Manchester City Council

Short Breaks - 228 Ryebank Road

Inspection report

228 Ryebank Road
Chorlton
Manchester
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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

Overall summary

This inspection took place over two days, 7 and 15 October 2014, and was unannounced.

This care home provides short periods of respite care for a maximum of five people with learning disabilities, who may also have a physical disability. People can have up to 42 days respite care per year and periods of stay are planned and booked in advance.

Approximately 70 people were using the respite service at the time of our inspection. There are three other properties in the Short Breaks network in addition to this care home. The four care homes are line-managed by an assistant network manager and network manager and support staff provide 24-hour care and support to people who use the service. The network manager, who is also the registered manager, has overall responsibility for the four care homes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Support staff were confident in describing the different kinds of abuse and the signs and symptoms that would suggest a person they supported might be at risk of abuse. They knew what action to take to safeguard people from harm.

A robust system was in place to identify and assess the risks associated with providing care and support. Relatives told us and care records confirmed, that risks had been managed well to keep people safe from accidental harm.

Care records contained detailed information about people's likes, dislikes, preferences and personal histories. This gave staff the information they needed to provide appropriate person-centred support.

Staff working in the home understood the needs of the people they supported. They supported people in making choices and their own decisions as much as possible. People and their relatives told us they were happy with the care provided.

The two relatives we spoke with knew about the home's complaints procedure. They were confident that complaints would be dealt with appropriately.

People who used this service received safe care and support from a trained and skilled team of staff. The induction of new staff was robust and they received regular support and mentoring from more senior staff during the 12 weeks following their appointment. This had been supplemented by further training to equip staff with specific skills, which enabled them to provide person-centred care to people who used the service. Staff fully understood their caring responsibilities and they demonstrated respect for the rights of the people they supported.

During our visit we saw examples of staff treating people with respect and dignity. People using the service and their relatives were consulted and involved in assessments, care planning and the development of the service.

We saw evidence that many aspects of the care and support were based on best practice guidance, such as the recent appointment of infection control champions, whose responsibility was to ensure high standards were maintained by the staff team.

The registered manager had developed an effective system of quality assurance, which measured the outcomes of service provision. Staff, and relatives had been included in this process and their feedback had been used to make improvements to the way the service was provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff we spoke with knew how to keep people safe from abuse. Staff had access to procedures and supporting documents to guide them on taking the correct action if they suspected a person they supported was at risk of harm.

People who used the service and their representatives had been consulted about risk. Risk management strategies were robust without imposing unnecessary restrictions on people's choices and personal freedom.

People using this service received safe support to take their medicines as directed by their GPs.

Good

Is the service effective?
The service was effective.

People using this service and their representatives were involved in decisions about how their care and support would be provided. Managers and support staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People who used the respite service were supported by trained staff who understood their individual needs well.

Effective systems were in place to monitor people's health and welfare and staff made prompt referrals to health and social care professionals when necessary.

Good

Is the service caring?
The service was caring.

People who used this service were treated with kindness and compassion and their rights to privacy, dignity and respect were upheld.

People and their representatives were given sufficient information to decide if the service was suitable to meet their personal care and support needs.

Staff were competent in using a range of methods to communicate with people who used the respite service.

Good

Is the service responsive?
The service was responsive.

People were encouraged to express their views on how their care and support would be provided.

People received flexible support and the equipment they needed to maintain their independence.

People using this service could be confident that their concerns would be listened to and dealt with appropriately.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

Staff received good support from management, were treated with fairness and worked in an open and transparent culture.

Management and staff had a good understanding of their responsibilities and worked well together as a team.

The systems in place for quality assurance were effective in driving continuous improvement in the best interests of people who used the respite service.

Short Breaks - 228 Ryebank Road

Detailed findings

Background to this inspection

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

This inspection was conducted by one inspector over two days; 7 and 15 October 2014 and was unannounced.

Before we visited the care home we checked the information that we held about the service and the service provider. No concerns had been raised by people who used the service, their representatives or other agencies since we completed our last inspection of this service in May 2013. No breaches of Regulations were found when we last inspected this service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how staff interacted with the three people who were using the respite service. We looked at how people were supported during the day and also reviewed a range of care records and records about how the service was managed.

We met the three people using this service at the time of our visit. The three people we met were not able to give us detailed feedback about their views of the service, but were able to indicate 'yes' or 'no' to our questions. We also spoke with two relatives of people using the service, the registered manager, assistant network manager and four support workers. We contacted two health professionals following our inspection, to seek their feedback on the quality of the service provided, but neither of the people we contacted responded to our request.

