Manchester City Council

Short Breaks - 7 Edlington Walk

Inspection report

7 Edlington Walk
Newton Heath
Manchester
Greater Manchester
M40 1JA

Tel: 01616835211
Website: www.mldp.org.uk

Date of inspection visit:
21 September 2016
23 September 2016
27 September 2016

Date of publication:
02 November 2016

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

This inspection took place on 21, 23 and 27 September 2016 and was announced. This was to ensure someone would be available to speak with us and show us records. We visited the provider's office on 21 September 2016 and visited Short Breaks - 7 Edlington Walk on 23 September 2016. We spoke with family members on the telephone on 27 September 2016.

Short Breaks - 7 Edlington Walk was last inspected by CQC on 17 February 2014 and was compliant with the regulations in force at that time.

Short Breaks - 7 Edlington Walk provides respite care and accommodation for up to five people with learning disabilities. On the day of our inspection no-one was staying at the home however there were 29 people who used the service in total.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staffing levels were sufficient to meet the needs of the people who used the service. An appropriate recruitment and selection procedure was in place and relevant checks were carried out on new staff.

Risks to people's safety in the event of a fire had been identified and managed and appropriate health and safety checks had been carried out.

Management and staff were aware of their responsibilities with regard to safeguarding vulnerable adults and risk assessments were in place for people who used the service and described potential risks and the safeguards in place.

Appropriate arrangements were in place for the administration and storage of medicines and procedures were in place to ensure people received medicines as prescribed.

Staff were suitably trained and training sessions were planned for any due or overdue refresher training. Staff received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

Staff were aware of people's individual nutritional needs and supported people regarding their diet.

Family members were complimentary about the standard of care at Short Breaks – 7 Edlington Walk. Staff

helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way. People continued to visit day services while staying at Short Breaks – 7 Edlington Walk and other activities were arranged based on people's likes and needs.

People who used the service, and family members, were aware of how to make a complaint however there had been no formal complaints recorded at the service.

The service had a positive culture that was person centred, open and inclusive. Family members said the management team were approachable and understanding. Staff felt supported by the registered manager and the management team.

Some policies and procedures were out of date however this was being addressed by the registered provider.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

Management and staff were aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

Risk assessments were in place for people who used the service and a procedure was in place to record accidents and incidents.

Medicines were stored and administered safely and appropriately.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

The home had a programme of activities in place for people who used the service and people were supported to attend day centres.

There had been no formal complaints recorded however the registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Family members were complimentary about the management of the service. Staff told us the registered manager was approachable and they felt supported in their role.

Short Breaks - 7 Edlington Walk

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 registered 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 21, 23 and 27 September 2016 and was announced. This was to ensure someone would be available to speak with us and show us records. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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

During our inspection we spoke with three family members. We also spoke with the registered manager, support coordinator and two care workers.

We looked at the personal care and treatment records of three people who used the service and observed how people were being cared for. We looked at the personnel files for five members of staff at the Short Breaks service and one agency staff member. We also looked at records relating to the management of the

service, such as quality audits, policies and procedures.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Short Breaks - 7 Edlington Walk. They told us, "Yes I think so", "Yes, I am happy he is safe" and "He's been going there for a while and nothing's ever happened. No concerns with safety".

We discussed staffing levels with the registered manager and support coordinator, and looked at staff rotas. There were always two members of staff on duty during the day and at least one member of staff on duty during the night, depending on people's individual needs. The registered manager told us where possible, staff absences were covered by their permanent staff. However, often for short notice absences they would use agency staff but always tried to get agency staff who had worked at the service before. The registered manager told us regular agency staff were treated the same as permanent staff and received the same training and support. Staff and family members we spoke with did not raise any concern about staffing levels. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, however we did not see proof of identity for one member of staff. We discussed this with the registered manager. The staff member had been in the provider's employment for over 30 years and it was likely the record had been archived.

The home is a terraced house in a residential area. Entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. Most of the bedrooms were on the first floor however there was one adapted, sensory bedroom on the ground floor specifically for people with mobility issues. All of the bedrooms had been individually decorated.

