

Respite Breaks Limited

Respite Breaks - Epwell rd.

Inspection report

8 Epwell Road
Birmingham
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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

Respite Breaks, Epwell Road is a residential care home providing personal care for up to two people with a learning disability and autistic people. The service provides short-term stays for people (respite). At the time of the inspection one person was using the service.

People stay in single bedrooms and there are shared areas including the dining and lounge areas, conservatory and garden.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Systems were in place to keep people safe from risk of avoidable harm and abuse. Staff were aware of their responsibilities to keep people safe from abuse. Risks had been appropriately assessed with enough staff members on duty to support people safely. People's medicines were managed safely and the home environment was clean and hygienic. There were processes in place to investigate any incidents to reduce risk of reoccurrences.

A detailed pre-assessment was completed before people started with the service. There was a phased admissions process in place for people to meet the staff, help familiarise themselves with the layout and home environment. A relative told us, "We went for visits so [person] would get used to going there and they stayed for a few hours. The phasing is absolutely fantastic and quite comforting for [person]." People were supported by trained staff who were knowledgeable about people's individual needs. Staff encouraged people to try healthy food options and supported them to make their own decisions. Staff used a variety of communication techniques to ensure they sought people's consent and help them make their own decisions throughout the day.

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

Relatives told us their family members were supported by kind and caring staff who knew people well. People's individual needs were respected and staff supported people with dignity and respect. Relatives told us they were involved in the planning of their family's member's care and support.

The registered manager carried out audits of the service to monitor and review the quality of the care provided to people. Competency checks were completed to monitor staff practice to ensure they were working to current best practice. The registered manager and staff worked in partnership with people, relatives and where it was appropriate health and social care professionals, to ensure people's support needs were being met.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

The model of care and the accommodation maximised people's choice and control, independence. The environment was spacious and homely. From the outside, it did not give the impression of being a care home. People were encouraged to bring in their own belongings to personalise their bedroom. People had their own bedrooms and bathrooms and encouraged by staff to develop their independence as much as practicably possible.

Right care

Care is person-centred and promotes people's dignity, privacy and human rights. People were supported by staff that knew them well and understood their needs. Staff told us about the relationships they had built up with people which had increased people's confidence and enabled them to provide the appropriate support to people even when they were anxious or upset.

Right culture

There was a positive, person-centred culture amongst the staff team. The registered manager and staff members worked in partnership with people and their relatives. There was a culture of listening to people, their relatives and working in people's best interest. One relative told us, "It's really important and I want other parents to know that my child is so happy (at Epwell Road) and you will feel comfortable (about the service)."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 December 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. This was a planned inspection for this newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Respite Breaks - Epwell rd.

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Epwell Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The inspection was announced. We gave a short period notice because it is a respite service and there is not always someone staying there. We wanted to make sure someone was available to support us with the inspection process.

What we did before inspection

We reviewed information we had received about the service since their registration with us. We sought feedback from the local authority. The provider was asked to complete a Provider Information Return (PIR)

prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one member of staff and the registered manager. We met one person who was using the service at the time. Although the person could not communicate verbally with us, we spent time observing staff interaction with them through the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives and three staff. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us they felt the service was safe for their loved ones. One relative said, "It's a safe environment, because [person] is on one to one and I feel relaxed because I know it's safe."
- Staff spoken with knew how to report any suspicions of abuse. One staff member told us, "It depends on the person, somebody might be able to tell you but for those who can't if they had sudden changes in their behaviour or mood swings, unexplained marks or bruises I'd report it straight away to my manager."
- The provider had appropriate processes in place to safeguard people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risk assessments showed the actions taken to manage and reduce risks to people. A staff member told us, "All the information we need about how to care for people are in their care plans. We have regular handovers at every shift and if there are any changes we are told straight away."
- Risk assessments we looked at reflected people's current needs.
- People had personal evacuation plans (PEEP) detailing how they would be supported safely in the event of a fire.
- Following a discussion with the registered manager about monitoring water temperatures; thermostatic valves were fitted in bathrooms and the staff toilet to manage temperatures and keep them within a safe range.

Staffing and recruitment

- The provider followed safe recruitment processes to reduce the risk of employing unsuitable staff to support and care for people. This included pre-employment checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff on duty to support people.

Using medicines safely

- Peoples' medicines were administered and managed safely. Records were completed accurately and reflected the quantity of medicines in stock. Clear processes were in place to make sure people coming in for respite, continued to receive their medicines as prescribed.
- Staff had completed medication training and had their competencies assessed to ensure they were administering medicines safely.
- Detailed protocols were in place for medication prescribed to be taken on an 'as required basis'.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the home.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people living in the home and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the registered manager to monitor for any patterns or trends and appropriate action was taken to mitigate future risk.

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. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards and was able to share with us when they had applied for DoLS to keep people safe.
- Staff we spoke with understood the principles of MCA and how to support people in their best interests. A staff member told us, "You assume people have the mental capacity to make decisions and if it is assessed they don't, then everything we do is in their best interest to keep them safe while they are with us so we don't deprive them or restrict them in any way."

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

- People's needs were assessed by the registered manager prior to any respite care. The pre-admission process was person-centred, fully involving the person as much as practicably possible and their family members to make sure the service could meet the person's needs. One relative said, "I went to several meetings (with the registered manager) about what [person's] needs were, what their interests were and behaviours."
- Staff we spoke with were knowledgeable about people's support needs.

Staff support: induction, training, skills and experience

- Relatives we spoke with and our observations demonstrated staff had the appropriate skills and training to support people's needs. We reviewed information that confirmed staff training was up to date and relevant to their role. One relative told us, "The staff are very well trained and incredibly hard working."
- New staff to the service completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completing of the care certificate. The care certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- People's dietary needs were considered and appropriately assessed. We saw people were able to choose what they wanted to eat.
- Staff supported people to be involved in preparing and cooking their meals. People could have drinks and snacks.

