

Away Day Care Limited

Away Day Care

Inspection report

269 Church Road
Urmston
Manchester
Lancashire
M41 6EP

Tel: 01617483844

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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

Away Day Care is registered to provide the regulated activities accommodation with nursing and/or personal care and personal care. These regulated activities are provided across their 3 services, which include a residential care home "Fairway's" which provides respite care for up to 5 people at a time, on a short-term basis, a supported living service and a domiciliary care service. At the time of the inspection, there were 5 people being supported at the respite service, 5 people at the supported living service and 1 person was being supported by the domiciliary care agency.

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.

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

Right Support: People's choices were at the forefront of decision making. Staff supported people to complete tasks independently, where possible. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

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.

Right Care: People received person centred care from staff who had an active interest in putting the individual first. Staff had received appropriate training to support people with their needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff assessed the risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. Staff understood how to protect people from poor care and abuse. There were robust internal safeguarding systems in place to keep people safe.

Right Culture: People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The provider had developed the service to support and improve the lives of people living or staying at the service. The values of the service underpinned the support people received. People were empowered to lead fulfilling lives and make choices about how to spend their lives.

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 4 September 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this 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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service is caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was well-led.

Details are in our well-led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Away Day Care

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 Health and Social Care Act 2008.

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 team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Away Day Care provides the regulated activities service types; a residential respite service, supported living services and a domiciliary care agency. The domiciliary care agency provides personal care to people living in their own houses and flats. The respite service at Away Day Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Away Day Care is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People stay at the service on a short-term basis for respite. The service is also a supported living service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since it registered with the Commission. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with four people using the service, 11 relatives and 9 people who worked at the service including support workers, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed records relating to safety and the running of the service. We reviewed four care plans and three staff records.

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

- A safeguarding policy was in place. Staff had received training in safeguarding and demonstrated a good knowledge of the signs of abuse and how to report concerns.
- Safeguarding was also regularly discussed at staff supervisions and team meetings. Helpful literature and posters were also displayed at the service to provide helpful reminders to people and staff on how to report safeguarding matters.

Assessing risk, safety monitoring and management

- Appropriate risk assessments were in place in relation to the buildings. There was a fire risk assessment in place and regular fire drills had been conducted at the service. The drills were conducted at different times throughout the day to ensure that both day and night staff knew how to appropriately respond.
- Risk assessments covered a number of essential areas connected to people's health. Some people had behaviours that could lead to them putting themselves or others at risk. There were positive behaviour support plans in place. These plans provided step by step guidance on the action staff needed to take, this lowered the risk of unnecessary altercations.
- Daily, weekly and monthly safety checks were conducted by staff. One relative told us "I'm totally safe and secure knowing (relative) is safe and (they) love the company. I feel totally at peace when (relative) is there (they are) in safe hands."

Staffing and recruitment

- Staff were recruited safely. All necessary pre-employment checks were completed before staff started working with people at the service.
- Staffing levels were adjusted appropriately depending on the number of people staying at the respite service and their needs.

Using medicines safely

- Medicines were managed safely. All staff who were trained to administer medication had received competency checks.
- Information relating to the medicines in use was stored centrally for staff to access and gain a greater understanding around why these were being used.
- The service were aware of the guidance around STOMP (stopping the overuse of medications for people with a learning disability and autism with psychotropic medicines.) There was information on display at the services promoting STOMP.

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- Relatives were supported to visit the respite service, safely. Due to the nature of the respite service there were minimal visitors.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded by staff and reviewed by the manager. Thorough debriefs took place following incidents to identify any triggers, improvements and to support people's wellbeing.

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.

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

- People's needs were assessed and monitored by the service. The service had a thorough 'getting to know you process' in place for people who were new to the service. People told us this consisted of visiting the service, staff coming to see them at home and then spending a short period of time at the service.
- The service had supported multiple people with the transition to their supported living services.
- The service understood the importance of providing people with the correct support during this period to support the person effectively with this transition. The service supported people at a pace which suited them, over several weeks and months. The service worked with people, their relatives and other healthcare professionals to monitor their progress. The process started with driving by the house, going for a meal and gradually built up to overnight stays. The commitment of staff to this process had positively contributed to successful transitions of people into their new homes. One relative told us "The transition to their own home has been the biggest one they've both done, and we've all learnt together. They've been very open and flexible and it's been person centred for each one of them."
- Designated staff were champions within the service in areas such as oral health, healthy eating, safeguarding, activities and health and safety.
- Staff supported people with their needs. Some people at the service required additional observation and support. Through the support provided by staff there had been significant changes in people's behaviour, supporting their independence and reducing the level of observation required.

Staff support: induction, training, skills and experience

- Staff were attended a thorough induction programme which was conducted at the service's training centre. External trainers were also used to deliver in-person training which was tailored to meet the needs of the people the service supports.
- The registered manager was passionate about encouraging additional learning and training for staff. Senior members of staff had been supported to complete the care home assistant practitioner's course (CHAPs). Staff spoke positively about the course and how the additional knowledge they had gained had helped them with care delivery.
- The provider valued staff's personal experiences to assist with supporting people and their families. Staff were able to relate to the circumstances faced by people's families and offered advice and reassurance.