The service had an "Infection control audit" file, which included records of mattress audits, sling safety audits and hand hygiene audits. These were all up to date and included actions if any issues were found. Hand hygiene audits included staff observation records, which had been completed monthly and were up to date.

People had "Risk identification" forms in their care records. These recorded whether the person's identified needs were managed via the care planning process or, if required, a risk assessment was in place. For example, risk assessments were in place for people for the environment, fire, mobility, transport and nutrition.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014), apart from the ground floor bedroom. Audits showed the hot water temperature in this bedroom was recorded at 56 degrees centigrade on 31 August 2016 and 53 degrees centigrade on 20 July 2016. We discussed this with the support coordinator who reported it to maintenance staff on the day of our visit.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date.

Risks to people's safety in the event of a fire had been identified and managed, for example, a fire risk assessment was in place and up to date, the fire alarm and portable fire-fighting equipment were regularly serviced, and means of escape routes in the event of a fire were checked during weekly fire drills. A "Grab bag" was kept in the home, which provided instructions for staff to follow in the event of an emergency or evacuation and contained a list of the people who used the service who could not or would not be able to mobilise independently from the building. A "Raising awareness record" was also kept, which recorded people's responses to the fire alarm. This meant appropriate procedures were in place to keep people safe in the event of an emergency.

We saw a copy of the registered provider's safeguarding policy, which gave a definition of abuse, described the different forms of abuse and the procedure for responding to allegations of abuse. There had not been any safeguarding incidents reported at the service. The management team and staff we spoke with were knowledgeable about safeguarding procedures and had received training in safeguarding.

Accident report forms were completed by staff in the event of any accident or incident and forwarded to the provider's health and safety department for collation and analysis. There had not been any recent accidents or incidents recorded at the service.

We looked at the management of medicines and saw medicines were stored in a locked cabinet in in a locked room on the first floor, which only staff had access to. The provider had a medication policy in place however we saw this was overdue review.

People had an "Assessment of medication needs" record in their care records. This was a checklist to see what people knew about their medicines, what they could do for themselves and what level of staff support they required. If people required staff to administer their medicines, a reason was given. We saw this had not been completed for one of the people who used the service. We brought this to the attention of the support coordinator who agreed to have it completed as soon as possible.

Staff received training in the administration of medicines and received supervised assessments in the workplace.

People had medication administration records (MAR) in place. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Each person's MAR included an up to date photograph, details of the person's GP, whether the person had any allergies and whether PRN, or as required, medicines were in use. For each prescribed medicine there was a record of each administration, which had been signed by the member of staff. Records we saw were accurate and complete.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "[Name] would rather come here than go out with us!", "He likes coming here" and "Whatever they do there he cannot wait to go. He really looks forward to it".

Staff received regular supervisions, known as "Job consultations", and annual appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The job consultations included discussions on the people staff supported, any issues or concerns the staff member had, personal development, performance, health and safety, and incidents and accidents. Staff also received observations in the workplace, which assessed the staff member's attitude to people who used the service, their communication skills and knowledge of people's needs. Staff we spoke with told us they received regular job consultations. One staff member told us, "They are regular but I would go and speak with [support coordinator] within that timeframe if I need to."

New staff received an induction to the service and we saw copies of probationary records. Records showed staff training was up to date and included safeguarding, moving and handling, mental capacity, food hygiene, personal safety, infection control, first aid and fire evacuation marshall training. We could not see copies of all the certificates for this training in the staff files. The registered manager told us some training certificates get sent to staff member's home addresses and not all had been brought into the office. The provider's learning and development department kept a record of when staff had completed training and the registered manager was able to download a report to see when training was due so it could be planned. We saw the training notice board in the registered manager's office had details of planned courses, which included epilepsy, dementia awareness, supporting active lifestyles, continence management, pressure area management and health action planning. Staff we spoke with told us they received plenty of training and their training was up to date.

People's individual dietary needs were taken into consideration and people's wishes were recorded in care records. For example, "I like most food but not too spicy." People's skill level for preparing meals was recorded. For example, "I can choose a meal and plan by looking at books", "I can take items out of the cupboards and mix/stir."

