

Freda Varley

Take A Break With Choices

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

Take a Break with Choices is a respite service for up to seven people. On the day of inspection five people were using the service. Take a Break with Choices supports people with varying needs, including dementia, autism, drug and alcohol use and learning disabilities, across a two-storey building, with minor adaptations. The service is situated close to Bolton Town Centre.

Take a Break with Choice's also provide personal care to one person living in their own home. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

Systems were in place to keep people safe from abuse. People's risks were identified, monitored and managed appropriately. The premises of the care home were undergoing redecoration in areas, but were well maintained, clean and tidy.

Staff were recruited safely. Staffing levels were sufficient to meet people's needs and there was flexibility within the rota to adjust staffing levels should people's needs change. The service had robust supervision and appraisal systems in place for staff. Staff training was thorough and in-date.

Medicines were managed safely. The provider had systems in place for infection control and staff knowledge of this was good. Extra systems and precautions were in place to manage the risk of the Coronavirus. People's health and emotional needs were fully assessed when they started using the service. People's nutritional needs were met.

People were supported to maintain relationships with family and friends. There was a wide range of ad-hoc and arranged activities for people to participate in. Complaints were dealt with promptly and were used for analysis to support the service improve. Compliments were fed back to staff during team meetings, encouraging best practice.

The deputy manager had implemented more structure and improved paperwork, such as care plans, support plans, governance, systems and policies. The service welcomed and worked alongside other agencies.

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. The service provided support that promoted people's independence and people's privacy and dignity was respected.

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

Rating at last inspection

The last rating for this service was requires improvement (published 13 March 2019.)

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Take A Break With Choices

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Take a Break with Choices is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Take a Break with Choices is also registered for the regulated activity of 'personal care'.

The service had a manager registered with the Care Quality Commission. This means 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We monitored and reviewed information we received since the last inspection. We sought feedback from the local authority and other professionals who worked with the service. We analysed information from previous inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and a relative about their experience of the care provided. We spoke with the registered manager, deputy manager, a member of care staff and two external healthcare professionals. We made observations of interactions between the staff and people, and general practice around the home.

We reviewed a range of records. This included four people's care plans, support plans, and medication records. We looked at three staff personnel files in relation to recruitment, training and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We requested further key documents to help in supporting our judgements and validating the evidence we found. We spoke with another member of the care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe from abuse. Staff demonstrated a good understanding of safeguarding and whistleblowing procedures. One staff member told us, "I'd report any concerns to my manager and if they weren't available, I'd go to the local authority or CQC."
- Safeguarding training was completed by all staff and was up to date.
- Due to the complex nature of some of the people staying at the home, there were incidents where people may be at risk of abuse. Staff and management were aware of this and when needed, took appropriate steps to keep people safe.

Assessing risk, safety monitoring and management

- Care and support plans included relevant up to date risk assessments. The provider ensured systems were in place to minimise the risks.
- Staff completed daily risk assessments. Wherever possible, people were included in this.
- Environmental checks were in place in the home and all relevant health and safety certificates were up to date.

Staffing and recruitment

- The service had robust systems in place for staff recruitment.
- Staffing levels were sufficient to meet the current needs of the people.
- Rotas showed that extra staff were provided, if needed, to support people with accessing activities outside of the home.

Using medicines safely

- Medicines were managed safely. We observed medicines being administered in the care home competently and records had been fully completed.
- The home completed checks on medications and had a robust 'checking in' system for new medications.
- Staff were up to date with annual medication training. Staff had six monthly competency checks, which were up to date.

Preventing and controlling infection

- The provider had systems in place for infection prevention and control. The home was clean and tidy and there were no malodours.
- Staff had a good knowledge and wore appropriate personal protective equipment (PPE). One member of staff said, "We have the right PPE in place, so when we're supporting someone with personal care, we use

the ordinary coloured gloves, aprons and sleeves and when we're making food, we use the blue coloured PPE."

