

Birtenshaw

Birtenshaw Adults Short Breaks Service

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

Birtenshaw Adult Shortbreaks is based in the Astley Bridge area of Bolton. Birtenshaw provides a wide range of services for children and adults with a learning disabilities including Autism Spectrum Conditions, and or/significant physical disabilities, including complex health care needs.

Short Breaks are arranged to support families and to meet the needs of adults aged 18 - 65 years old. The breaks can range from a few hours during the day or evening to overnight, weekend or week long stays. Accommodation is provided within an eight bed short stay centre which has access to the hydrotherapy pool and accessible gym, multi-sensory activities, a sensory suite and a varied activity programme. There is also a small holding for people to be involved in caring for the animals if they wish.

This announced inspection took place on 19 April 2017. This was the first inspection of this service.

The service did not have a registered manager in post. The manager at the home had begun the process to register as the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were sufficient staff on duty to ensure the needs of the people who used the service were supported appropriately.

We saw that the service had a robust recruitment procedure and staff undertook a thorough induction programme before commencing work. Training was on-going and included refresher courses for essential training and any specialist training required.

Staff were aware of the local safeguarding policy and procedures and knew how to recognise, record and report any concerns.

Health and safety measures were in place and up to date. Systems were in place in relation to storage and administration of medicines.

Each person had their own bedroom. There was access to suitably equipped bathrooms and communal areas. The premises were clean, tidy and well maintained.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's privacy and dignity was respected and we saw that the staff interacted well with the person they were supporting.

Care plans were person-centred and included information about people's likes and dislikes, interests, family backgrounds and personalities.

There was a wide range of activities on offer for people who used the service to participate in.

Systems were in place for dealing with complaints and concerns.

A number of quality audits and checks were carried out by the service.

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.

There were sufficient staff to ensure the needs of people who used the service were met.

Staff were aware of safeguarding policy and procedures and knew how to recognise record and report any concerns.

Health and safety measures were in place and up to date.

Safe systems were in place to help ensure people received their medication in a safe and timely manner.

Is the service effective?

Good ●

The service was effective.

Staff undertook a thorough induction programme before commencing work. Training was on-going and included refresher updates for essential training.

Care plans included a range of health and personal information.

The premises were clean, tidy and had been appropriately adapted.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

We observed staff interacting in a kind and friendly manner.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and included information about people's and dislikes, interests, family backgrounds and personalities.

There were a wide and varied range of activities on offer.

Any complaints and concerns were dealt with in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The manager was in the process of applying to become the registered manager. Staff described the manager as approachable and supportive.

A number of quality audits and checks were carried out by the service.

Staff meetings and supervision sessions were regularly undertaken.

Birtenshaw Adults Short Breaks Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 April 2017 and was announced. The provider was given 48 hours' notice to ensure that they would be available to facilitate the inspection. The inspection team comprised of one adult social care inspector for the Care Quality Commission (CQC).

On the morning of 19 April 2017 we went to the head office to look at staff records and other information about the Birtenshaw services. We also went to the Short Break service and spoke with staff and later contacted two relatives for their views and opinions about the service.

Is the service safe?

Our findings

There was one person receiving care and support on the day of the inspection. This person was unable to communicate with us, however they were clearly enjoying the time with the staff and responding with lots of smiles and laughter.

We spoke with two relatives who were positive about the care and support their relatives received. One said, "[Name] loves his time spent at the service. He is safe and well looked after. The staff are very kind and caring".

We looked at the processes for safeguarding vulnerable adults and children at the service. There were policies and procedures and guidance for staff. Staff we spoke with demonstrated a good understanding of safeguarding issues and protocols. They were also aware of the whistle blowing policy and the need to report any poor practice they may witness.

Staffing levels were sufficient to meet the needs of the person attending the service on the day of the inspection. The manager explained that staffing levels were flexible and the number of staff on shift depended on how many people were staying at the service and on what activities were planned to ensure these were carried out safely.

We observed there was a protocol for 'Out of Hours' support in the event of a problem arising and contact numbers for duty managers were available.

We looked at six files for staff working across the services. Records evidenced that recruitment of new staff was robust. Information contained in the staff files included: an application form, references were required as well as proof of identity. All staff had undergone Disclosure and Barring Service (DBS) checks prior to commencing work. These checks helped ensure that staff were suitable to work with vulnerable people.

The premises were clean and well maintained. Records showed that the equipment and services were maintained in accordance with the manufacturer's instructions. Small portable electrical appliances had been tested to ensure they were safe to use. This helped to ensure the safety and well-being of the all the people who lived and worked in the house.

We saw fire exits were clearly marked with the correct signage and were clear of obstructions.

We looked to see how the medicines were managed. There was a detailed medicines policy and procedure in place. We found when medicines were on site they were suitably and securely stored and only authorised, suitably trained staff had access to them.

General risk assessments around issues such as medicines administration, activities, first aid and fire evacuation were in place.

