

Manchester City Council

# Short Breaks - 8 Broadlands Walk

## Inspection report

8 Broadlands Walk  
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16 May 2019

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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:

Short Breaks - 8 Broadlands Walk is a care home providing respite care for up to four people with a learning disability and/or mental health needs. At the time of the inspection one person was using the service.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. We saw that people were given choices in their everyday lives and their independence and personal development was well supported and participation within the local community was very actively encouraged. The service had gone to great lengths to get find out what people wanted out of life and to take steps to achieve that.

Staff were aware of people's life history and their preferences. They used this information to develop positive relationships and deliver person centred care. People told us staff were kind, their friends and they felt well cared for.

Staff assessed and reviewed people's physical, mental health and social needs and updated care plans when changes happened. Records confirmed people's choices were always considered and they and/or their representatives had been fully involved in deciding on their care.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. The provider had safeguarding systems to protect people from the risk of abuse and staff had received training on this and knew what action to take

There were sufficient numbers of suitably trained and experienced staff available to meet the needs of people who used the service. Staff received regular supervisions and appraisals to support their practice.

The provider had an effective recruitment and selection procedure. Relevant checks were carried out when staff were employed to help make sure they were suitable to work in the home.

People were supported to receive their medicines correctly by staff who had received training and had competency checks before undertaking this task. Staff worked with other agencies and health professionals to support people to receive the treatment and support they needed

The home was clean and maintained and suitable environmental adjustments had been made for the people who used the service. Appropriate health and safety checks had been carried out and advice sought from appropriate agencies. Staff had received training in infection control.

The registered provider had procedures in place for assessing a person's mental capacity in line with the

Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People told us they enjoyed the meals provided and their dietary needs and choices had been catered for. Information on people's nutritional and hydration needs was clearly stated in their care plans.

People's social and emotional needs were considered as part of the overall service. The staff helped people staying in the home to maintain their friendships and independence and encouraged them to care for themselves where possible and make their own daily choices. Advocacy services were available if needed

Complaints were managed in line with the service's procedures and records confirmed the outcomes of the concerns. People told us what they would do if they had any concerns. Staff felt supported by the management team and were comfortable raising any concerns.

The provider had systems to assess and monitor quality and people told us they were asked for their views about the support they received. The staff completed audits within the home to support quality monitoring.

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

Rating at last inspection:

At the last inspection the service was rated good. (Published 2 November 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. The inspection may be brought forward if any risks are identified.

## 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 remained good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained good

Details are in our Well-Led findings below.

Good ●

# Short Breaks - 8 Broadlands Walk

## **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. This inspection was planned to check 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 team consisted an adult social care inspector.

#### Service and service type:

Short Breaks - 8 Broadlands Walk 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:

We gave the service 48 hours' notice of the inspection visit because it is a small home and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection site activity started on 14 May 2019 with a visit to the location to review records and systems and ended on 16 May 2019 after making telephone calls to people who used the service, their relatives and staff.

#### What we did:

Before the inspection we considered information we held about the service and including about events and

incidents the provider must notify us about. We asked service commissioners for their experiences of service provision. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we reviewed records relevant to the running and quality monitoring of the service and the training and recruitment records for new staff employed in the last year. We looked at care records and a selection of records including medication administration.

We spoke with two people who had used the service to ask about their experiences. We spoke with two care staff about their experiences of working for this service. We spoke with staff at day services people attended.

After the inspection we continued to seek clarification from the manager to corroborate what we found. This included training information, rotas, and incident and accident tracking.

# 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.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and policies and procedures in line with the local authority guidance to protect people from avoidable harm. We received positive feedback from people who used the service. They told us they felt safe when they were there and told us who they would tell if someone was "unkind" to them.
- The registered manager and staff understood their responsibility to protect people from the risk of abuse and had received safeguarding training relevant to their roles. Staff we spoke with were confident the registered manager would act quickly if they reported any concerns.

Assessing risk, safety monitoring and management

- Staff had completed risk assessments to identify risks to people's health and safety. Risk screening identified and anticipated levels of risk such as, people's medicines, falls, mobility, using transport, understanding fire and evacuation procedures and the environment.
- The fire officer had inspected the premises and advised on new equipment and staff training to meet the needs of the people who used the service. Window restrictors in bedrooms were removable as they could be a route for emergency evacuation. We discussed the need to fully risk assess this as it may not be suited to all.

