

Manchester City Council

Short Breaks - 8 Broadlands Walk

Inspection report

8 Broadlands Walk
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22 September 2016

27 September 2016

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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

This inspection took place on 21, 22 and 27 September 2016 and was announced. This was to ensure someone would be available to speak with us and show us records. We visited the provider's office on 21 September 2016 and visited Short Breaks - 8 Broadlands Walk on 22 September 2016. We spoke with family members by telephone on 27 September 2016.

Short Breaks - 8 Broadlands Walk was last inspected by CQC on 28 May 2014 and was compliant with the regulations in force at that time.

Short Breaks - 8 Broadlands Walk provides respite care and accommodation for up to four people with learning disabilities. On the day of our inspection there were two people staying at the home however there were 22 people who used the service in total.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. However, a falls risk assessment tool had not been completed for one person to show the level of risk.

Staff had been trained in safeguarding vulnerable adults. Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

The home was clean, spacious and suitable for the people who used the service and appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The registered provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and training sessions were planned for any due or overdue refresher training. Staff received regular supervisions and appraisals.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

Family members were complimentary about the standard of care at Short Breaks - 8 Broadlands Walk. Staff helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person centred way. Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service, and family members, were aware of how to make a complaint however there had been no formal complaints recorded at the service.

Staff felt supported by the management team and were comfortable raising any concerns. Family members and staff were regularly consulted about the quality of the service. Family members said the management team were approachable and understanding.

Some policies and procedures were out of date however this was being addressed by the registered provider.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the registered provider had an effective recruitment and selection procedure in place.

A procedure was in place to record accidents and incidents, and risk assessments were in place for people who used the service, although a risk assessment tool had not been completed for one person.

The registered manager was aware of their responsibilities with regards to safeguarding and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

Staff were aware of people's individual nutritional needs and supported people regarding their diet.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People had been involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed before they started using the service and care plans were written in a person centred way.

Short Breaks – 8 Broadlands Walk had a programme of activities in place for people who used the service.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good 

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us the registered manager was approachable and they felt supported in their role. Family members were complimentary about the management of the service.

Short Breaks - 8 Broadlands Walk

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 was planned to check whether the registered 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 21, 22 and 27 September 2016 and was announced. This was to ensure someone would be available to speak with us and show us records. One Adult Social Care inspector took part in this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform our inspection.

During our inspection we spoke with one person who used the service and three family members. We also spoke with the registered manager, support coordinator, three care workers and one agency staff member.

We looked at the personal care and treatment records of three people who used the service and observed how people were being cared for. We looked at the personnel files for five members of staff at the Short Breaks service and one agency staff member. We also looked at records relating to the management of the

service, such as quality audits, policies and procedures.

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Short Breaks - 8 Broadlands Walk. They told us, "Oh yeah. They make sure he's alright when he's in the shower. They check the temperature for him" and "I know she's well looked after and she won't be put in any danger".

We discussed staffing levels with the registered manager and support coordinator, and looked at staff rotas. There were always two members of staff on duty during the day and at least one member of staff on duty during the night, depending on people's individual needs. The registered manager told us where possible, staff absences were covered by their permanent staff. However, often for short notice absences they would use agency staff but always tried to get agency staff who had worked at the service before. The registered manager told us regular agency staff were treated the same as permanent staff and received the same training and support. Staff and family members we spoke with did not raise any concern about staffing levels. This meant there were enough staff with the right experience and knowledge to meet the needs of the people who used the service.

We looked at staff recruitment records and saw that appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, however we did not see proof of identity for one member of staff. We discussed this with the registered manager. The staff member had been in the provider's employment for over 30 years and it was likely the record had been archived.

The home is a terraced house in a residential area. Entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service. Bedroom accommodation was on the first floor. All of the bedrooms had been individually decorated and one had been adapted for people with mobility issues and included a lift to the ground floor.

The service had an "Infection control audit" file, which included records of mattress audits, sling safety audits, deep clean audits and hand hygiene audits. These were all up to date and included actions to be taken if any issues were found. There were weekly cleaning schedules in place for day and night staff. Staff received training in infection control and some staff members were infection control champions. A colour coding scheme was in place for cleaning materials and equipment and guides to hand washing were available.