We saw one person who used the service was fed via a percutaneous endoscopic gastrostomy (PEG). PEG is a tube that is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. The person's food and meal preparation care plan provided detailed instructions for staff to follow with regard to the procedure, times of day and amount of food the person was to receive. We saw this followed the recommended feeding regime provided by the dietitian. Staff told us they had received training in PEG from a qualified nurse.

People had communication guides in their care records, which provided a guide for staff on how people communicated and what their preferred methods of communication were. For example, "No communication verbally" and "I communicate by eye movements and body language".

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We saw applications to deprive people of their liberty had been submitted to the local authority and were awaiting authorisation. This meant the registered provider was following the requirements in the DoLS.

Some of the care files had been signed by the people who used the service or family members however some had not. Some of the review records we saw had also not been signed to say family members agreed with the content. We discussed this with the support coordinator who told us people who were able to sign their own care records had done so. Reviews were carried out with family members but some of these were carried out over the telephone so family members were not able to sign the care records or review documentation to say they agreed with the content. We discussed this with the support coordinator who agreed they would ask family members to read and sign relevant documentation when they were visiting or dropping their relative off at the service.

Good

Is the service caring?

Our findings

Family members were complimentary about the standard of care at Short Breaks - 7 Edlington Walk. They told us, "He really enjoys going", "He's very well looked after" and "I am very happy".

People's choices were clearly documented in their care records. For example, "I like pubs and meals out, any sort of social event, walks in the park, going to the cinema and shopping", "I like to be woken by a knock on my bedroom door", "I would like you to approach me in a friendly manner and be patient with me", "I like to relax on the bed listening to music and the sensory equipment on" and "I don't like my face getting wet. Use a warm damp flannel and explain to me what is about to happen". Staff told us, "We have to meet each and everybody's individual needs". This meant people's individual needs had been taken into consideration.

Staff told us how they respected people's privacy and dignity. They told us, "Doors are shut. We know to knock before entering. We remind families to knock on doors before entering" and "It's something that runs through most training as an undercurrent. It underpins everything we do. We get training on dignity. I would take them to their own bedroom. You have to be aware that it is shared bathrooms".

Care records showed how people's independence was promoted. For example, "I can travel independently when I know the route I have to take", "I take myself off to bed without any support", "I need prompts to bath or shower" and "I like to take a shower and can manage this on my own".

A family member told us, "[Name] needs a lot of help with personal care but he is independent in his own way. They let him do what he can do but he does need a lot of help." Staff told us, "Some people need prompting or support with personal care. If they can do it, we leave them to do it. We have to promote independence at all times" and "Independence is promoted. We sometimes find with our support and guidance that they can do a lot more and then feedback to the parents what they have done". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We discussed advocacy with the support coordinator. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The support coordinator informed us that a small number of the people who used the service lived with carers and advocacy and other services were promoted with carers.

People who used the service did not have end of life care plans in place. The support coordinator told us this was something that was being looked at within the provider's organisation. We saw evidence of this in the provider's newsletter "Better Together." This stated that an end of life strategy was being developed to "give clear procedures and proactive guidance to teams to demonstrate the dignity in care afforded customers and their families."

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were assessed before they moved into Short Breaks - 7 Edlington Walk. A "Stay review checklist" was completed for each person prior to their stay and included the date of the stay, details of family, friends or advocates, important health and medication information, any issues with the person's behaviour or other risks, day placements and activities/interests, transport arrangements, and any other comments. This ensured staff knew about people's needs before they came to stay at the short breaks service.

Each person's care file had a cover sheet which included a photograph of the person, their date of birth, address, telephone number, religion and details of people involved in collating the information. A "Traffic light passport" was in each care file, which provided important information about the person should they be admitted to hospital.

One person had a mobility support plan in place. This described in detail the person's level of mobility, their individual needs and support required from staff. For example, the person's wheelchair had foam covered seating to improve seating posture and two staff were to assist at all times with any moving and handling procedures. One to operate the hoist and one to "be my carer as I have sudden jerky and unpredictable movements."