- There was evidence staff were aware of their responsibilities, especially as Coronavirus had presented further challenges. One member of staff asked us to use hand sanitiser when we entered the home.

Learning lessons when things go wrong

- The registered manager provided evidence to show they analysed falls, accidents, incidents and complaints; using this to then inform service improvements.

- Documents such as behavioural charts were used to record detailed accounts of any challenges people may present. This information was then used to improve staff approach when supporting people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The registered manager assessed people's needs before they began their stay in respite, this was evidenced in care plans. The deputy manager said, "I've put new pre-assessment paperwork in place, and we are mindful about the people who are already here, when we assess for new residents."
- Care plans included detailed information about people's health, personal information, their wishes and the best ways to support people. Information recorded was person centred.
- The provider was planning to reduce the domiciliary care they provided but continuing to support one person to provide continuity.

Staff support: induction, training, skills and experience

- Staff attended an initial induction programme and staff training was up to date.
- Staff received regular supervisions and attended team meetings. These provided staff the opportunity to discuss any issues and identify any development needs. A staff member said, "The management is brilliant, nothing is ever too much trouble and they always make time if you need to discuss something with them."

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

- People's nutritional needs were recorded in care plans.
- Staff demonstrated a good knowledge of people's individual dietary needs and preferences. One person said, "Food is very good, I get to chat about what I want."
- Menus and observations showed a good balanced diet, with food made from fresh ingredients. People were asked if they wanted something different to what was on the menu, and where they did, this was provided.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other agencies. One member of staff said, "Social workers are really involved because we have people here who have support from outreach workers."
- There were detailed recordings of medical appointments and communications with external healthcare professionals.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were monitored consistently and records showed any changes were responded to.
- People had oral health care plans, these were completed twice each day. Where people declined to follow oral health care, staff recorded this information and made a second attempt to support them at a later time.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service sought consent from people when they required care and interventions. Written and verbal consent was recorded in people's care plans. Where a person was assessed as lacking capacity, family provided consent was recorded.
- DoLS were applied for and reviewed in line with requirements. Staff had a good understanding of who had DoLS in place and why.
- Staff had completed training around the principles of the MCA and DoLS. One staff member said, "DoLS are used when someone needs to be restricted in some way and they lack capacity. A decision is made in that person's best interests. [Deputy manager] will escalate anything that needs to be. Relatives are always involved when someone has a lack of capacity."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with compassion and kindness.
- People were well presented. Staff had a good understanding of people's individual care and support needs. One staff member said, "We recognise people as people, the care we give to people, is really second to none."
- People's diverse range of needs were met by the staff team, showing an ability to adapt and support people in a non-discriminatory way. There was training in place around equality and diversity, which all staff had completed.
- Staff showed a good understanding of how to support people with varying cultural needs and were able to give good examples of this.

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

- People were encouraged to play an active role in their own care planning. Records showed involvement of people from when they first started to live at the home through to decisions made on a daily basis.
- Although, there were formal arrangements for 'residents' meetings to take place, general observations of interactions between staff and people, showed there was a culture of people being involved in all aspects of their care wherever practicably possible.
- The provider welcomed relatives to be an active part of people's care planning where people wanted them to be and where it was appropriate.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One member of staff said, "With [person], we close their door while we are supporting them with personal care and when needed, cover them up to protect their dignity."
- There was a strong belief within the staff team that people were encouraged to be as independent as possible. This was evidenced in records, through conversations with people and through observations.
- The deputy manager said, "We work towards people being more independent with daily living tasks." A visiting healthcare professional said, "[Person] is doing exceptionally well, there are things they wouldn't have done before they came here, that they are now. They are being encouraged to maintain and improve their independence."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The provider promoted person-centred care. People's choices and preferences were recorded and adhered to. Through observations and feedback, people were assessed daily, creating a fluid response to changes in people's choices and preferences. One person said, "It's very good, we get to chat about what we want."
- Care plans showed these had been created with person-centred values at their core. The deputy manager re-assessed people's needs regularly to set goals. One relative said, "[Person] has settled well, he is better in a smaller place and has made some progress. They [staff] put more into it here than in bigger homes."
- Staff showed a good understanding of what it meant to support people which ensured people had control over their own care. Records evidenced this happening in practice, with people making decisions daily about how they wanted to be supported.