Good

Is the service safe?

Our findings

The registered manager explained that they provided flexible staff support by considering the assessments of each person's needs and the compatibility of people who were booked in for respite at the same time. The home's statement of purpose clearly stated that they were not able to offer a respite service to people who needed 24-hour support from two staff. However, they were able to support people who occasionally needed two staff to assist with their mobility needs. Three people were receiving their support from two staff when we visited and we saw evidence that an out of hours on call service was provided by senior network staff. Staff were supported during daytime hours by an assistant network manager and the network manager (registered manager) who visited the service several times each week from their office base in Wythenshawe.

Two members of staff told us they had received safeguarding training and this was confirmed by information we saw in training records. They had a good understanding of the different types of abuse and described the action they would take to keep people safe from harm. Both staff said they would report any concerns immediately. We asked staff what they would do if no action was taken when they reported concerns. Both staff said that Manchester City Council had a whistleblowing procedure in place and they would follow this to report such incidents. One member of staff added, "I would have no hesitation in reporting concerns if no action was taken to protect vulnerable people."

We saw that suitable policies and procedures were in place to guide staff on the action they must take if it was suspected or alleged that people using the service were at risk of abuse. This information was held in a file within the home along with contact details of who to report concerns to.

The registered manager told us they held introduction meetings with people and their representatives, to make sure the service would be able to meet the person's needs. At these meetings people were given information about keeping safe and who they should speak to if they felt at risk of harm. The manager added, "I plan to develop an easy read safeguarding leaflet for people with different communication needs. I expect this to be in place by December this year." This improvement would enable people using the service to understand what keeping safe meant and encourage them to raise any concerns they had about their own safety.

We asked the manager to tell us about the management of risk and how they involved people in decisions about any risks they chose to take. The manager told us that risk was assessed each time a person booked in for respite care. Staff consulted the person wherever possible and recorded their views on what support they needed to keep them safe from accidental harm. Relatives and carers were always involved in the person's assessment to ensure that all risks were identified. This enabled senior staff to prepare guidelines to inform support staff of what they must do to keep the person safe from harm.

A support worker said when people were admitted to the service they were checked over when being assisted with personal care. This way staff could see if there were any injuries or bruising. Staff completed body maps to record the outcome of this check and the information was passed on to the registered manager and staff on other shifts. The service had a procedure for recording, investigating, reviewing and analysing accidents and incidents, although none had been recorded since we last visited the service in May 2013. The registered manager told us that the outcome of accident investigations would be used as learning exercises for discussion within staff supervisions and team meetings.

Staff told us they talked to people about risk and what measures were needed to make sure it was safely managed. If it was identified that a person had more specialised needs, such as being at risk of falls or malnutrition, referrals were made for risk assessments to be carried out by a healthcare professional. For example the physiotherapist was currently developing risk assessments and risk management plans to guide staff on safe practice in supporting people with their moving and handling needs. If people had nutritional needs such as special diets, for example diabetic, or low fat and low salt diets, then a dietician would be consulted. The three care records we looked at provided evidence that this was a robust method of risk assessment and the management strategy being followed was effective in keeping people safe from inappropriate and unsafe care. The three people we met during our visit confirmed that they felt safe when they used this service.

Good

Is the service safe?

The registered manager told us they needed to balance risk against maintaining the rights of people to make choices and we were given an example, which showed how this had been achieved for a person who regularly used the service. The manager said, "We take advice and involve other professionals in the assessments, but we recognise that people have the right to take risks in their everyday lives. As long as we have strategies in place to provide appropriate support and advise the person about their safety we can keep risks to a minimum." The manager added that keeping risk management strategies under constant review enabled staff to provide consistent and safe support. This was confirmed by written evidence held in the three care records we looked at during our visit.

The registered manager told us about the emergency procedures that were in place. Staff had access to 'grab and go' bags in the home, which contained instructions about the action to take and who to contact in an emergency. The information covered such incidents as the outbreak of infection, floods and terrorism.

Two members of staff told us they had received training in the administration of medicines and this was confirmed in the training records we saw. Medication was safely stored in a locked cupboard in the kitchen. Medication administration records (MAR) showed that the three people accommodated had received their medicines as directed by their GPs. Detailed protocols had been written down to guide staff in safely administering occasional medicines, such as pain killers.

We saw that the MARs did not record the times that medication was administered, making it impossible to determine if people received their medicine at the recommended intervals. We discussed this with one of the support workers and the registered manager. By the time of our second visit, the registered manager confirmed that the MARs had been improved to include the times of medicine administration.

