

Vesta Care (UK) Limited

# Paul Murphy Centre

## 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:

- The Paul Murphy Centre is a short breaks respite service for people with a learning disability, autism and physical disabilities, registered to provide personal care for up to eight people staying at any one time.
- There were twenty people in total using the service, with four people staying at the time of our inspection.
- The Centre is an adapted, refurbished property with twelve bedrooms, some of which are en-suite. There are two shared lounges and a shared kitchen / diner. There is an accessible garden to the rear.
- The service was first registered with the CQC in May 2018. They then re-registered in October 2018 due to a legal entity change for the provider. There were no changes in the management structure for the provider or the service itself.

### People's experience of using this service:

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

- People and their relatives were positive about the support provided by the Paul Murphy Centre. People looked forward to their visits and felt safe with the home's staff. They said the staff were kind and caring and they were positive about how the registered manager responded to any comments or concerns they had.
- People's needs were assessed and care plans and risk assessments written and reviewed for each person.
- Staff knew who was due to stay at the home in advance so could refresh themselves about different people's needs prior to their visit. The computer care planning system also gave staff key information about their needs and the support required via hand-held devices that each member of staff had when on shift.
- Staff received the training and support they required to complete their roles. Any specific training required to meet people's needs was completed before they stayed at the service.
- Staff knew people and their needs well.
- Staff enjoyed working at the service and said the registered manager and team leaders were approachable. The provider had developed a clear set of principles for a person-centred service which were promoted to the staff team during supervisions and team meetings.
- People received their medicines as prescribed. All medicines were booked in by staff and relatives at the start of their visit. Information about any 'as required' was obtained during the pre-admission assessment. Following the inspection, the non-verbal indicators that 'as required' medicines should be administered was written into a formal care plan so that all staff would be aware of them.
- People participated in a range of activities with staff support depending on what they wanted to do. The registered manager developed a form to record what people had done during their respite stay and what they would like to do on their next visit.

- The home was furnished and decorated to a high standard. First floor bedrooms had track hoists in situ and bathrooms were fully accessible.
- The service was flexible in terms of the layout of the bedrooms and the staffing to meet each person's individual needs.
- The registered manager and operations manager completed a series of audits. An action plan was written if any issues were found. These had been completed within the agreed timescales.
- The fire alarm was checked every week and a three-monthly audit of the fire procedures was carried out. Emergency lighting and fire doors were visually checked. Following the inspection additional training was provided for a staff member to test the emergency lighting using the emergency glass break.
- Testing for Legionnaires was completed, unused water taps were flushed and some water temperature checks were made. Additional water temperature checks for taps regulated with a thermostatic valve were introduced following our inspection.
- All incidents, accidents and complaints were investigated and analysed to reduce the likelihood of the same issue happening again.

Rating at last inspection: This was the first inspection at the Paul Murphy Centre since it had first registered with the CQC in May 2018.

Why we inspected: This was a planned inspection in line with CQC's guidelines to inspect all new services within 12 months of registration.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Paul Murphy Centre

## Detailed findings

### Background to this 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:

One inspector carried out the inspection.

Service and service type:

The Paul Murphy Centre is registered as 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 48 hours' notice of the inspection visit because it is a small service and supports people with a learning disability. We needed to be sure the manager would be in and people using the service could be told about our visit in advance.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as accidents or abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted local authority commissioning and safeguarding teams. No concerns were raised about the Paul Murphy Centre. Following our inspection, we also contacted one learning disability team nurse and two other professionals working with the service. They were all positive about the service and further details of

the feedback we received is contained within this report.

During the inspection we spoke with one person about their experience of the care provided. Other people were not able to verbally communicate with us so we observed their interactions with staff members throughout the inspection. We spoke with six members of staff, the registered manager and operations manager.

We looked at a range of records, including three care plans and medicines records. We also reviewed two staff recruitment files, training and quality assurance and other records in relation to the management of the service.

