

Knowsley Metropolitan Borough Council

# Atkinson Grove Chance for a Break Service

## Inspection report

3 Atkinson Grove  
Huyton  
Merseyside  
L36 7RS

Tel: 01514805673

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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:

Atkinson Grove Chance for a Break Service is based in a residential area of Huyton and run by Knowsley Metropolitan Borough Council. The service provides short term respite care for up to four adults with a learning disability.

The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of 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.

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

People were protected from the risk of abuse and harm and staff understood their responsibilities for keeping people safe. Risks to people and others was safely managed and people were supported to take positive risks as part as an independent lifestyle. Medicines were safely managed and given to people at the right time. Learning took place from accidents and incidents.

People's needs, and choices were assessed and regularly reviewed. People received care and support from the right amount of skilled and experienced staff. People received the support they needed to eat well and stay healthy.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's independence, privacy and dignity was promoted. Staff were kind, caring and compassionate. Staff knew people well and had formed positive and trusting relationships with them and their families. People were regularly asked what they thought about their care and support.

People received the care and support they needed. People knew how to complain and were confident about speaking up. The premises were in keeping with other properties in the neighbourhood. There were aids and adaptations to meet people's physical needs but it lacked colour and items of interest for people with sensory needs. The registered manager confirmed there were plans in place to address this.

Managers promoted a culture which was person-centred and inclusive of all and they were supportive and approachable. There was good partnership working with other professionals. The quality and safety of the service was checked regularly, and improvements were made when needed.

Rating at last inspection:

The last rating for this service was good (published 27 September 2017).

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Atkinson Grove Chance for a Break Service

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Atkinson Grove 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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because the service provides short breaks for people and we wanted to be sure there would be people available to meet with us.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection:

We met and spent time with all three people using the service. The people we met were unable to verbally communicate with us, however we carried out observations of the care and support they received and spoke with a family member.

We looked at three people's care records and a selection of medication and medication administration (MARs). We looked at other records including quality monitoring records, recruitment and training records and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at recruitment and training records. We spoke over the telephone with two family members.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- There were processes in place to protect people from the risk of abuse.
- Staff were provided with training and information about safeguarding people. They knew the different types and indicators of abuse and how to report any safeguarding concerns.
- Risks to people were assessed and control measures were put in place to mitigate them. Staff supported people to take positive risks as part of an independent lifestyle.
- The service had contingency plans in place to manage unforeseen emergencies and each person had a personal emergency evacuation plan (PEEP).
- Regular safety checks were carried out on the environment, equipment and utilities.
- Family members told us they trusted staff and were confident that their relative was kept safe during their stay. Their comments included; "Trust staff. Not worried about [relative's] safety at all" and "Confident [relative] is safe throughout his stay."

Staffing and recruitment

- People's needs were met by the right amount of suitably skilled and experienced staff.
- The recruitment of staff was safe. Pre-employment checks were carried out on applicants to make sure they were right for the job.

Preventing and controlling infection

- Staff completed training in preventing and controlling the spread of infection and had guidance and information to help support their practice.
- Staff followed good practice to minimise the spread of infection.

Learning lessons when things go wrong

- There was a system in place for recording, monitoring and learning from incidents.
- The registered manager carried out an analysis of any incident or accident to identify any patterns or trends and learning was shared across the team.

Using medicines safely

- Medicines were stored and used safely.
- Two members of staff checked each person's medication and medication administration records (MARs) at the beginning of the person's stay.
- Staff with responsibilities for managing medication were trained and deemed competent to carry out the

task.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment of people's needs, and choices was completed when they first started using the service and reviewed prior to each stay. Family members told us they were fully involved in completing assessments.
- Staff worked closely with other health and social care professionals to complete assessments and their professional guidance was used to help plan effective care and support for people.
- Assistive technology such as sensors and alarms were used at the service to improve the delivery of effective care and support.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who were well supported, trained, skilled and experienced. Family members told us they had a lot of confidence in the ability of staff.
- Induction training was provided to new staff and all staff completed regular training in topics specific to their role and people's needs.
- Staff received support through regular one to one and group meetings and an annual appraisal. Staff told us they felt well supported by managers and colleagues.