The two relatives we spoke with were satisfied that people received safe care and support. One relative said, "Staff ask me about risk when they are doing assessments. For example, they asked if there were any risks in taking him out, such as road safety. They pay careful attention to this."

Good

Is the service effective?

Our findings

The manager told us and a new member of staff confirmed that there was a 13-week induction for new staff covering the service principles, policies and procedures and mandatory health and safety training. We saw evidence of this in the training records held at the office.

New staff were not included on the rota for the first month and line managers met with them at four, eight and 12 weeks to monitor their performance and determine what additional training and development they would need. Each new member of staff was mentored by an experienced senior support worker, who observed their competence in providing personal care. They were also observed and given supervision with written feedback by the registered manager. Staff had annual appraisals and were required to sign supervision and personal development contracts to demonstrate their commitment to continual personal development.

Two staff told us they had received annual refresher training in health and safety, moving and handling and safeguarding adults from abuse. They confirmed that specific training was provided according to the needs of the people they supported, such as enteral (via a tube directly into the person's stomach) feeding, epilepsy and alternative communication methods. We saw that a training plan was in place to further develop staff skills during 2014/15. Some of the training was provided electronically, by ELearning and supplemented by practical training.

A member of staff told us they had received training to understand their responsibilities under the Mental Capacity Act 2005. They competently described how they supported people to ensure their rights to make decisions were maintained. They knew when best interest decisions were needed and who should be involved in the process.

Staff and the registered manager told us that none of the people using this service presented with behaviours which required them to be restrained, although they confirmed that all staff had been trained to use physical intervention strategies in a safe way. One of the staff told us this equipped them with the skills to use restraint in an emergency. This member of staff knew about the use of reasonable force to prevent someone hurting themselves or others. They said, “I have worked here for three years and understand the needs of the people using this service. We have never used restraint here, but I would know how to protect people from harming themselves or others.”

We discussed the Deprivation of Liberty Safeguards (DoLS) with the registered manager. They told us that in response to a recent Supreme Court judgement people using the service were currently being assessed to determine if they could consent to the respite care they received from the Short Breaks service. Once assessments had been completed, DoLS applications would be made if it was in a person's best interests to deprive them of their liberty so they could receive personal care and support in the respite service.

The two relatives we spoke with confirmed that the registered manager contacted them two days before the person was admitted for respite care. They said this was done to check how the person was and to ask if there had been any changes to their needs since they last used the respite service. One relative said, “We are always asked about (the person’s) wellbeing and if there are any changes since the last time they had respite care. Put it this way, if I wasn’t satisfied with the service they wouldn’t be going.” This provided evidence that consent to care and support was reviewed prior to each period of respite and the willingness of people to use the service indicated their consent.

We saw evidence that care plans, belonging to the three people accommodated at the time of our visit, had been reviewed and updated when a person’s needs had changed. Care plans showed that people had been offered choices in what they would like to eat in line with their recorded preferences. People’s cultural and health requirements were taken into account and staff completed menu sheets and fluid input charts to provide evidence that these needs were being met. The registered manager gave examples of Rastafarian and specific health related diets being provided to people who used the service. A relative told us about their son’s health condition. They said, “Staff follow the care plan provided by the speech and language therapist, by cutting up their food to prevent them from choking. Staff also know and provide their food preferences.”

Records provided evidence that staff had attended training in supporting healthy lifestyles and nutritional screening had been completed for each person who used this service.

Good

Is the service effective?

The registered manager told us, “We always listen to and accommodate the views of people using the service and their relatives This makes sure staff are aware of the person’s requirements and how they like to be supported in all areas of their care.”

A person using this service was having their midday meal during our visit. Staff gave the person several choices so that they could decide which meal they preferred. We saw that the person’s food had been cut up to enable them to eat independently and at their own pace. Staff gave the person space to eat their meal at their own pace, but were on hand if the person needed any support.

We saw evidence in care records that people who used this service had access to the full range of health care services. The registered manager told us that they always updated people’s needs assessments prior to periods of respite care by speaking with the person or their relative or carer. Parents and carers were sent a blank care plan and they were asked to complete it in the first person. This was confirmed by the two relatives we spoke with. One of the relatives told us that staff always consulted them if there were any concerns with the person’s health. They said, “They rang and told me about the concern and I agreed to them asking the district nurse to have a look at him.”

Each person had a Traffic Light Passport, which was a document listing individual’s healthcare needs. This would be sent with the person if they needed to attend accident and emergency or be admitted to hospital. This provided hospital staff with up to date information about people’s health and social care needs so they could receive appropriate treatment and support.