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

- Staff supported people to eat and drink. People were also encouraged to maintain a healthy diet. Staff supported people to prepare meals themselves or assisted with the preparation.
- The service closely monitored the support people required with their nutritional requirements. A positive

outcome was shared for one person whose diet improved greatly with the consistent support the service provided.

- People's dietary needs were assessed and planned for, with the staff asking for and following the guidance and advice of dietary professionals.

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

- Staff were proactive about working with other agencies to help people receive the care they need. Relatives spoke positively about the multiple interactions staff had with other health care professionals involved in their care. One relative told us that staff were highly observant of people's changing needs and kept them well informed of these changes.

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

- Fairways (respite service) has been adapted and developed to meet the needs of the people living at the service. The building has been adapted to specifically provide respite support to people with learning disabilities and autism.
- People enjoyed using the sensory room, hydro pool and activity room. People thoroughly enjoyed their time in these areas.
- The provider consulted autism guidance when decorating and furnishing the respite service, choosing calming colours throughout the service. People staying at the service could personalise their rooms during their stay. There was toughened furniture throughout the home to assist in meeting people's needs. One relative told us, "Best is the colour room with all the things in for young people like PlayStations and disco equipment, it's just great for young people and young adults."
- Staff supported people living at the supported living services to personalise their homes. There were thoughtful touches throughout the services, including a memorial 'thinking bench'.

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

- Staff supported people to live healthier lives through their diet choices and encouraging exercise.
- Staff supported people to access healthcare services when required. For example, during the inspection, multiple staff had spent hours attempting to support a person access dental support. Relatives spoke positively about the level of observations staff made relating to people's health and the support they provided to access healthcare services. One person told us, "They have fought exactly the same way as I would. I couldn't do more myself. "

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 MCA 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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of MCA and staff were highly knowledgeable in this area. Families and relevant health care professionals were consulted when making decisions in people's best interests.
- Staff were highly proactive in encouraging and supporting families to be involved in best interest decisions. For example, offering to provide electronic devices to ensure people could access the telephone/video calls. One relative told us they were well supported and the service helped them to get their views across during best interest meetings. The relative told us, "It did really feel like a team in that meeting."

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

- Staff supported people well and treated them with respect. One relative told us, "They (staff) are fantastic I can't speak too highly of them, they are really good at their job."
- Staff took the time to get to know people well so they could support people how they would like to be supported. One relative told us. "They're (staff) all really caring. They just went the extra mile for him. I've got no concerns at all."

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

- Staff supported people to express their views. People were supported to make decisions about their care and what they would like to do. People's care plans contained specific details on how to support people with their decision-making.
- People and their relatives were encouraged to provide feedback to the service about the care they received. The feedback we saw during the inspection was very positive. Staff also supported people to complete their feedback electronically.

Respecting and promoting people's privacy, dignity and independence

- Staff knew people well and were passionate about supporting people to be as independent as possible and develop their skills. People were proud to share their achievements with staff, such as having a shower or brushing their teeth independently.
- Staff treated people with dignity and respect. Our observations throughout the inspection demonstrated that people were supported with kindness and good humour.

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

- People's care plans were personalised to meet their needs. The registered manager encouraged staff to continually update care plans as they learnt more and more about each person.
- There were plans in place which demonstrated how people spent their time. People's time consisted of planned activities and activities decided on the day. People were also supported to use the sensory room, hydrotherapy pool and have time to relax.
- Staff provided person-centred care which was in line with people's care plans. One relative told us, "They are always on time, they always do what they said they are going to do – they do what they say on the tin basically."
- Electronic recording systems had been introduced to improve the accuracy of documentation and enhance communication across services. The electronic recording system had been beneficial at alerting the management team of any errors and tracking people's progress.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were outlined in their care plans. Staff spoke positively about how communication had improved as they got to know people better. Staff shared examples of methods of communication which had worked, such as using hands to demonstrate options.
- Documents relating to policies at the service and life advice were readily available for people in easy read formats.

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

- Staff supported people to participate in activities which they enjoyed. Staff were empowered by the provider and registered manager to support people in activities they would like to do.
- Staff spoke with people and had a good understanding of their likes. People's likes were then included in activities such as taking a picnic to watch the trains, enjoying the nightlife in Manchester and going shopping. When it was not possible to complete certain activities, for example due to the time of year, staff found alternative similar activities for people to try.

- The provider had set up an employability hub which ran across all its services. This hub supported people to access workplaces where their physical needs could also be met. The hub aimed to find employment for people linked to their likes, for example, one person who liked gardening and the outdoors was supporting to work at a beehive. People spoke proudly of the work they did at their jobs.
- The provider had recently organised a talent show. A relative told us, "Such a lovely lively atmosphere, positive, joyous and celebratory - having gone here after covid (relative) has really blossomed."
- The activities available at the service had impacted positively on the people living/staying there. One relative told us, "(relative) found lockdown really hard and became very withdrawn – as soon as (relative) started going back here (relative) been a different person. They (the service) are so very cooperative, very helpful and flexible from the manager down." Another relative told us their relative "growing and developing all the time" in response to the broad activities they engage in.