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

- People received the support they needed to eat and drink and to maintain a healthy balanced diet.
- People's food preferences and special dietary needs were catered for during their stay and they were offered a choice of meals, snacks and drinks.
- Meal times were flexible, and people had a choice of where they ate their meals.

Staff providing consistent, effective, timely care; supporting people to live healthier lives and access to healthcare services and support.

- People received the support they needed to live healthy lives and to access healthcare services.
- Staff had information about people's healthcare needs and services they were registered with.
- Staff supported people to attend any healthcare appointments which were scheduled during their stay at the service.

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

- The environment was equipped with aids and adaptations to promote people's independence and meet their care and mobility needs.
- Colour schemes and the use of items to promote stimulation and interaction required consideration to

better meet people's sensory needs. The registered manager confirmed plans were in place to address 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- No person using the service had any authorisations in place to restrict them of their liberty.
- Staff received MCA training and understood the principles of the act. Staff gave people choices and obtained their consent before providing care and support.

# 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 treated well and their equality and diversity was respected. Staff recognised people as individuals and respected and supported their lifestyle choices.
- Interactions showed staff knew people very well and had formed trusting and positive relationships with them and their families. Family members told us they trusted staff and got on well with them.
- People were treated with kindness and compassion. Staff understood and supported people's emotional needs. A family member told us, "They understand when [relative] is upset and they give him the support he needs."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Staff knocked on doors before entering people's bedrooms and they assisted people with personal care in private. A family member told us, "They [staff] definitely promote [relatives] privacy and dignity, no concerns about that at all."
- Personal records about people were kept secure and only shared with others on a need to know basis. Discussions of a personal nature were held with and about people in private.

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

- People were empowered to voice their views and opinions and make decisions about the care and support and their representatives were involved where this was appropriate.
- Staff worked in partnership with people, family members and carers to obtain their views and opinions about through regular discussions, care reviews, meetings and surveys. A family member told us, "Asked regularly if things are ok. Asked to complete a questionnaire after every stay."
- People were provided with information and support to access advocacy services and other support networks where this was needed.

# 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 meet people's needs, preferences, interests and give them choice and control; 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

- There was a person-centred approach to planning people's care and support. People and relevant others were fully involved in assessing, planning and reviewing care plans.
- Family members told us staff knew their relative well and provided them with care and support in a way they preferred. Their comments included; "They know [relative] very well and know to call me if they are not sure about something."
- People were supported during their stay to maintain links with the community and to pursue their hobbies and interests.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Care plans detailed people's preferred method of communication and staff knew how to communicate with people.
- Information was provided to people in formats which they could easily access and understand. A family member told us their relative was provided with information in a way they could understand such as symbols and pictures.

Improving care quality in response to complaints or concerns

- People and family members had information about how to make a complaint. Family members told us they were confident about complaining if they needed to.
- A record of complaints was maintained. Complaints received were dealt with in an open and transparent way and used as an opportunity to improve the service.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager planned and promoted person-centred care for people and people experienced good outcomes.
- The culture of the service was caring and inclusive. People and relevant others were involved in care planning and in the running and development of the service.
- Family members and staff told us they felt involved, valued, respected and listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure across the service which everyone understood. The registered manager had overall responsibility for the day to day running of the service and senior staff had clear responsibilities for line managing areas of the service.
- Staff told us they enjoyed their job and felt well supported.
- Family members and staff told us the registered manager was approachable and supportive.
- No notifications had been received by the Care Quality Commission (CQC), however the registered manager understood when this was required. The ratings of the last inspection were displayed at the service and on the providers website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a positive culture of engaging people, staff and others. The culture was open and transparent and supported equality and inclusion.
- People, family members and staff were empowered to voice their views, opinions and experiences about the service. They were given opportunities to comment on the quality of the service and put forward any ideas for improvement.

Continuous learning and improving care; 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

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the service and make improvements.
- Regular checks and reviews were used to assess staff performance and their learning and development

needs.

- Meetings with staff were regular and used as an opportunity to share learning and ways of improving the service.
- The provider was open and transparent with people using the service when things went wrong.