

Town & Country Care (Whitby) Ltd

Respite and Recovery Centre

Inspection report

St Hildas Business Centre
The Ropery
Whitby
North Yorkshire
YO22 4ET

Date of inspection visit:
10 December 2018

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25 January 2019

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

Inspection site visits took place on 10 December 2018 and was announced. This was the first inspection of the service since it was registered in December 2017.

Respite and Recovery Centre 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.

Respite and Recovery Centre is situated in Whitby. The service accommodates up to 3 people in one adapted building. They do not provide nursing care. At the time of this inspection, the service was providing support to one person.

The provider, Town and Country Care (Whitby) Limited operates Respite and Recovery Centre. They also operate a domiciliary care service and a day centre provision which are all ran from the same site in St Hilda's Business Park in Whitby. However, they are registered with the Care Quality Commission separately. This inspection was to look at Respite and Recovery Centre.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are '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. The registered manager was also the provider.

People told us they felt safe whilst receiving support at Respite and Recovery Centre. Safeguarding policies and procedures were in place and these had been followed. Staff had a thorough understanding of the different types of abuse and action they should take to report any concerns.

Risk management plans were in place although these lacked details. They did not clearly identify what the risks were, and control measures that had been put in place. The registered manager was already aware of this shortfall and had begun to take action to address this prior to the inspection.

Thorough and safe recruitment and induction processes were in place and followed. Staff had received regular support from the management team to encourage personal development and address any shortfalls. Staff had been provided with a variety of training to ensure they had the skills and knowledge to carry out their roles.

People's medicines had been stored and administered safely. When people had the ability to self-medicate, appropriate risk assessments and storage facilities were in place. Staff had received sufficient medicines training.

The service was clean and tidy throughout. Thorough cleaning rotas were in place and personal protective

equipment was readily available.

People were supported to have maximum 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. Consent to care and support was clearly recorded.

People had access to health professionals when needed and the registered manager had worked hard to build effective relationships with other professionals involved in people's care and support.

People were consulted with regards to the meals on offer and their preferences were accommodated. People's independence was actively promoted by staff who were familiar with people's abilities, likes, dislikes, preferences and support needs. A variety of activities were available, and people were encouraged to build their social circles by attending the provider's day centre provision.

The registered manager was supported by a respite manager. People and staff told us management were open, honest and approachable. People were encouraged to provide feedback and it was clear that people were at the heart of the service. A complaints policy was in place and people were confident any concerns they had would be addressed appropriately.

Systems to monitor and improve the service were in place and regular feedback from people had been sought. When actions were identified, remedial action had been taken in a timely manner. The registered manager was keen to continuously develop and improve the service.

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.

Risk assessments were in place where required. Staff were aware of risks associated to each individual and how these were to be managed.

Safe recruitment processes were followed.

Medicines had been managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff new to the service received a comprehensive induction. Staff had received training to ensure they had the skills and knowledge to carry out their roles.

Staff received regular one to one supervisions, appraisals and observations of their practice.

People were provided with a variety of meals of their choice.

Is the service caring?

Good ●

The service was caring.

People told us staff treated them with kindness, dignity and respect.

Staff were familiar with peoples' likes, dislikes and preferences.

People were encouraged to build and maintain relationships.

Is the service responsive?

Good ●

The service was responsive.

Initial assessments were conducted to ensure the service could meet people's needs.

Care plans were in place and contained some person-centred information. Staff provided person-centred support.

People were encouraged to participate in a variety of activities.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor and improve the service which included requesting feedback from people who used the service.

The registered manager understood their role and responsibilities and was continuously looking at ways to improve the service. They were supported by an experienced management team.

People told us the service was well-led and management were friendly, approachable and responsive.