Following the inspection, we spoke by telephone with four relatives of people who used the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- The risks each person may face were identified. Guidelines for staff to manage these risks were in people's care plans, for example moving and handling guidelines.
- Where people may have complex behaviours that may challenge a service, the Paul Murphy Centre had copies of their positive behaviour support plans, so they knew how to reduce peoples' anxiety and de-escalate the situation if a person became agitated.
- Checks for the fire alarm were completed. Following the inspection evidence was provided that emergency lighting and doors were visually checked. The provider had also arranged training for one member of staff to complete the safety checks for lights using the emergency glass breaks. Records had been updated to record these checks. A fire drill had been held in October 2018. A fire risk assessment had been written by an external company and any recommendations had been implemented. The fire alarm and firefighting equipment had been serviced annually. All people using the service had a personal emergency evacuation plan detailing the support they would need to leave the building in an emergency.
- A fire procedures audit was completed every three months by the registered manager.
- A legionella risk assessment had been completed and water samples found to be clear of the legionella bacteria. Following the inspection evidence was provided of legionnaires checks being completed as part of the cleaning schedule. Water temperatures were also checked; however, where thermostatic valves were in place these outlets were not checked to ensure the valves continued to regulate the water temperature to the correct temperature.
- Moving and lifting equipment had been serviced in line with the regulations.

### Systems and processes to safeguard people from the risk of abuse

- The person we spoke with and all the relatives and professionals thought that the support provided by the Paul Murphy Centre was safe. One relative said, "I know [Name's] safe; if there are any concerns they (staff) are there with him all night."
- Staff were aware of the procedures in place to report any safeguarding concerns and had received training in safeguarding vulnerable adults.
- People's finances were safely managed and audited each month.
- Any concerns raised had been investigated and reported appropriately.

### Using medicines safely

- People received their medicines as prescribed.
- Staff had been trained to administer medicines, including where they needed to be administered via a PEG (Percutaneous endoscopic gastrostomy) tube.
- Staff competency observations were completed by the registered manager or team leaders.

- All medicines were checked in to the service at the start of people's respite stay. This was signed by a member of staff and the person's relative.
- Information about any medicines that were not routinely administered (PRN) was given by people's relatives if they were not able to communicate that they required the medicine themselves. However, indicators of how staff would know the non-verbal indicators that the PRN was needed were not formally recorded. Care plans were updated with this information in the week following our inspection.

#### Staffing and recruitment

- Safe recruitment procedures were in place. All pre-employment checks were completed before a new staff member started working at the service.
- The rota was flexible to meet the needs of the people staying at the service at any given time. There was a minimum number of staff on duty at all times, including two waking night staff. Rotas showed that additional shifts had been added due to the number of people staying at the time or due to people's individual needs.
- Agency staff use was kept to a minimum to provide continuity of support. Staff from the provider's other services were offered any shifts that were required to be covered at the Paul Murphy Centre.
- There was an on-call service available in the evenings and at weekends so that staff members could contact a manager for advice or support at any time.

#### Preventing and controlling infection

- The home was visibly clean throughout.
- The operations manager completed an infection control audit, which showed a high level of compliance.
- Staff used personal protective equipment such as gloves when providing personal support and had completed training in infection control.

