

Stockport Metropolitan Borough Council

Millview Short Stay Respite

Inspection report

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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

Millview Short Stay Respite is a purpose-built care home that offers short breaks to people who have a physical disability, a learning disability or both. The service can accommodate four people at one time. At the time of our inspection the service was providing respite care to 31 people.

People's experience of using this service and what we found

Safeguarding policies, procedures and staff training helped protect people from harm. Risk assessments helped protect the health and welfare of people who used the service. The administration of medicines was safe.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and supported to take a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by kind and caring staff.

Relatives told us they felt able to raise any concerns. Individual activities were provided as part of people's care package. Care plans were very person-centred and reflected people's choice and preferences.

The management team and staff knew people well. Relatives and staff said managers were available and approachable. People and staff were able to air their views about how the service was run. Regular audits of service provision helped maintain and improve standards.

The service had assessed the individual risks to people's health and wellbeing. Comprehensive risk assessments were in place to ensure staff were aware of how to safely care for people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 December 2018) and there were breaches of four Health and Social Care Act regulations (Regulated Activities) Regulations 2014. We also identified two breaches of the Care Quality Commission (Registration) Regulations 2009. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Millview Short Stay Respite

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors on day one. On day two, one inspector contacted the families and carers of people to gather their views about the service.

Service and service type

Millview Short Stay Respite is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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. At the time of our inspection the registered manager was on long-term absence. However, the service was being overseen by an interim manager until the return of the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local Healthwatch team. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who was using the service during our inspection. We spoke with six relatives on the telephone about their experience of the care provided. We spoke with five members of staff including the head of service, the interim manager and support workers. We reviewed a range of records. This included two people's care records and medication records of current residents. We checked three staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider did not have systems in place to ensure the prevention and control of infection. Care plans and risk assessments were not being effectively reviewed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The home was clean and tidy. We saw that staff wore appropriate personal protective equipment (PPE) to minimise the risk of infection. Gloves were stored and disposed of safely.
- Cleaning procedures and schedules were now in place. The laundry was clean and organised with hand washing facilities. Cleaning equipment was very clean and colour coded for different cleaning processes.
- The service had made significant improvements since the last inspection. A trophy was displayed in the lounge area to show the local authority had given them an award for the most improved service for infection control 2018/19. All the relatives we spoke with told us they felt the home was very clean.

Assessing risk, safety monitoring and management

At our last inspection we found care plans and risk assessments were not being effectively reviewed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service had assessed the individual risks to people's health and wellbeing and each person had risk assessments in place to help protect people from an unsafe environment and ensure appropriate care. The risk assessments had been reviewed to ensure staff were aware of people's current care needs.
- People and those important to them had been involved in risk assessments. People had a 'positive risk strategy' in place to promote people's choices and freedom. Risk assessments were also in place to ensure any restrictive practice was identified and managed.
- Equipment checks and checks on fire and building safety had been carried out and regularly monitored. The building was single-storey; however, we found three windows did not have operational restrictors and

these were not checked on a regular basis. The manager organised to have these fitted and added this check to the monthly environmental checks. We will follow this up at our next inspection.

Staffing and recruitment

- Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.
- This recruitment was managed by the local authority. We received confirmation from the local authority department that staff had the necessary safety checks in place before starting work.

Using medicines safely

- Medicines were managed and administered safely.
- We conducted an audit of medicines and safe storage checks and found no concerns around people receiving their medicines as prescribed
- People's medicines requirements were included in individual medication support plans and risk assessments. Bespoke care plans for the use of specific medicines were also in place; for example, the safe use of emergency epilepsy medicines.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse and this was refreshed every two years.
- The manager was aware of local arrangements and processes for reporting and managing any safeguarding concerns.
- Accidents and incidents were recorded and managed. People's risk assessments were reviewed, and information recorded in care plans of actions taken to minimise any further risks to people.
- All the relatives we spoke with told us they felt their family member was safe when they went to Millview for a respite stay. One relative told us, "I feel they are extremely safe there. I have never had to worry when [name] goes there; they are very happy."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the service was not working within the MCA and people were subject to restrictive practices. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- There was now a system in place to ensure people's capacity had been assessed and legal safeguards were in place and monitored.
- Since the last inspection the manager had introduced a system to track all the DoLS applications for people; when they needed to be reviewed and reapplied. Best interests meetings had been held for people that involved the person, their family and professionals.
- Staff had undergone training in the Mental Capacity Act to ensure they understood the need for a person to consent.
- People had individual care plans detailing their choices called 'Being able to tell carers how you want them to help you' and a 'Making decisions' plan.