Respite and Recovery Centre

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 took place on 10 December 2018 and was announced. The provider was given 24 hours' notice because the service provides a respite facility and we need to be sure people were using the service at the time of inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. We contacted the local authority adult safeguarding and quality monitoring team as well as the local Healthwatch England, the consumer champion for health and social care in England, to ask if they had any information to share. We used this information to plan our inspection.

The provider had been requested to send us a Provider Information Return (PIR) and had returned this within required timescales. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with one person currently using the service and three people who had used the service previously. We also spoke with the registered manager who is also the provider, the respite manager and three members of staff.

We reviewed two people's care plans, risk assessments and daily records. We checked the arrangements in place for managing medicines and recording of complaints. We reviewed two staff's recruitment and induction records and three staffs' supervision and appraisal records, as well as training records, meeting

minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I felt 100% safe when I stayed at the service. I wouldn't keep going back if I didn't" and "Yes, I feel safe. I think it is a safe environment and staff are always around which is reassuring."

People were supported by a consistent, well established team of staff. At the time of this inspection there was one person using the service. Rotas showed that during the day there was one member of staff on duty as well as the respite manager. At night there was one member of staff and an allocated member of staff on call should assistance be needed. The registered manager had also introduced an emergency buzzer system. This allowed night staff to summon support in the event of an emergency by pressing the buzzer which would alert the staff member on call. Other precautions for lone working had also been put in place, including a falls sensor for staff and a lone worker risk assessment. The provider told us staffing levels were adjusted depending on the occupancy at the service.

People and staff we spoke with told us staffing levels were sufficient. One member of staff said, "There is always enough staff on duty. The registered manager is really good and would not hesitate to increase staffing if there was a need." A person who used the service said, "I have stayed at the service a few times and I have never had any problems with staffing. They have always been on hand to provide me with the support I needed when I needed it. I cannot fault them at all."

The provider had a safeguarding policy in place and staff we spoke with understood their responsibilities to report any concerns to management. Staff had received safeguarding training and records showed safeguarding concerns had been shared with the local authority safeguarding team where required.

Maintenance safety certificates for utilities and equipment were up to date which ensured the premises were safe. Fire safety and equipment checks had been regularly carried out and fire drills had been conducted. People did not have emergency evacuation plans in place to ensure emergency services would have access to important information such as people's medical conditions and their communication needs in the event of an emergency. We discussed this with the registered manager who told us they would ensure this information was clearly recorded.

Where risks to people had been identified, risk management plans were in place, although these lacked details. They did not clearly identify what the risks were, and control measures that had been put in place. For example, a bedrails risk assessment was in place for one person, but it did not explain what the risks were, such as entrapment or control measures put in place, such as bedrail protectors and hourly night time observations. We discussed this with the registered manager who was already aware of this shortfall. They were able to show us an electronic system that was used in their other location that they planned to introduce to the Respite and Recovery Centre. Discussions with staff evidenced that although this information was not clearly recorded, they were aware of the risk associated with bedrails.

Some people who used the service were able to independently manage their own medicines and we found

appropriate risk assessments and storage facilities were in place. Where staff were responsible for the storage and administration of medicines, we found this had been done appropriately. Records of medicines were accurate and clear, and staff had recorded accurately when these medicines had been administered. Staff's abilities with regards to the management and administration of medicines had been regularly assessed to ensure they remained competent. Regular medicines training had also been provided to ensure staff kept up to date with current best practice guidance.

During the 12 months the service had been operating, no accidents or incidents had occurred. There was a system in place to ensure all accidents and incidents were thoroughly recorded and investigated and staff we spoke with were aware of the processes they had to follow.

Robust and safe recruitment processes were in place and these had been followed. The provider had appropriate checklists in place, so they could ensure all required pre-employment checks had been completed before employment commenced. This included references from the staff members previous employers as well as a Disclosure and Barring Service check (DBS) The DBS carry out a criminal record and barring checks on individuals who intend to work with adults who may be vulnerable.