Staffing and recruitment

- The provider had policies and procedures to support safe recruitment. Staff records held the necessary employment checks, such as a Disclosure and Barring Service check, references and proof of identity.
- Sufficient numbers of appropriately trained staff were available to make sure people received the support they required. Staff levels were kept under review and were based upon the needs and dependency of people using the service. People confirmed there enough staff to support them in activities they enjoyed during their stays.
- Staff told us, "If we have ever needed extra cover we just make a call and get it straight away." There was clear guidance for staff to get addition support at night if they needed this.

Using medicines safely

- Staff told us, and records confirmed, they had received medication training and competency checks to help ensure they had the skills to administer medicines safely.
- Staff completed risk assessments with people for the management of their medicines and care plans contained information on the support people needed to take them safely.
- People told us they were happy with how they were supported with their medicines. A person using service told us the staff kept their medicines safely in a box with their picture on it, so they knew they

belonged to them.

#### Preventing and controlling infection

- People were protected against the risk of infection. The registered provider had a policy on the control of infections and staff were given training on infection control and food hygiene.

#### Learning lessons when things go wrong

- The service learned and made improvements when something went wrong. For example, medication errors had been acted upon appropriately and used to learn from and improve systems. Records of investigations into medicine concerns included measures to reduce future risks. Action following an incident had involved a full review of medicines policies, audits of handovers and the identification of some staff training needs.



# 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.

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

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.

- We saw appropriate authorisations to deprive people of their liberty had been obtained from the local authority. The provider was following the requirements in the DoLS.
- People and their relatives had been involved, consulted with and had agreed with, the level of care and support provided. Where people had difficulties in participating in the process of making decisions on care the service had clear procedures for assessing their decision-making capacities. This was to make sure that any decision taken on their behalf because of these difficulties was done in their best interest. This meant that people's rights were being protected.
- Staff assessed people's physical, mental health and social needs and provided support in line with people's expressed preferences and chosen lifestyles. They used recognised assessment tools and evidence-based guidance to develop and review care plans with people and their representatives.

Staff support: induction, training, skills and experience

- People who used the service received effective care and support from well trained and well supported staff.
- New staff received an induction to the service before they supported people using it. Records showed, and staff confirmed, they had received a range of training relevant to their different roles. Staff confirmed they received regular supervision from the senior staff and said they could speak with the registered manager for advice at any time.

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

- Staff supported people to have a balanced diet and assessed people's nutritional needs and any risks to be aware of. Difficulties in swallowing had been assessed and management plans in place that followed the advice of speech and language therapists.
- People's individual dietary preferences were taken into consideration and people's wishes were recorded in care records.
- A person using the service told us they liked the meals during their stays, especially the fish and chips. They also said they enjoyed going out for meals with staff during their respite stays.

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

- Staff worked with other agencies to provide consistent, effective, timely care. Evidence in people's care plans showed they had access to external health care professionals, community services and were supported to attend their usual appointments during their stays.
- Staff we spoke with were aware of their responsibility to report changes in a person's health and told us how they did so.

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

- This domestic building had been adapted to meet the needs of the people who used it and to promote a homely environment. Advice had been sought from local fire services on adapting the premises to ensure people's safety and staff training had been given on this.

# 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

- People's religious and cultural needs and any specific requirements to support their beliefs and life style was clearly stated in their care plans.
- People who used the respite service expressed satisfaction with it and felt cared for. One person had commented in a questionnaire about their stay, "I give my stay 10 out of 10, all the staff were brilliant." People also told us, "The staff are nice, they're funny." They said they enjoyed staying there for breaks. We were also told "Staff are my friends" and "I like it here."
- A relative had commented on the caring approaches of staff in a survey saying, "Staff are kind and caring, I know my [relative] is safe and looked after, it is an excellent service."