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.

- People's communication needs, preferences and what may have caused them frustration were recorded in care plans. Staff were aware of how to communicate with each person individually.
- The provider was able to provide information in varying formats for people, should it be needed.
- Different communication aids were used for people. One member of staff said, "We have a lot of involvement with the speech and language therapy team, one of our residents has picture cards and we all use them when we need to."

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 encouraged to maintain relationships with family and friends. One relative said, "[Persons other relative] comes the days I don't, not because we feel we have to, because we want to see [person]. Staff make us feel like family."
- People had a wide range of organised activities and outings they could access. We observed baking and Karaoke. All activities and outings were inclusive and anyone wanting to take part, was able to. One relative said, "[Person] enjoys going swimming and to the day centre."

Improving care quality in response to complaints or concerns

- Complaints were recorded and appropriately managed. Complaints were used as a way to inform improvement in care and reflection on any complaints was evidenced in team meeting minutes, as well as the complaints log.
- Compliments were fed back to staff in team meetings. In team meeting minutes it was documented that one of the people using the service had said, "I'm very happy here, nothing is too much trouble for the staff." and "I don't want to move from here."

End of life care and support

- The home wasn't supporting anyone with end of life care. However, people's wishes were recorded in care plans, where they had been made.
- Some staff had completed end of life training and the provider had an end of life policy in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 had an open and inclusive culture. The service's culture of putting people first and achieving quality outcomes for people when they were ready to return home, was evident through interactions with people, the staff and management.
- The care people received was person-centred. Daily management was undertaken by the deputy manager, whose own person-centred values were evidenced in conversation, policies, records and care files. Staff spoke highly of the managers at the home, as did relatives and external healthcare professionals.

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 ratings from the last inspection were present in the entrance area of the home.
- The registered manager and deputy manager attended networking meetings. For example, coronavirus strategy and provider meetings. The registered manager then fed this information back to staff, providing guidance on how they should carry out their roles while supporting people.

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

At our last inspection the provider had systems or processes in place that operated ineffectively in they failed to enable the provider to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular, some audits had been completed in advance.

This was a breach of Regulation 17: of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation and was no longer in breach of Regulation 17.

- The deputy manager facilitated the inspection, although, the registered manager was visible and available throughout the day.
- Notifications of significant incidents, such as serious injuries and safeguarding concerns were submitted to CQC as required.

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

- People were encouraged to be involved in the service with regular meetings, 'resident' one-to-ones, surveys and informal conversations. In a recent healthcare professionals questionnaire that had been completed, one comment was, 'I have always witnessed excellent, safe and compassionate patient-centred care'.
- The service engaged and worked with external services and the wider community, including local day centres and outreach support.
- Staff felt well supported by the management team. A staff member told us, "The managers are lovely, you can talk to them and they have put a lot of effort in. It's brilliant here, it's really personalised for people."

Continuous learning and improving care

- Systems were in place for monitoring purposes, these were then used to inform learning and improvement. Audits and analysis were used to identify causes of incidents or where further support might be needed.
- Issues such as falls, incidents involving behaviours that may challenge, refusal to take medication were recorded on relevant documents. This was used to inform different ways of supporting people or areas where staff may need to refresh themselves with policies.

Working in partnership with others

- The service worked in partnership with commissioners of care and other health and social care professionals. Records evidenced this happening on a regular basis.
- A healthcare professional said, "I work with [person], the service is very good. It meets [person's] needs. Staff always make me feel welcome and the information that is given is good." Another healthcare professional said, "[Staff, manager and deputy], everyone, all ask for as much information, so they know how to best support the person and it shows, I've been supporting [person] for two years and all of us [professional's colleagues] are really impressed."