The service was clean, tidy and well-presented throughout. Staff had access to a plentiful supply of personal protective equipment and we observed staff following good infection control practices throughout the inspection. Cleaning rotas and tasks had been devised to ensure all areas of the service remained clean and tidy. The management team conducted regular unannounced observations to ensure good infection control practices and cleaning rotas were followed.

Is the service effective?

Our findings

People told us staff had the appropriate skills and knowledge to support them. Comments included, "Staff are brilliant and know exactly what they are doing" and "I have never felt uneasy with staff. They all appear very competent and well trained."

The provider had developed a thorough induction that all new staff were required to complete. The induction covered areas such as health & safety, policies and procedures, terms of employment and documentation. Staff new to the care sector were also required to complete the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected; it is completed over a 12-week period. Once new staff had completed their induction they worked alongside experienced members of staff to ensure they were competent within their new role.

Staff told us they felt well supported by the management team. One staff member said, "I get brilliant support. I feel listened to and valued. The management team are approachable." Regular one to one supervisions had been conducted. These supervisions were used to allow the provider to monitor and discuss staff's performance and areas that required further development. Regular observation of staff practice had also taken place to ensure staff were wearing appropriate uniform, completing documents appropriately and were competent within their role.

Annual appraisals had also been completed. These were used to look at staff's strengths and performance over a 12-month period, celebrate achievements and also to review staff's objectives to ensure they continued to develop within their role.

The registered manager had built effective working relationships with a training provider who they now used to deliver all of their training needs. Records showed staff had received an extensive amount of training relevant to their role which was all conducted face to face by a qualified trainer. Specialist training has also been provided where people had specific medical conditions, such as motor neurone disease.

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).

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.

The service was not currently supporting anyone who was subject to a DoLS but had clear knowledge of action they would need to take should the situation arise. Staff we spoke with had a good understanding of MCA and had completed training in this area.

People had capacity to make their own decisions. Care plans contained clear evidence that people had signed and consented to their care and support and people we spoke with told us they had been actively involved. The registered manager was aware of action they would need to take if a person lacked capacity, such as involve other professionals and relatives in discussions and ensuring decisions were made in the person's best interest.

Main meals were served at lunch time and prepared by the chef within the day centre provision located on the same site as Respite and Recovery Centre. People could choose from a variety of options available and could choose to dine in the day centre service, which was also operated by the provider or remain in the Respite and Recovery Centre. Other meals of the day, such as breakfast, were prepared by staff on duty and were adapted to meet people's preferences. The registered manager told us, "We have no set menu's really when it comes to breakfast and evening meals. We cater for each person as individuals so if they tell us they would like a jacket potato and trifle for their evening meal, that is what we provide."

Within the service was a small kitchen which people could use to prepare their own meals and drinks if they had the ability and capacity to do so. The registered manager said, "We try and help people remain as independent as possible. Staff are always on hand to support people if needed but we do encourage people to keep active."

People spoke positively about the meals on offer. One person said, "To be honest I could have whatever I wanted. Staff asked me daily and there were never any problems. The meals were all very good."

At the time of this inspection the service was not supporting anyone who had specific nutritional needs. However, the registered manager was able to demonstrate they had access to appropriate monitoring documents, such as food and fluid intake charts should this be required. There was also guidance available with regards to thickened fluids and weight monitoring for people at risk of malnutrition.

People who used the service were able to access their own GP and district nursing team when required and the service had built excellent working relationships with these professionals. Shortly after opening the service, the provider realised there was a need for staff to be trained in basic clinical skills to allow them to take people's observations such as blood pressure due to feedback from health professionals. This training was arranged and staff who worked at the service now had these skills. The registered manager explained that most admissions to the service were as a result of recommendations from professionals such as GP's and practice nurses.

Prior to the service opening, the provider had arranged an open day and invited the community and professionals to look around the service and provide feedback. This had been a successful event and the feedback received had been 100% positive.

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. Comment included, "Lovely staff and a lovely service" and "Staff are so kind and caring. They really do have hearts of gold."