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

- We saw people using the service were often supported to express their views by their families, but advocacy services were available if needed or in an emergency. 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.
- Comments were encouraged from people who used the respite services. One was, "I love Broadlands because the staff are very caring and it's a nice place to be."
- People's choices were recorded in their care records. For example, the time they wanted to get up, go to bed, things the person liked and didn't like, and who they preferred support from.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence as much as possible during their stays. One person who used the service told us, "Staff do my tablets, but I do my creams."
- Staff we spoke with were clear about the importance of making sure people followed their usual routines and maintained their own care where possible.
- Care records described what people could do for themselves and what they needed additional support with. For example, a person needed additional prompting with cleaning their teeth regularly.
- There was clear procedural information and guidance for staff on maintaining confidentiality, the safe storage of information, the use of social media and data protection. This was to help promote and ensure people's right to privacy and to have their confidentiality maintained.

# Is the service responsive?

## Our findings

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff recognised the need to support people as individuals and took a person-centred approach to care and support. People's involvement was clear in their care plans and how they preferred to communicate and helped to promote effective and accessible communication. People were consistently, meaningfully and continuously involved in decisions about their care and other needs and how they wanted them met. In this way the service supported the principles of 'Registering the Right Support' and other best practice guidance.
- Individual care plans highlighted people's social needs and how they could expand their social networks. People had made friends at the service and looked forward to meeting up with them and engaging in social events during stays.
- People told us they knew they had a care plan and the staff talked to them about it and what they wanted in it. One person had devised their own very personal plan to complete themselves during stays along with the staff helping them. We saw they had written in it and highlighted their issues and preferences and kept a diary of their stay. This was important for them, so they had control over their care.
- People told us their usual social activities were maintained and there were also additional ones they liked to follow during their stays. We were told about going swimming, of staff hiring a car for trips out to places they wanted to visit, parties and other celebrations. One person told us, "I like going to the cinema and to the arcades."

Improving care quality in response to complaints or concerns

- There was an accessible system for complaints management. People and/or their representatives received a copy of the complaints and compliments procedure when they started to use the service. The procedure was available in different formats to meet different needs, such as large print.
- There had been one complaint received in the last year. The complaint log showed responses were made in a timely manner, in line with the service's procedures. The registered manager had carried out appropriate investigations and lessons had been learnt and as a result changes made to improve staff communication.

End of life care and support

- The service had supported people with life limiting illnesses, but they moved to receive support from different care environments if specialist support was needed. Policies and procedures were available to guide staff in the event of a person dying whilst using the service and to make sure any culturally specific arrangements were properly observed.
- Instruction was taken from community nurses and GPs to help ensure people received appropriate treatment for any long-term illness or conditions during their stays. This was to help ensure continuity.
- The registered manager told us the service was in the process of providing more end of life care training to

staff. It had been recognised by the provider how important this was in supporting people. This was in the training plan for the year.

## 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was run by a knowledgeable registered manager and staff team. The understood the importance of sharing information and escalating changes in people's safety, health and social needs to the appropriate professionals and to keep families informed. This understanding indicated the principles behind a duty of candour were part of the service's culture.
- Positive comments had been received from relatives about the service, including, "It is an excellent service, very well managed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear organisation structure in place with lines of accountability and staff understood their roles and responsibilities.
- The registered manager used a range of quality assurance tools to monitor service provision and get feedback to inform service development. This included satisfaction surveys, direct feedback from clients, the audit of procedures, care plans and medicines, staff meetings, supervisions and performance appraisals.
- The quality monitoring systems showed action plans had been developed for areas identified as needing improvement.
- Providers are required to inform CQC of important events such as allegations of abuse. The manager of the agency had informed us of significant incidents. This meant we could check appropriate action had been taken.

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

- People told us they were asked for their views about the service at each visit. They also confirmed they were asked for their opinions about the care they wanted during their stays.
- Staff we spoke with felt supported by the registered manager and the management team. They told us they were comfortable raising any concerns and felt there was a good team in the home supporting people.

Working in partnership with others

- We received positive feedback from other agencies and services people came into contact with and from commissioners of the service. We were told that the staff at the home communicated well with other agencies and they had no concerns about the care and support provided at the service.
- Care staff worked collaboratively with medical, health and social care professionals and followed their

instructions when supporting people with individual treatments and healthcare needs.