke with told us they ask people if they are happy with proposed support before they provided it. Most staff we spoke with had some understanding of what they would need to do if they were concerned a person lacked capacity to make a certain decision. Whilst they were not familiar with some of key aspects of establishing mental capacity, they were aware that decisions made on a person's behalf should be in their best interests. All staff were aware of the need to consult with their manager if they had concerns and that if there were potential health implications linked to the decision they may need to liaise with the person's GP for example. All staff we spoke work with worked on the premise that people had capacity. Staff talked about potentially involving family and/or advocates in supporting people to make decisions where appropriate. Senior staff were aware of how to support people who lacked the ability to make more complex decisions. One member of staff provided examples of how they had obtained support and advice from a range of multi-disciplinary professionals in order to make a decision in a person's best interests.

Each of the people who used the service had a care plan / support plan. We found the information in these reflected people's individual wishes and choices. We saw that support plans included information about how people communicated and what support they required to communicate their choices and wishes. Support plans also included references to people's mental capacity, understanding and decision making skills. We saw that people had been asked to sign their support plan, as being in agreement with it and as appropriate to the person's skills and needs. People also signed consent for matters such

as access to their records.

People who used the service had the opportunity to attend a 'Have Your Say' group. This provided an opportunity for people to have their say about the service and to be consulted with about key events and changes. The group meetings were recorded and the records were made available across the service. This group was made up of people who use the service and there was a direct link between the group and the Board of Directors for Natural Breaks. People who used the service were also involved in producing a regular newsletter which was distributed across the service and provided information to people on past events and upcoming events.

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

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We met with a number of the people who used the service and their feedback was positive in all aspects of their support. People's comments included: "The staff help me the way I like", "It says what I need in my care plan", "I get to do what I want for myself" and "They (staff) speak to me about all sorts and they understand me."

We asked staff to tell us about the needs of some of the people who they supported. Staff gave us responses which indicated that they knew people well and were providing support based on people's individual needs and choices. Staff talked in a manner which indicated that they focused on people's skills.

Each of the people who used the service had a care plan / support plan which described their needs and how these should be met. We viewed a sample of these and found they included detailed information on the people's skills and needs and the support they required in areas such as communicating, personal safety, mental health, physical health and emotional wellbeing. The support plans we looked at were person centred and provided individualised information and clearly indicated 'how' to support someone in line with their preferences and wishes. The plans were up to date and had been reviewed on a regular basis. Staff told us that people who used the service had been involved in their support plan as much as possible. People told us they were involved in regular meetings to discuss their support and their care plans and we saw that people were asked to sign their care plan, as being in agreement with it, as appropriate to the person's skills and needs.

We saw that people had a specific support plan which described the support they needed to keep healthy. This was called a 'Health Action Plan'. Senior staff gave us examples of how people had been supported to see a range of health professionals as appropriate to their needs. Staff provided appropriate responses to what they would do in a medical emergency. This included establishing what may have happened, providing first aid and contacting the emergency services. All staff said that they had received training in first aid. People told us that when they had been unwell the staff arranged for them to see a doctor quickly.

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

Our judgement

The provider was meeting this standard.

People who used 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

People who used the service had been provided with information on how to raise a concern or complaint. People told us they had been given information to help them understand what harm or abuse meant and that they would be confident to discuss any problems or concerns with staff or with the manager. People told us they had no worries about the way they were treated and that they felt safe. People's comments included: "I feel safe with the staff and I trust them", "Staff are polite and treat me nice", "They (staff) come and see me and talk through it" and "They would talk to me and reassure me."

Staff told us they had been provided with safeguarding training and this was confirmed in staff training records. An adult protection policy and procedure was in place. This included information about the responsibilities of staff to recognise and report abuse and about the requirements for staff to contact relevant authorities if they suspected abuse may have occurred. Discussions with staff indicated that they had a good understanding of the policy and procedure. Staff were aware of different types of abuse and possible indicators including, changes in people's behaviour, people becoming distressed around certain people and seeking explanations for bruises or marks. Staff were aware of the need to report suspected abuse and they provided appropriate responses when we asked them what actions they would take if they suspected abuse. Senior staff were able to tell us the procedures they would follow and the actions they would take to protect people in the event of a safeguarding concern and this including alerting relevant agencies such as the Local Authority and the police. Senior managers had also been provided with training in carrying out safeguarding investigations.

Incidents were being recorded and reported appropriately and the provider had notified us when concerns had been raised.

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.

Staff recruitment processes were aimed to ensure people were supported by suitably skilled and experienced staff.

Reasons for our judgement

We gathered evidence of people's experiences of the service in this outcome by looking at whether they were being supported by staff who had been recruited appropriately.

In order to assess this outcome we looked at the staff files for six members of staff who had been recruited to the service since our last inspection. Staff files were well maintained and it was easy to locate the information we required about recruitment. We found that recruitment processes were robust and all pre-employment checks had been carried out in line with requirements. We saw that application forms contained details of the people's employment history and we saw records which confirmed structured interviews had taken place. We saw evidence that staff identity had been checked and criminal records checks and references had been obtained before staff began working at the service. Staff told us that the selection process involved an 'open day' which included a group interview, followed by one-to-one interviews.