Staff support: induction, training, skills and experience

At our last inspection the service did not have sufficient staffing to meet people's needs and staff training was out of date. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People received support from a well-trained and skilled staff team. Staff now received a programme of training and supervision to enable them to provide safe and effective care.
- A training matrix was in place to give managerial oversight of staff training requirements. Staff benefitted from a programme of mandatory training that included training specific to the needs of the people using the service. For example, autism awareness and the use of suction equipment. Staff had their competencies checked regularly by management to ensure people were receiving safe and effective care from competent staff.
- Staff we spoke with told us they were all up to date with their training and they were able to access additional training from a learning pool and received training from specialist medical staff, such as the use of medical equipment and infection control.
- A programme of regular supervision and appraisal was in place for staff in line with the local authority policy. Staff told us they felt supported in their role by management and they were always available. One staff member told us, "The support is amazing."

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

- People's needs and choices were delivered in line with standards, guidance and the law. People's individual needs were assessed before they used the respite service to ensure the service was able to meet their needs. Care plans were reviewed and reassessed to ensure people's needs records were up to date.
- Assessments and care plans identified people's needs holistically and were very comprehensive and detailed around how to safely manage each person's individual care needs. Care documentation referred to NICE guidelines for managing specific conditions, such as prolonged seizures.

Supporting people to eat and drink enough to maintain a balanced diet

- The service ensured people's nutritional needs were assessed and dietary requirements were met.
- People had eating and drinking care plans in place and their preferences for food and drink were recorded. Staff knew people very well and they gave us many examples of how people liked to have their meals and who liked different types of food. Meals were made in the home's kitchen and people were encouraged to be as involved in meal preparation as they would like. One kitchen unit had been made lower to incorporate a person's wheelchair to enable them to participate in meal preparation.
- Risk assessments were in place for eating and drinking where people had specific needs, for example, a choking risk. One person received their food and drink through a percutaneous endoscopic gastrostomy (PEG) and comprehensive, detailed risk assessments directed staff on how to safely manage this for the person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked very closely with other services to ensure they received co-ordinated, person-centred care and support.
- Many people who used the service did so for very short periods of time. However, the service worked with other agencies to ensure people maintained their daily routines. This included ensuring people attended

their regular college, day centre or other regular activities.

- The service had close links with local healthcare providers. People had access to GPs and district nurses during their stay. Some people staying at the home were visited by district nurses due to their health conditions.
- Each person had a very detailed individual 'health passport'. This document went with each person to appointments if they needed to visit a GP or hospital during their stay. Information included their health conditions, medication and their choices and preferences for care delivery.

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

- The premises were purpose built and adapted for people who may have a disability to enable them to move around the home easily. Bedrooms were large, corridors were wide, and bathrooms adapted to accommodate specialist equipment. People had access to outside space and the communal areas were homely, warm and clean.
- To accommodate people's choices for personalisation, bedrooms were decorated in neutral colours. When they visited for respite people were given a choice of bedding and were actively encouraged to bring along their own personal items to decorate their room. Staff knew people very well and would ensure they had the activities they enjoyed ready and available for people on their arrival. At the time of the inspection, staff had the Christmas decorations ready for people when they arrived back from their daily activities.
- The service is currently working with Stockport College in order to provide new and original decoration and art work for the home with consultation with people who use the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by respectful and caring staff at the home.
- During our observations we saw people's needs and wishes were met by attentive and engaging staff. Staff were singing and joking with people, who were clearly enjoying themselves during these kind and caring interactions.
- One person was currently receiving a large amount of emotional support due to a life event and we saw staff were sensitive and compassionate to the person's needs. The person told us they were well looked after by the staff and they were happy visiting the home.
- Relatives we spoke with were very complimentary about the care and kindness their relative received at Millview. One relative told us, "They [staff] are very kind and caring. They are just so full of smiles and always pleased to see [name] and us. I am extremely pleased with the service." Another relative told us, "I am really pleased with the way they respect [name]. They always try their best to help. [Name] has been going some years and they are so happy and looked after really well. [Name] absolutely loves the staff to bits."