#### Learning lessons when things go wrong

- The registered manager had a tracking matrix for all incidents and accidents. This included details of what action had been taken to reduce the risk of the same incident happening again.
- The matrix enabled any patterns in the incidents to be identified.
- All safeguarding allegations, incidents and complaints were investigated and actions identified, where possible, to improve the support provided. These were reviewed with the operations manager on a monthly basis.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Members of staff received the training and support they needed to carry out their roles effectively. A member of staff told us, "The training here is amazing; if you ask for something then you get it."
- New staff completed an induction period where they shadowed experienced staff and completed on line training courses before starting on the rota.
- If staff were new to working in care they were enrolled on the care certificate, which is a nationally recognised set of principles that all care staff should follow in their working lives.
- Staff were encouraged to enrol on a nationally recognised course in health and social care after they had completed their probation period.
- Staff had training specific to people's individual needs, for example PEG feeding, epilepsy, and diabetes.
- If a new person was to stay at the home who required specific support, training would be arranged for staff before their first respite visit.
- Half the staff team had completed a three-day training course in de-escalation and physical restraint. The rest of the staff team were due to complete this training in March 2019.
- Staff said they felt well supported and were able to approach the registered manager or team leaders if they needed to.
- The registered manager and team leaders completed supervisions with members of staff, although these had not all been held as planned. The Paul Murphy Centre is a small service and the registered manager and team leaders worked alongside staff and so were able to discuss people's support needs or respond to any queries on an ongoing basis.
- Night staff told us they regularly saw the registered manager and team leaders as they would stay for the start of their shift or be in early before they finished.

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

- The home had been fully adapted to meet people's needs. Bedrooms on the first floor, accessible by lift, had a track hoist. Bathrooms were fully accessible.
- The home had been refurbished and decorated to a high standard.
- The garden to the rear of the property was wheelchair accessible.
- If people wanted, a picture of them was used on their bedroom door to assist them to identify their room when they stayed at the Paul Murphy Centre.
- People were able to bring their own personal items with them when they stayed for example favourite bedding or toys. The home stored some items on people's behalf and used them to personalise their room for each visit. For example, using football club duvet covers.

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

- People were supported with meals to meet their dietary needs.
- Care plans detailed people's dietary needs, including the texture of the food needed to reduce the risk of choking. Staff were able to explain people's nutritional needs.
- Clear information of the PEG feed regime people needed was in their care files.
- People's food and fluid intake was monitored where they were at risk of poor nutrition.

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

- Details of people's health needs and the medical professionals involved in their care was recorded in the care files in case they were needed during a stay at the home.
- For people with complex medical needs the local hospital and ambulance service were notified of each respite stay so they could respond appropriately in the event of an emergency.
- The service had air flow mattresses in some rooms so they could meet people's pressure area care needs if they required this.
- Where people stayed at the home for an extended period, they were supported to attend medical and specialist appointments as required.
- The registered manager attended multi-disciplinary team meetings so they were able to keep up to date with any changes in people's support and contribute as to the person's wellbeing during their respite stays.

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

- A pre-admission assessment of people's needs was completed for all people who wanted to have respite stays at the Paul Murphy Centre. Information was gathered from the person themselves, where possible, their relatives, other care providers and professionals involved in their care and support.
- A relative said, "I did a plan of what we do at home and they (the Paul Murphy Centre) carried on where we'd left off."
- People and their families were invited to visit the home before they decided if they wanted a respite stay. People could make several visits, at different times, for example over mealtimes.

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).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was working within the principles of the MCA.
- People's capacity was assessed by the home and where it was felt they lacked the capacity to consent to staying at the Paul Murphy Centre an application for a DoLS was made.
- Many people using the Paul Murphy Centre were referred to the service through local authority social service departments who had completed best interest decisions for the person accessing respite care.

- Best interest decisions were recorded for when homely remedies could be administered. These enabled the continuity of the use of homely remedies between home and whilst on the respite stays.

# 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

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

- The person and all the relatives and professionals we spoke with were complimentary about the Paul Murphy Centre's staff team. Comments received included, "The staff are lovely, nothing is too much trouble for them", "The staff know [name] really well and he looks forward to going" and "The staff are lovely. I can walk away and have no worries as I know [name] will be well cared for." A social care professional said, "I found the staff helpful, cooperative, understanding and caring."
- We observed and heard kind and caring interactions between people using the service and staff members throughout our inspection.
- People's likes and dislikes were recorded in their care plans. Staff knew people and their support needs well.
- Any cultural needs a person had were captured during the pre-admission assessment.
- The provider was arranging staff training for lesbian, gay, bisexual and transgender (LGBT) rights so they would be able to support people or colleagues who identified as LGBT.
- Where people had advocates, the service liaised with the advocate about the person's respite care and facilitated for the advocate to meet people at the home during people's respite stays if required. An advocate is an independent person who ensures decisions made about the person's care and support are made in their best interests.
- The home had a calm, light atmosphere on both days of our inspection.