Improving care quality in response to complaints or concerns

- Complaints were responded to promptly and appropriately. There was an easy read complaint policy in place which was available throughout the service for people to access. The complaints policy encouraged people to complain and aimed to remove negative connotations from making a complaint.

End of life care and support

- This service does not provide support to people at the end of their lives. However, staff had supported people through bereavement and sought additional resources to support their grieving process.
- Staff were sympathetic to people's needs around grief. Staff spoke passionately about the responsibility they felt to support people through their grief.

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 provider, registered manager and staff team were passionate about supporting people and promoted a positive culture at the service which supported people to live full lives. There was a strong emphasis on improving lives for people at the service and supporting them in the best way possible.
- Staff were empowered to make a positive impact on people at the service and encouraged to do so. Staff told us they were not limited by what they could do with people at the services and they were encouraged to be led by people.
- The values of the service were clear and shone through in the actions taken from provider level to support staff. Staff were motivated to act to make improvements to people's lives and had an appetite to learn.
- There was excellent communication between the provider, registered manager and staff team. Staff felt confident to discuss any concerns or ideas with the registered manager to help drive improvement at the service.

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 understood their duty of candour responsibilities. Where necessary, the service contacts relatives and responds appropriately to incidents. Records show the service was open and honest in their response.

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

- The registered manager was passionate about people receiving person centred care and inspired the wider staff team.
- The registered manager was motivated and highly driven to support people with learning disabilities and autism across the social care sector. The registered manager was involved in supporting other services by chairing the local registered manager's network and skills for care forum. They had also featured in news articles and podcasts promoting their work and encouraging young people to work in adult social care.
- Governance systems were detailed, thorough and enabled good oversight of the service. Audits were carried out on a monthly basis by the registered manager and deputy manager. Any outstanding actions were reviewed. The audits were all computer based and the system selected care files to be reviewed, at random. This helped ensure all care plans remained up to date and relevant.
- The registered manager thoroughly understood their regulatory responsibility. Certificates of registration

with the Commission were appropriately displayed at the service.

- The management team in the service were supported by the director. The director visited the service regularly and was on hand to provide support to staff members and people at the service.

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

- The service had recently set up a forum for parents of people using the service which gave people the opportunity to discuss any issues they faced. The service provided useful information to families such as how to access other support and finances. The forum also enabled parents of autistic people and people with learning disabilities to share their experiences.
- Quality surveys had recently been completed by staff, relatives and health care professionals. The surveys were conducted online. For people who were unable to access this, staff attended their home to support them with providing their feedback.
- Staff meetings were held regularly and minutes showed staff were able to discuss any issues. Actions were taken promptly following staff meetings such as the installation of a new water cooler.
- The registered manager proactively supported the wellbeing of staff. Staff were able to anonymously access an employee assistance programme which provided services such as counselling and nutritional information. The registered manager recognised the contribution of the staff team. Staff wrote anonymous positive comments about their colleagues which were read out during team meetings.
- People had access to weekly meetings at the supported livings services. These meetings provided people with opportunities to discuss their support needs.
- The registered manager recognised the demands of the role on support staff. For staff who were sleeping at the service, pamper baskets were left in the overnight room and positive comments from people using the service, to remind staff of the importance of their work.
- The provider recognised the hard work and commitments shown by the staff. A monthly employee recognition award was held, where staff were rewarded with incentives. Team building days also took place to boost staff morale.
- During the inspection, we received positive feedback from people and their relatives. Some people using the service had previously had negative experiences at other services. One relative told us, "Something like (Away Day Care) you want to hang onto it as it's so very accommodating and they're just an absolute star. They have been really helpful to us."

Continuous learning and improving care

- The provider, registered manager and staff team were passionate about the support they provided across their services.
- The registered manager conducted meaningful supervisions with staff which exhibited the service's values and gave staff the opportunity to discuss how they were feeling and any concerns they may have.
- The feedback for the surveys conducted in July 2022 was overwhelmingly positive. One professional commented "A very high-quality service is provided for the people supported by the organisation with a healthy emphasis on staff training, development and support."
- At the time of the inspection the service did not have a website. The management explained that this was currently being developed. The service were in the process of developing a website as a platform to signpost people to services and support in the local area. For example, they planned to include a list of accessible places to visit, that considered the needs of people using the service. For example, places to visit with accessible changing facilities. Working in partnership with others
- The service worked closely with the local authority to be an asset to the local area. The local authority told us, the "Provider has been focussed and passionate" since registering with CQC. They also commented, "The manager is committed, passionate and instrumental in maintaining sound working relationships with all."

- The service had good links with other services within the area through the registered manager's forum. The service supported others for example, supporting another service with transport.
- The service had plans for the future about how they could further support people and their parents in the wider community. The service had started to implement outcome and goal monitoring for people using the service to track their progress.
- The service also helped charitable courses, such as walking for dementia and supporting families from Ukraine with donations.