Good

Is the service caring?

Our findings

During our visit we observed interactions between staff and the people they were supporting. Staff addressed people by their preferred names when speaking with them. We saw staff treat people in a kind, caring and compassionate manner and staff responded promptly to people's need for support. We observed staff engaging in meaningful conversations with people and during the afternoon we overheard a member of staff singing to a person who had chosen to stay at home that day because it was raining. The person indicated, by their body language, that they were enjoying the experience of the interaction with this member of staff.

Staff told us they had undertaken ELearning in equality and diversity. From the conversations we had with four staff it was evident that they understood the specific needs of the people they supported. The staff gave examples which demonstrated how they met people's diverse needs in a caring and respectful manner, for example by supporting people to attend religious services of their choice, follow their choice of cultural diet and celebrate religious festivals.

The staff we spoke with and the registered manager said they were skilled in using a range of communication methods to ensure that people using the service were actively listened to. These included pictorial communication books, basic Makaton (a sign language for people with learning disabilities) and electronic communicators. We saw evidence that communication guidelines had been written down for staff to follow.

The registered manager gave us an example of how they communicated with a person enquiring about using this service. They said, "We have invited them to tea as an introductory visit and this would be followed up with a couple of overnight stays. We will proceed at a pace the person is comfortable with and will listen to their feedback and respond to any questions they have in a way they can understand. This places the person at the centre of what we do and makes sure we understand the person and their preferences for support."

The two relatives we spoke with confirmed that the introductions to the service had been useful in getting to know staff and the respite environment. They said they had been given all the information they needed and that their questions had been answered in full. Both relatives described the service as a 'home from home'.

The two relatives said that staff respected people and maintained their privacy and dignity. One relative told us, "My son loves going and gets excited when it's time to go there. The staff have been so wonderful and they understand his needs well. We like him to have a break from his usual activities when he goes there, because he enjoys spending time with the staff and they accommodate this."

Two staff explained how they supported people to have the privacy they needed. They told us that personal care was always provided in the privacy of people's bedrooms or the bathroom and that support staff knocked on doors before entering. During our visit we heard a member of staff knocking on a person's bedroom door, before they entered the room.

Staff understood the importance of confidentiality and they confirmed that personal information was only shared with others on a need to know basis. They told us that privacy, dignity and compassion were standing agenda items which were discussed at every team meeting. The registered manager told us they used role play so that staff could experience what it was like to receive care. For example, staff took turns in feeding each other and then discussed the experience with the rest of the team. This method of staff development provided support staff with opportunities to understand and empathise with the life experiences of the people they supported.

Good

Is the service responsive?

Our findings

Care plans and daily notes were written in a person centred way, by detailing each person's likes and dislikes and preferences for how they chose to be supported. Each person's care file contained a life history and a 'Circle of Support' diagram, identifying friends and relatives who were important to the person. These records made sure staff had sufficient information about people to understand their needs and know how to provide safe and appropriate person-centred support.

The two relatives we spoke with told us they had been fully involved in assessments and care planning for people who used this respite service. Both relatives confirmed that the care and support provided enabled people to have as much choice and control as possible. For example, one of the relatives said, "The staff have a good understanding of the person's food preferences, because we were asked about this. We know this is taken into account when staff do the food shopping so people can have the food and drink that they enjoy."

The manager gave us an example of how they promoted choice. They said, "We respect people's right to choose the gender of their support worker, although we do tell people that this cannot always be guaranteed. It is particularly important to know a person's choice in this area when we are doing the rotas, so that the staff deployed reflect people's preferences." We saw that the staffing complement on the rota at the time of our visit accurately reflected the gender mix of the three people accommodated. This meant that their preferences for whether male or female staff supported them could be accommodated.

Two of the three people using this service at the time of our first visit had chosen to continue to attend their regular daytime activities. When they returned to the home late that afternoon they were keen to tell staff what they had been doing that day. We observed staff to take a keen interest by engaging in meaningful discussion and sharing experiences with people about the day's events. The manager confirmed that they encouraged people to make choices about whether to continue with their usual routines or to try something different. One of the relatives confirmed this when they told us their son preferred to spend time with staff when they used the respite service.

Relatives told us that staff always contacted them two days before the person was booked in for respite. Staff asked them if there had been any changes to the person's care and support needs since they last used the respite service. This made sure that people had their needs reassessed and reviewed so that staff had accurate and up to date information to provide appropriate care and support.