It was clear that people were encouraged to maintain relationships and relatives and friends were welcome to visit the service at any time. One person said, "When I come here my family can visit at any time and they are always made to feel very welcome." The respite manager told us that when people came to stay at the service they were encouraged to attend the day centre attached to the service to increase their social circle and interact socially with others. They went on to say, "We have found a lot of people who have come for respite and tried the day centre really enjoy it. We have some people who have continued to come to the day centre when they have left the respite service because they enjoyed it so much."

People were extremely familiar with the staff who provided support to them. The provider also operated a domiciliary care service and staff often worked at both the Respite and Recovery Centre and out in the community providing people with support in their own home. The registered manager told us, "The way we operate works very well. Most people who come here for respite already receive care in the community from us, so they are familiar with staff. It makes the transition much easier and it makes sense for us to offer the consistency of staff." One person told us, "I felt extremely comfortable coming into the respite service because I already knew the staff and they knew me. It put my mind at ease that I was not going to a service where I would not know the staff. It was like a home from home really."

People were observed approaching staff at regular intervals throughout the inspection without hesitation. We observed warm, friendly interactions and it was clear that positive, trusting relationships had been developed. People were also familiar with the registered manager who was observed to offer support to people when it was needed. One person said, "I cannot fault the staff at all. They are all wonderful. So very attentive and caring." Another person who had used the service previously told us, "My experience at the service was great. Staff were fantastic, and it was almost like a holiday. I have been back several times and I look forward to coming. I think that says a lot."

People told us whilst they were at the service they were encouraged to remain as independent as possible. Staff we spoke with told us they were familiar with people's abilities and they tried to encourage people to maintain those abilities whilst at the service. One member of staff said, "People are encouraged to follow their usual routines and can choose when they want to go to bed, get up and what they want to eat or drink. If at home, they would usually make their own drinks we encourage them to do that here. There is no reason why they shouldn't if they are able. If anything, we try and help people regain some independence they may have lost." Whilst care plans did not always contain details with regards to people's abilities and level of independence, discussions with people and staff demonstrated they were familiar with people's support needs and how they wished for their care to be delivered.

Privacy and dignity was promoted throughout the service. We observed staff knocking on doors, addressing people by preferred names and respecting choices people made such as where they wished to sit for

breakfast and when they wished to have a bath or shower. One person who used the service previously told us, "Staff were very respectful when helping me bathe. They kept me well covered and left me to have a little soak which I enjoyed. They asked me if I wanted staff to check on me during the night which I declined, and they respected my decision."

People using the service did not currently use advocates. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. The registered manager was clear of the action they would take if an advocate was needed.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

Is the service responsive?

Our findings

The registered manager and respite manager conducted pre-admission assessments prior to accepting a person for respite to ensure they could meet each person's needs. The respite manager told us, "It is extremely important we gather as much information as possible prior to any admissions so we can plan accordingly and make sure we have everything in place to be able to meet people's needs. We do gather information from relevant professionals, but we always try and do a home visit and meet them personally before admission."

Care plans were in place for each area of assessed need. For example, personal care, medication, nutrition and moving and handling. We found these contained basic information but lacked some person-centred information. For example, a personal care plan detailed the person needed some assistance with washing and dressing but provided no further guidance such as what the person could manage independently. A skin integrity care plan stated that the person skin condition was good but failed to mention that incontinence pads were to be worn at night.

Although we found care plans lacked person-centred information, people told us they received person-centred support from staff who were familiar with their needs. The registered manager told us they were looking to introduce an electronic care plan system similar to the one used in their domiciliary service to ensure records contained person-centred information.

Staff completed daily records which evidenced the support that had been provided and any areas of concern or follow up needed. We found these contained sufficient information and had been completed appropriately.