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

- People and / or their relatives were involved in agreeing their support plans.
- People's communication needs were assessed as part of their pre-admission assessment. Details of the signs and gestures people used were recorded. A relative said, "They (the staff) listen to [name] and don't just fob her off. They know how to respond to her questions and gestures."
- Any communication aids used within the family home or in other services the person accessed were used when they visited the Paul Murphy Centre for a respite stay. For example, a picture menu was used to let people know what meals were planned.
- One-page staff profiles in an easy read format had been produced so people could get to know a little about the staff team who were supporting them.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly explained how they maintained people's privacy and dignity when providing support, including explaining to people what they were doing and engaging with people throughout the support.
- People were encouraged to do things for themselves wherever possible. Care plans identified what people

were able to do themselves, for example assisting with their own personal care.

- People were offered choices in their day to day lives – for example what they wanted to wear or do during the day.
- Relatives were welcome to visit people during their respite stay if they wished to do so. One person, who was staying at the home on a longer-term basis at the time of our inspection, was visited several times a week by their family.

# Is the service responsive?

## Our findings

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

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

- Care plans for each person were written from the pre-admission assessment. The care plans were developed and reviewed as the staff team got to know the person better as they had more respite stays at the service.
- People's daily routines were recorded so staff knew the support people needed at key times such as in the morning and at bedtime.
- There may be several weeks between people's respite visits. Staff knew in advance who was due to be staying at any one time. They refreshed themselves about the person's needs by reading their care files prior to their arrival. One relative said, "I gave them all the information and it was obvious they (the staff) had read it as they knew how to look after [name]."
- A computer-based system was used for care plans and risk assessments. These could be accessed by staff through hand-held devices, which each staff member had with them during their shift. Key information, for example any allergies a person had, and when support tasks were due to be completed were available on the hand-held devices. This supported the staff to provide the support people needed at the times agreed.
- The computerised system was used to record the support provided for each person during the day and any updates the staff needed to be aware of. Staff told us they were kept up to date with any changes in people's health or well-being through this system.
- Relatives were asked if there had been any changes in people's support needs when the person arrived at the service. However, it was not formally recorded that this had been done. Following our inspection, the registered manager introduced a form to record details of any changes in people's needs since their last respite visit.
- One professional we contacted told us, "[Name's] social care needs are all met while he is at respite and the respite has been very successful."
- People were supported with a range of activities. Staff knew people's preferences, for example some people liked to relax and spend time in the house, whilst others liked to go out more. What people liked to do was recorded at their pre-admission assessment.
- Records showed people were engaged in arts and craft, karaoke, watching films, going to the local shops and going for picnics in the local park. People could also book the use of the provider's hydro-therapy pool. Visits to attractions such as the Salford museum had also been arranged.
- The registered manager was keen to develop people's activities further and following our inspection introduced a form to record for families what activities people had participated in during their respite stay and if there were any activities they would like to do during their next visit. In this way relatives would know what people had done and different activities could be introduced for future visits if people wanted to.
- When people started using the service they could choose the bedroom they would like to stay in. Wherever possible they used the same room on each visit.

- Furniture in the bedrooms would be re-arranged or moved to meet people's needs. For example, one person liked their bed to be against a wall, one person did not like to sleep in bed, preferring a mattress on the floor as this made them feel safer and calmer.
- The service had purchased an easy-read writing computer programme. Information such as the complaints procedure and surveys were being produced in an easy-read format to make it more accessible for people with a learning disability. The registered manager planned to convert more documents, for example the guide to the service, to the easy-read format.
- Technology was used, for example pressure mats to alert staff when someone got up and epilepsy sensors, were used where it had been assessed as reducing the risks people may face.