The person was also at risk of epilepsy and their care plan described the person's signs and symptoms, history of seizures and medicines prescribed. The care records included copies of letters from the district nursing team, GP, dietitian and physiotherapy, and the National Society for Epilepsy Guidance on what to do when someone has a seizure. All of which was used to help plan the person's care.

Daily notes were kept for each person during their stay at Short Breaks - 7 Edlington Walk. These recorded details of the person's care, routine and activities whilst staying at the short breaks service. For example, "[Name] saw to his personal care, breakfast and morning medication given. [Name] was his usual chatty mood. [Name] was supported to the centre at about 10am."

Care records showed that some people attended day services or colleges in the local area and this was continued when the person was staying at the short breaks service. Staff told us that when people were not at day services, a programme of activities was in place based on what the person wanted to do. For example, have picnics in the local park, go shopping or take part in activities in the home. One person's care record stated, "I like watching TV, reading magazines and catalogues, doing jigsaws, puzzles and board games." Activities carried out were recorded in the daily notes.

The provider had a complaints policy and procedure in place, which included an easy to read version. People who used the service and their family members or carers were made aware of the complaints policy in the service user guide, which was provided to each person prior to their stay at the short breaks service.

There had not been any formal complaints recorded at the service however family members we spoke with were aware of how to make a complaint. This showed the registered provider had an effective complaints policy and procedure in place.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Some of the policies and procedures we looked at were overdue reviews. For example, the safeguarding procedure was last reviewed in January 2014 and the medicines policy was last reviewed in April 2011. We discussed this with the registered manager who told us policies had recently been discussed at the provider's operational improvement board meeting. Some new policies and procedures had been signed off and would be disseminated shortly.

The service had a positive culture that was person centred, open and inclusive. Family members told us, "[Support coordinator] is very good. They are flexible. They have offered to pick him up for us", "They are flexible if I need to go to a wedding or arrange something else" and "I've got no complaints".

Staff we spoke with felt supported by the registered manager and the management team. They told us, "I can't fault them", "They are very accommodating, very flexible" and "We have got a good working relationship. That's why the service has worked so well over all these years".

Staff were regularly consulted and kept up to date with information about the service. The registered manager told us they held a "Staff support day" one day per month, where staff could come into the office at any time and have an open and honest discussion about any issues. They also told us they were starting "Weekly staff wellbeing coffee and chat sessions" from 26 September 2016.

We saw records of staff meetings, the most recent had taken place on 3 August 2016 and included a copy of the local authority safeguarding newsletter from July 2016.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

The registered manager and support coordinator carried out three monthly house audits. The most recent audit at 7 Edlington Walk had taken place on 1 June 2016 and had highlighted some issues with cleanliness in the home. The registered manager told us all the actions had been completed and we did not identify any issues with cleanliness during our visit.

We saw that a new quality assurance framework had recently been approved by the provider, which was designed to support staff in delivering high quality support services for people who used the service and their families. As part of this framework, a service visit schedule of unannounced visits was being introduced. As this was a new framework we could not see any evidence of its use at this inspection visit.

We saw a "Coffee morning and feedback forum" was held at the registered manager's office every six months, which gave family members the opportunity to visit the office and talk to management and staff

about any concerns or issues. A family member told us, "They send out leaflets and let us know what's coming up, coffee mornings for example."

An annual "Short Breaks Service Questionnaire" was sent to families and carers. We saw a copy of the questionnaire from May 2016, which gave people and family members the opportunity to feedback on the quality of the service, for example, what was good, what was not so good and what could be done better. We saw the outcome of this questionnaire was included in the provider's newsletter, sent to family members and carers in June 2016. Issues raised in the questionnaire included the frequency of home visits, property decoration, information about the staff and lack of social activities/outings.

These issues were addressed in the newsletter. For example, an update was provided on refurbishment carried out and planned at the short breaks accommodation, and an assurance was given to family members and carers that people who used the service would go out regularly during their stay and where going out was not possible, indoor activities would take place.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.