People were clearly at the heart of the service. The registered manager explained the Respite and Recovery Centre had been developed after they identified this was a much-needed facility in the area. They told us, "We have provided home care for a number of years and we see how difficult it can be for relatives who are often main carers to get a break. Respite services are very hard to find meaning some relatives just didn't get a break. We are proud that we can now offer that service and it has been extremely successful which demonstrates there was a need." The provider had plans to further develop the service and introduce another bedroom within the service which would be specifically for people with high dependency needs.

The provider operated a day centre which was located on the same site as the Respite and Recovery Centre. People at the Respite and Recovery Centre were encouraged to attend the day centre for social stimulation during their stay. A variety of activities were available daily at the day centre and we observed people enjoying a singalong karaoke on the day of inspection.

People were free to spend their time as they wished. Each bedroom had a television, DVD player and radio and there was a variety of books, puzzles and board games available. One person enjoyed specific action movies, and these were purchased by the provider to allow the person to enjoy watching these at their own leisure.

At the time of this inspection the service had been in operation 12 months. During this time there had been no complaints raised. The provider had a complaints policy and procedure in place and we found this information was also available in the service user guide. People we spoke with told us they were confident any concerns or complaints would be addressed appropriately.

The service had received a number of compliments from people who had used the service and relatives. Comments included, "This is a much-needed facility", "Staff have been very kind and caring. It is a very comfortable service and I felt at home" and "Exceptional staff who were available whenever I needed them. Great food and attention to detail."

The registered manager was aware of the Accessible Information Standard and care plans contained information about people's preferred method of communication. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they understand, plus any communication support they need when receiving healthcare services. The registered manager was able to provide information to people in other formats if this was required.

Is the service well-led?

Our findings

People told us they felt the service was well-led by a competent management team. One person said, "The owner is lovely and always here. It is obvious that they are passionate about the service and us." Another person said, "I think the service is run very well indeed. I have never had any issues."

There was a manager in post who was registered with CQC. They were also the provider. The registered manager was supported by a respite manager who took responsibility for the day to day running of the service. They both had a number of years' experience supporting and managing services for older people.

Staff told us the management team were supportive and always available to provide advice and guidance. One member of staff said, "I love working here. I am supported, listened to and valued. I think the provider does everything they can to make sure people enjoy their time at the service." The provider had recently introduced a scheme to thank long serving members of staff for their service. This included care staff being promoted to senior carers if they had the relevant qualifications, as well as an increase in their hourly rate of pay. The registered manager told us, "We really do value the staff and try thinking of different ways to thank them for their hard work. We have staff Christmas parties as well as a summer barbeque that all staff are invited to attend. We have just had our Christmas parties and staff seemed to thoroughly enjoy themselves which is all I want."

The registered manager was keen to gather feedback from people who used the service and relatives. Following each respite stay at the service people were asked to complete a short questionnaire which focused on their experience of the service, staffing, facilities and any areas they felt could be improved. These questionnaire responses showed people were extremely satisfied with their stay and the service provided. One person had commented that they would suggest installing a TV package, so people had access to a variety of channels. This suggestion had been listened to and plans were in place for additional channels to be added to the current TV package. This demonstrated that the service listened to feedback provided and took action where needed.

Staff were provided with the opportunity to share ideas on how the service could improve as well as discuss people's current needs and any concerns they had in regular staff meetings. Staff meetings were also used to ensure all staff were kept up to date with any changes to the service as well as address any issues that had been found following unannounced observations conducted by management. For example, during an unannounced observation, management had identified that dates on some open foods had not been recorded. Staff were reminded of the importance of this during a staff meeting.

Regular management meetings also took place and were used to discuss concerns such as staffing, on call management and any shortfalls found during quality assurance audits.

Management conducted quality assurance audits to allow them to monitor and improve the service where needed. We found evidence that people's care and support records had been fully reviewed once a person left the service to ensure they had been completed appropriately and contained relevant information.

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The provider ensured all notifications of significant events had been provided to us in a timely way.