New staff underwent an induction and probationary period. Staff confirmed that they received an induction and that this involved familiarisation with the policies and procedures of the organisation as well as undertaking core mandatory training. Staff we spoke with described a period of shadow shifts whereby they worked alongside more experienced members of staff and they told us that they only began working on their own when they felt confident to do so.

Natural Breaks reported to be an equal opportunities employer and we saw some evidence to support this within the staff recruitment processes.

We were assured that the provider was taking appropriate steps to ensure people were supported by staff who were fit to carry out their roles and responsibilities and were suitable to work with vulnerable adults.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care to an appropriate standard.

Reasons for our judgement

People who used the service gave us good feedback about staff. People told us that staff were respectful towards them and listened to them. People were supported by small teams of staff. This meant that consistency was good and people were being supported by staff who knew their needs well.

We asked staff to tell us about the support they had been provided with to carry out their roles and responsibilities. They told us they had good training opportunities and they felt well supported by their colleagues and by managers. Staff's comments included "The management are very supportive and approachable" and "The work is challenging but the rewards are big."

Staff told us that they met on a one to one basis for supervision with a senior member of staff on a regular basis. We saw records that confirmed staff had undergone regular supervision. Some of the supervisions were observed practice and some were office based supervisions. Staff also told us they attended locality / team based staff meetings on a regular basis. In addition to this a regular staff forum was held for staff from across the organisation. Staff were encouraged to rotate attendance at this in order for a range of opinions and experiences to be heard. Staff supervision and meetings provide an opportunity for staff to explore their practice and new ways of working, to develop as workers and to make and communicate decisions as to how to develop the service.

Staff files contained information about the training they had been provided with. A training matrix was also available for us to view. This indicated that staff had been provided with training in topics such as managing medication, first aid, health and safety, safeguarding, moving and handling, food hygiene, equality and diversity. Managers told us that additional training was provided to staff which was directly linked to the needs of the people they supported or to their role. For example training in supporting people with behaviour which challenges, person centred planning, and mental health awareness. We saw records which supported this. All of the staff we spoke with felt that they had the knowledge and skills they required to meet the needs of the people they supported. They also told us they felt supported to enhance their knowledge and skills. However, the provider may find it useful to note that only a small proportion of care staff had been provided with more in depth training in topics such as mental capacity and mental health.

Staff had been provided with training in equality and diversity and they talked about respecting individuality and embracing difference. They were clear that they respected people's cultural, religious and spiritual beliefs regardless of whether they were contrary to their own. One staff member we spoke with told us that if a person's racial or cultural needs were not respected this would be challenged and that they would face disciplinary action.

Policies and procedures were in place to support staff and provide them with information about their key roles and responsibilities. We looked at a number of these as a result of information we had received prior to carrying out our inspection. We found that there were policies and procedures in place for bullying and harassment and for equal opportunities relating to staff recruitment, staff training and staff development. Senior manager provided us with examples of how they were supporting staff with a range of cultural needs and personal commitments. We also found that there were policies available on 'Conflict of interest' and 'Professional boundaries'. However the provider may find it useful to note that these were not sufficiently detailed so as to make explicit what the expectations of the organisation were on these matters.

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 had systems in place to assess and monitor the quality of the service.

Reasons for our judgement

Systems were in place for monitoring the quality of the service. Senior staff and managers across the service were responsible for carrying out regular checks on the quality of the service. These involved visits to people who used the service. We saw that more central checks were in place for monitoring matters such as staff supervision and staff training and staff time sheets were checked against visit records on a weekly basis.

The views of people who used the service were regularly sought through a variety of means including through individual and group meetings with people. Senior staff described a person centred approach to attaining people's views and to listening to the experiences of people who used the service. Attaining people's feedback was an integral part of the quality assurance process and feedback was used to improve the service so that it continued to operate in people's best interests. Relatives or representatives were also asked their views about the service through the use of surveys. We saw that the results of these had been analysed with a view to improving the service.

We saw that people who used the service had been given the opportunity to review their service on a regular basis. Records showed people's care and support plans and risk assessments had been regularly reviewed and were up to date 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 was readily available when we requested this.

The service had a complaints procedure which was appropriately detailed and included timescales for addressing complaints. Information on how to make a complaint was available in an easy read format for people who used the service. This included the use of pictures and plain language. Staff were aware of the complaints procedure and were able to tell us how they would manage a complaint. People told us that they knew how to complain and would feel confident to do so if they had reason. Two people told us they had raised a complaint and they felt listened to and action had been taken to resolve the issue for them. We saw that complaints had been logged, investigated and responded to.

The provider may find it useful to note that whilst the above systems were in place there was no record to provide an overview of the mechanisms for checking the service, the outcome of these checks and any associated action plans used to improve the service.

We were told that the Board of Directors had an overview of the quality of the service and sub groups of the board were responsible for overseeing safeguarding, finance and quality assurance matters. The Chief Executive of Natural Breaks advised us that the Board of Directors and quality assurance processes were under review.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