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

- People were encouraged to express their views and were fully involved in decisions about their own care and the support they received.
- Care plans were person-centred and concentrated on people's choices and preference about their care. For example, 'how best to support me' care plan and information was included around family and support circles.
- Staff were supported to provide person-centred care. One staff member told us, "We provide good care with dignity and respect. We love to see a smile on people's faces. This home feels welcoming to everybody and feels homely."
- Relatives we spoke with all agreed they felt staff listened to them and their loved one. One relative told us, "Yes, they 100% listen to us."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, care and kindness whilst having their independence promoted and respected.
- Staff had worked at the service for many years and knew people who visited very well. They gave us examples of how people liked to have a bath and how they liked to be served their meals. One staff member told us, "We try to encourage people to do as much as they can for themselves."

- Relatives we spoke with told us staff always supported their loved one to be as independent as possible and felt their relative was treated with dignity. One relative told us, "I know [name] is safe and well looked after. I love the staff and they are one in a million."
- The service was working towards achieving the Daisy Dignity award accreditation.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and those important to them were involved in planning support and care delivery that was personal to them.
- People's care records were very person centred, detailed and specific to the individual and their needs. They had been written and reviewed with full involvement of people and those important to them. Sections in care plans included 'choices and decisions' and 'family and relationships'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and communication care plans were in place to guide staff.
- Individual communication care plans were very detailed and designed to ensure staff were fully aware of how to help each person communicate. Communication plans included how to read facial expressions and body language. One person used pictures and symbols to communicate and care plans included a comprehensive pictorial dictionary to assist the person and staff to communicate effectively. The person also used Makaton, a form of sign language, and staff had received training in this communication method.
- The manager was fully aware of their obligation under the AIS and told us they planned to send out their next newsletter in alternative formats for people. The manager had access to the local authority's corporate department to provide information in an accessible format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported to maintain their regular routine and activities whilst staying at the home.
- The manager gave numerous examples of how the service was able to facilitate people's choices and interests whilst receiving support at the home. One person liked to go to a specific café in the town and another person liked art, so they always ensured they had plenty of art materials before the person came to stay. One person liked to attend their preferred church and staff escorted him there and picked him up when he chose to return to the home.
- The service held a number of fairs at the home and was working towards ensuring they made strong links with the community around the home. They had recently sent out invitations to neighbours to their upcoming Christmas fair.

Improving care quality in response to complaints or concerns

- The service was part of the local authority and used their corporate complaints policy and procedure to ensure they responded appropriately to complaints and concerns.
- We reviewed complaints information and found there had been one complaint that had been responded to and resolved.

End of life care and support

- As the home only provides short-term respite, the service has not provided end of life care. However, the manager told us they were currently in the process of updating their end of life policy and procedure and would be reviewing the current process.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the system for governance was not robust and audits and checks were not consistently completed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to monitor the safety and effectiveness of the service.
- The manager was knowledgeable about their regulatory requirements and wider legal responsibilities. They demonstrated an oversight of the overall service.
- Regular audits and safety checks were carried out to monitor the safety and effectiveness of the service. These included checks for water and fire equipment and audits of care plans and medication management.
- Regular staff meetings were held where detailed information about the service and people's care needs were shared with staff. Staff told us they felt very supported in their role and were very complimentary about the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection we identified a breach of Section 33 of the Health and Social Care Act 2008. This was because the provider had not ensured the service had a registered manager. We issued a fixed penalty notice, and this was paid by the provider.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 33.

At the last inspection we identified a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because statutory notifications to inform us of serious incidents at the home had not been submitted to CQC as required. We issued a fixed penalty notice, and this was paid by the provider.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection we found statutory notifications had been submitted to CQC where necessary.
- The manager demonstrated their knowledge of their duty of candour. They kept oversight of any accidents and incidents at the home and took appropriate action to lower risks to people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Staff provided person-centred care. People and their relatives had been fully involved in decisions about their care on a day-to-day basis. People's differing needs and preferences had been considered.
- Relatives told us the service was very responsive to people's needs and wishes. People and their relatives had good relationships and communication with staff. The service carried out satisfaction surveys; however, they told us they had plans to improve the questions asked to make the surveys more meaningful in shaping the service. People and their relatives had more opportunity to feedback on the quality of the service during the care plan reviews and this information was fed into their care and support plans.
- The manager was keen to strengthen their links with the local community. The service was currently working on putting together a directory of local community places people can go to whilst receiving support from the service.

Working in partnership with others

- The service worked closely with other departments and agencies to provide a fully holistic service to people. People were supported to access other services during their period of respite.
- The management team had good links with healthcare teams and the local authority and worked in partnership with them to ensure people's safety and health needs were met.
- Relatives we spoke were very complimentary about staff and management. They told us they felt welcomed at the home and found the staff and management to be very approachable and communication with them was very good.