One of the bedrooms in the home had been fitted with a tracking hoist and personal bathing facilities to meet the needs of people who had a physical disability. One of the people receiving respite care at the time of our visit was using these facilities. They were not able to give us detailed feedback on their experience of using the service, but when we asked them if they liked staying in the home they nodded in agreement. Their care plan and daily records provided evidence that they were receiving the personal care and support they needed in a person-centred way.

We saw that the home's complaints procedure gave clear information about the process for dealing with concerns and complaints, including the timescales for investigating and responding to the person raising the concerns. The manager told us they worked closely with people's relatives by listening and responding to their views and suggestions. The manager felt that good communication was essential so that everyone involved in a person's care and support knew what to expect and what they were aiming to achieve in the person's best interests. She said, "We encourage feedback so we can deal with any concerns immediately by improving what we do. Such experiences would be used as learning opportunities, by being discussed with the staff at our team meetings." No complaints or concerns had been received in relation to the service provided at 22 Ryebank Road, since we last visited in May 2013.

The two relatives we spoke with both confirmed that they had been given information on the home's complaints procedure. One relative said, "I have not had the need to complain, but if I did have a concern I have complete confidence in the manager to deal with it appropriately."

Good

Is the service well-led?

Our findings

The network manager of this care home was registered with the Care Quality Commission in October 2010. They were supported by an assistant network manager from an office base in Wythenshawe.

Two relatives confirmed that the registered manager and staff communicated well with them. The registered manager and assistant network manager visited the home three or four times each week to carry out audits, supervisions and to speak with people using the respite service. Two staff working in the home confirmed that the managers had a regular presence in the home and always spoke with each person accommodated at every visit. During our visit we saw that people knew the registered manager well and had built up a good relationship with her. We noted that people were confident in approaching management and support staff to request information and support.

We saw evidence in team meeting minutes and four staff confirmed that their views and suggestions were taken into consideration in developing the service. The reviews of in-house procedures were discussed and updates and improvements were agreed with the staff team before being implemented. Two support staff on duty at the time of our visit told us that there was an open culture in the home, good support from management and they experienced fairness and transparency in the way the service was run.

The registered manager told us about the systems they used to share information with the staff team. They held job consultations (one to one supervision sessions) with each member of staff, where they discussed their work performance and training and development needs. They also analysed what was going well and areas for improvement and staff had annual appraisals of their work performance. In addition to team meetings, staff attended an annual network team day with colleagues and managers from other locations in the Manchester area. The registered manager said, “Staff are encouraged to suggest improvements to the service. One example of how this has made a difference is the improvements we made to paperwork based on staff observations.”Two relatives confirmed that the registered manager and staff communicated well with them and the registered manager told us they visited the home twice each week to speak with people using the respite service. Two staff working in the home confirmed that the registered manager had a regular presence in the home and always spoke with each person accommodated at every visit. During our visit we saw that people knew the registered manager well and had built up a good relationship with her. We noted that people were confident in approaching management and support staff to request information and support.

In conversation with the registered manager it was evident she understood her responsibilities in running a care service. The manager demonstrated her commitment to the continual improvement of the service by keeping up to date with current best practice guidance and advice. We saw evidence of how they embedded best practice into the way the service was managed by following guidance on evidence based practice from such organisations as National Institute for Clinical Excellence and the Department of Health. Documents had been downloaded from websites and made available to staff working in the home.

We saw a system was in place to assess and measure the quality of the service provided and the outcomes experienced by people using the service. House audits had been undertaken by the assistant network manager and/or the registered manager every three months. The most recent audit carried out in August 2014 showed that standards had been assessed in the areas of the general environment, individual bedrooms, health and wellbeing of people using the service and medication administration. There was a clear audit trail in place to show that the shortfalls identified had been fully resolved. We saw that the investigation into two medication errors found had been shared as a learning experience with the staff team. This provided evidence that the system of quality assurance was robust and used to drive continuous improvement in the best interests of people who used the service.

The manager gave us examples of how they encouraged and recognised innovation and best practice. This was achieved through nominating staff for Manchester City Council’s annual awards for excellence, providing positive feedback to individual staff and the recognition of potential through additional responsibilities, such as training staff to become infection control champions.

The two relatives we spoke with praised the expertise of management and support staff. They told us they were

Good

Is the service well-led?

skilled and knowledgeable and that the service was managed well. One of the relatives said, “The registered manager is always looking for ways to improve the service. Our views are listened to and are taken into account when decisions about the day to day running of the home are made.” The second relative commented, “The service is so well led that it is an extension to our home.”