#### Improving care quality in response to complaints or concerns

- Relatives told us they would speak with the staff, team leaders or registered manager directly if they had a concern. This usually resolved the concern they raised. One relative told us, "If there's an issue I speak with [registered manager] and it's dealt with."
- The service had a formal complaints policy in place. All complaints had been recorded, investigated and responded to appropriately.
- The registered manager had a complaints matrix to monitor the complaints received, ensure they were progressed within the policies timescales and to identify any consistent themes to the complaints received.

#### End of life care and support

- The Paul Murphy Centre is used for short respite stays. Therefore, people do not visit if they require support at the end of their life.
- Emergency contact numbers were on file in case people became unwell during their stay. This included emergency medical contacts and procedures where applicable as well as family contacts.

# 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

Service management and leadership was inconsistent as not all safety checks had been completed. Leaders and the culture they created promoted the delivery of high-quality, person-centred care.

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

- The registered manager and operations manager completed a series of audits and checks to monitor the service, including infection control, support plans, medicines, fire procedures and staff files. Audits included talking with members of staff to check their understanding of people's needs and knowledge of how to access information via the computerised care planning system.
- Action plans were written for any issues found. The actions had been completed within the timescales set.
- Additional training for testing the emergency lighting was arranged immediately following our inspection. The registered manager said they would arrange for the water temperature to be checked for all water taps, including those with thermostatic valves fitted
- Two team leaders had been appointed in November to assist the registered manager and provide additional support for the staff team. Monthly meetings were now held to review the service and allocate supervisory tasks between the registered manager and team leaders.
- The registered manager met with the registered managers from the provider's other services each month to share good practice.
- The operations manager was visible within the service and provided oversight of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All the staff said that the registered manager and operations manager were approachable and would listen to any ideas or concerns they raised.
- Relatives were also very positive about the registered manager. Comments included, "[Registered manager] wants the best for the service users and won't tolerate any issues. This feeds through to the staff team."
- A survey had been used to gain feedback on the service from people and their relatives. The feedback had been positive and comments included having good communication and people felt safe during their respite stays.
- Regular staff meetings were held where discussions took place including about any new people staying at the service, training and rotas.
- The provider produced a newsletter for people, relatives and staff covering information about what people had done and any plans for the future across all of their services

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility



- Staff members said they enjoyed working at the service. They felt supported, listened to and involved in planning people's support. One member of staff said, "[Registered manager name] is great; she gets stuck in and will help hands-on when she needs to be."
- The provider had agreed a set of principles for a person-centred service and this was promoted to the staff team at supervisions and team meetings.
- Some people became anxious during their respite stay. The service clearly worked with people and their families to provide the support that would meet their needs. This included changing and adapting the support and environment where required to reduce people's anxieties when they next stayed at the service.
- The service responded to relative's complaints or concerns in an open manner. The service was transparent and acknowledged where issues were substantiated and what the lessons learnt were to improve the service.
- The registered manager and operations manager were aware of the types of incidents that needed to be notified to the CQC.
- A new monitoring form was introduced following our inspection to record what a person had done during their respite stay, what they had enjoyed, what could be improved and what they would like to do next time they visited.

#### Continuous learning and improving care; Working in partnership with others

- The registered manager was involved in multi-disciplinary meetings about people's needs and support when required. Information was shared appropriately when required.
- The operations manager and registered manager had recognised that not all people who may have complex behaviours had a positive behavioural support plan (PBS) as they may not access other services where these would have been required. The provider had agreed to fund training for some staff so they would be able to write and review PBS plans where they were not already in place. This would provide additional information and guidance for staff where a PBS plan was not available from other sources and so they would be better able to support people if they became agitated.
- The provider had recently appointed a training manager for the group of services they provided. They would be responsible for ensuring the training staff required was available. They were also an accredited trainer which would enable greater flexibility for holding some courses for staff to attend.