Accidents and incidents were recorded in an incident report file and were followed up with appropriate actions where needed.

Is the service effective?

Our findings

We were shown the induction programme that all newly employed staff had to undertake when they first started to work at Birtenshaw. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of people they were caring for.

We were shown the training matrix that was in place for all staff. The training matrix showed what training staff had completed and when refresher courses were due. Any specialised training would be provided as and when required for example suction and oxygen and enteral feeding procedures. Staff training, including moving and handling, medication administration, first aid, safeguarding adults and children, health and safety and safe use of equipment.

We saw records of staff supervisions, these meetings were carried out for all staff. Staff supervision meetings provided staff with the opportunity to discuss any concerns they may have and to discuss any further training and developmental needs they may wish to undertake.

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. We saw that consent forms had been agreed and signed by relatives who were representing people who used service and acting in their best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service ensured that individual nutritional and hydration needs and preferences were adhered to and staff supported people as required with eating and drinking.

The two storey service had been designed and adapted to allow people to move around the service using any specialised equipment needed. Bathrooms were equipped with suitable aids to allow people to shower or bathe safely.

We looked around the premises which were clean and tidy. There were eight bedrooms, bathrooms and communal areas. People had access to the outside gardens and to the small holding.

Is the service caring?

Our findings

We spoke with two relatives who were very happy with the care provided. One relative spoke positively about the care and planning from staff when their relative transitioned from the children's services to adult services. They told us some of the staff moved over with their relative to help them settle in to the new service.

We observed staff interacting with the person who was staying at the service. Staff were sat in the soft play area talking and providing appropriate equipment to offer stimulating activities.

There were policies around dignity and privacy, confidentiality and equality and diversity and it was clear that the service endeavoured to be as inclusive as possible with people.

There was a range of information available to inform relatives about Birtenshaw services. This included information about facilities and activities available. Information was also available on Birtenshaw's website.

The initial care plan completed on people's first stay at the service was reviewed at each visit to ensure it reflected current support needs.

We saw, from the care plans we looked at, that the service ensured they included relatives and where possible people who used the service in decisions about their care and support.

The manager had introduced an evaluation form which was in an easy read format asking people to evaluate their stay at the service.

In the event of a person needing to be transferred to hospital and in the absence of a family member, they would be escorted by staff who would take with them important information and their medication to ensure continuity of care.

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Is the service responsive?

Our findings

The care plans we saw were well written, person centred documents. They were based on the needs and personal goals of each individual. The plans of care clearly focused on people's routines, goals and the progress people made towards their goals was constantly evaluated.

Each file included an individual personal plan which described feelings, mental and physical health support needs, dietary requirements, likes and dislikes, cultural needs for example providing a halal diet.

We saw a wide and varied range of activities were provided, these included arts and crafts, music, access to multi-sensory facilities, the gym and the hydrotherapy pool. People had access to gardening and to the small holding caring for the goats and chickens.

The short break service provided people with the opportunity to meet and socialise with other young adults in a safe and secure environment.

We saw a number of compliments from relatives of people who used the service. Comments included: 'Thanks for all the hard work and support you have given us whilst [relative] has been with you, you have been brilliant'. Another said. "Went well [relative] never sleeps the first night anywhere new so did very well. I think a few more one night stays on a Saturday will be best just to get her use to things and how it will be when she stops over in school holidays. Your staff were fantastic with her'.

We saw information was available to people about the service provided by Birtenshaw. A detailed complaints policy was available at the agency office, which outlined the correct procedure to follow, should people feel the need to make a complaint. People we spoke with did not raise any complaints or concerns during the inspection.

Is the service well-led?

Our findings

At the time of the inspection there was not a person registered with the Care Quality Commission as a manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a manager in place who was in the process of applying to become the registered manager. The manager was competent and had relevant skills and knowledge with regard to running the service.

The manager was relatively new in post but had been registered by the CQC to manage a service prior to moving to Birtenshaw. Staff spoken with also told us they felt supported by the manager and were looking forward to working with her and to embed the new ideas and suggestions she had brought to the service.

Staff meetings and staff supervisions took place on a regular basis. Handovers were done at the beginning of each shift helping to support each staff team to support the people currently using the service.

Feedback from people who used the service was sought in a number of ways. These included the evaluation form and informal conversations.

Information we reviewed confirmed that routine quality checks were carried out. The checks involved monitoring that support documentation was reviewed, including risk assessments and support plans. Other areas checked included medication, safety of the environment, staff training, review meetings, incidents and any reported safeguarding concerns. Senior management audit checks were available for inspection.

We looked at records for the servicing of equipment for example gas and electric certificate, small portable electrical appliances (PAT) and found these were up to date and valid.

We were provided with a copy of the Adult Short Breaks Development Plan 2016-2017 which set out the overarching organisational aims of Birtenshaw and priority areas to be actioned.