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

- The provider and staff worked in partnership with people and relatives. Because this is a respite service there was limited contact with health and social care professionals. However, where this had been necessary, appropriate support had been sought.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency.

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

- People were accommodated in their own private bedroom and bathroom in a homely environment. One relative told us, "It's a difficult decision when your child can't verbalise whether they like or don't like something. This (Epwell Road) feels like a home from home. We looked at other provisions and they were like units and we wanted [person] to feel it was more like a home from home rather than a care provision and that's important."
- The home environment was spacious and bright. From the outside, it did not give the appearance of being a care home. There were areas available within the home for people who might want some 'quiet time' to relax.
- There was a spacious, fenced garden and with garden furniture and accessories for people to enjoy. For example, a seat swing and paddling pool.

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. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives, without exception, provided consistent and positive feedback about the caring attitude of the staff and told us their loved ones were treated with respect and kindness. Our own observations on the day saw staff were genuinely warm, kind and clearly enjoyed the company of the person they supported. Comments from relatives included, "They [staff] know [person] and they go above and beyond, they're really caring." "Says a lot for the staff, they are very attentive and do what makes [person] happy, to interact and be social, they [staff] do make everything very personal."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One staff member said, "For me, I get a buzz out of helping the families. When you see the family are not worried about leaving their child in our care and it gives them peace of mind and a rest, then I know we're doing a great job."
- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported.

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

- People were supported to make choices about how to spend their time and what activities they wanted to do.
- Relatives told us they were involved in their loved one's care and support. One relative told us, "The staff will listen to your feedback. There's good leadership. I've messaged at night not expecting a response until morning but I get a reply almost straight away. [Manager] is just very attentive to the person and their parent's needs. Communication is excellent."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they 'loved' working with the people they supported and from their conversations with us clearly understood peoples' care and support needs.
- People stayed in individual bedrooms for their respite stay and were supported to bring items from home to personalise their bedroom.
- Relatives told us since attending the service they had seen their loved ones confidence increase.
- Relatives, without exception, told us their loved ones were treated with dignity and respect. One relative told us, "Yes definitely (treat people with dignity) because if I wasn't happy I wouldn't let [person] go there. It's took me years to have any respite because I don't trust people but when I found (this service) I just thought it was home from home."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before each respite stay, the registered manager made sure any changes to people's care and support needs were updated in their care plans and risk assessments. Staff we spoke with confirmed they were kept informed of any changes.
- People received care and support that was personalised to their individual needs and preferences. Relatives told us they were happy with their loved one's care and staff were responsive to their individual needs. One relative said, "They [staff] are very helpful and very communicative and keep you in the loop about things, I can't praise them enough."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard and explained the different methods used to effectively communicate with people. For example, pictorial aids.
- We saw staff understood individual signs, body language and sounds that people used to communicate their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do things they enjoyed during their respite stay. One relative told us, "I like it's small and they only have two people at a time getting more one to one care. The staff are really caring and polite. They always keep me informed of what's going on and have sent me pictures when they took [person] out in the paddling pool because they like to go in the paddling pool."
- We saw staff ask one person if they wanted to go for a walk. From the person's facial expressions and body language we could see they did and was encouraged by staff when putting on their shoes.
- Relatives told us, although they were overall happy with the social activities, they had mentioned to the provider about transport. One relative told us, "They [provider] don't have transport to take people out. It would be nice if they had the use of a vehicle so they could do different activities." The registered manager told us this was something the provider was reviewing.

Improving care quality in response to complaints or concerns

- Relatives we spoke with told us they would have no concerns about raising issues or complaints with the registered manager.

- We saw there was a process in place to record and monitor complaints. There had been no concerns or complaints received by either the provider or CQC since the service had registered with us.

End of life care and support

- Because this service was respite care for short stays, there was no end of life care.

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. This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service focused on providing person-centred care that took in account people's individual needs and preferences. Relatives we spoke with were all positive about the registered manager and her team of care staff. One relative said, "I just can't rate it (the service) highly enough, it's perfect for [person]. I was really emotional and the staff love [person], they've built up a close bond with [person], they [staff] make it their mission to understand (people's needs)."
- Staff knew people well. They also told us they felt supported by the registered manager. One staff member told us, "I've never known someone [registered manager] who is so dedicated to her job. . It's very reassuring and the best manager I've ever had. You're never frightened to ask her about anything and she knows her job like the back of her hand and I can see the progress (of the service) and how much she has put into this place and wants to make it work and it's nice to see that."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and honest when things went wrong. For example, an error in medication had been followed up with appropriate actions taken and apologies made.
- Notifications had been submitted to the CQC as legally required to do so.

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

- We saw regular audits were carried out by the registered manager to check the quality of the service being delivered to people.
- Competency checks were carried out on staff to ensure they were providing good quality care for people.
- Staff spoken with told us they felt well supported by the registered manager, received regular supervision and had attended team meetings.

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

- Although there had been no formal means of gathering feedback such as surveys, relatives all told us they felt involved with the service and their views were always listened to. Regular reviews of people's needs were completed to make sure the service continued to meet those needs
- Staff told us they felt supported by the registered manager. One staff member said, "[Registered manager] has an open door, she's made it clear she wants staff to be open and honest (with her). It is a good place to

work and I like that it's a homely feel. People are our main priority here which I like and I like the variety of having different clients coming in (to the home) and going and doing something different each day."

Continuous learning and improving care; working in partnership with others

- The management team and care staff received continuous training to ensure their learning, skills and knowledge were up to date to support people.
- The registered manager and staff understood the importance and benefits of working alongside relatives and where appropriate health care professionals.