People had "Risk identification" forms in their care records. These recorded whether the person's identified needs were managed via the care planning process or, if required, a risk assessment was in place. For example, risk assessments were in place for people for the environment, fire and mobility. We saw one person was identified as being at risk of falls. Information on the person's mobility had been documented

however the falls risk assessment tool had not been completed to show the level of risk. We brought this to the attention of the support coordinator who agreed to have this information recorded as soon as possible.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) guidance Health and Safety in Care Homes (2014). Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date.

Risks to people's safety in the event of a fire had been identified and managed, for example, a fire risk assessment was in place and up to date, the fire alarm and portable fire-fighting equipment were regularly serviced, and means of escape routes in the event of a fire were checked during weekly fire drills. A "Grab bag" was kept in the home, which provided instructions for staff to follow in the event of an emergency or evacuation and contained a list of the people who used the service who could not or would not be able to mobilise independently from the building. A "Raising awareness record" was also kept, which recorded people's responses to the fire alarm. This meant appropriate procedures were in place to keep people safe in the event of an emergency.

We saw a copy of the registered provider's safeguarding policy, which gave a definition of abuse, described the different forms of abuse and the procedure for responding to allegations of abuse. There had not been any safeguarding incidents reported at the service. The management team and staff we spoke with were knowledgeable about safeguarding procedures and had received training in safeguarding.

Accident report forms were completed by staff in the event of any accident or incident and forwarded to the provider's health and safety department for collation and analysis. There had not been any recent accidents or incidents recorded at the service.

We looked at the management of medicines and saw medicines were stored in a locked cabinet in the kitchen, which only staff had access to. The provider had a medication policy in place however we saw this was overdue review.

People had an "Assessment of medication needs" record in their care records. This was a checklist to see what people knew about their medicines, what they could do for themselves and what level of staff support they required. If people required staff to administer their medicines, a reason was given. For example, "I have no understanding of the times and needs of medication."

Staff received training in the administration of medicines and received supervised assessments in the workplace.

People had medication administration records (MAR) in place. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. Each person's MAR included an up to date photograph, details of the person's GP, whether the person had any allergies and whether PRN (as required) medicines were in use. For each administered medicine there was a record of each administration, which had been signed by the member of staff. Records we saw were accurate and complete.

This meant appropriate arrangements were in place for the administration and storage of medicines.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. Family members told us, "She loves meeting up with everybody. She is happy there", "They are lovely. We ask [Name] when she comes back and she would tell us whether she likes them [staff] or not. We've never had any concerns from her" and "No problems whatsoever with any of them".

Staff received regular supervisions, known as "Job consultations", and annual appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. The job consultations included discussions on the people staff supported, any issues or concerns the staff member had, personal development, performance, health and safety, and incidents and accidents. Staff also received observations in the workplace, which assessed the staff member's attitude to people who used the service, their communication skills and knowledge of people's needs. Staff we spoke with told us they received regular job consultations but could request them more often if they wanted.

New staff received an induction to the service and we saw copies of probationary records. The provider's learning and development department kept a record of when staff had completed training and the registered manager was able to download a report to see when training was due so it could be planned. These records showed staff training was up to date and included safeguarding, moving and handling, mental capacity, food hygiene, personal safety, infection control, first aid and fire evacuation marshal training. However, we could not see copies of all the certificates for this training in the staff files. The registered manager told us some training certificates get sent to staff member's home addresses and not all had been brought into the office. We saw the training notice board in the registered manager's office had details of planned courses, which included epilepsy, dementia awareness, supporting active lifestyles, continence management, pressure area management and health action planning. Staff we spoke with told us they received plenty of training and their training was up to date.

People's individual dietary needs were taken into consideration and people's wishes were recorded in care records. For example, "I have a good appetite and love all types of savoury and sweet foods." One person had diabetes and the person's care plan included a list of foods the person should not eat. The person's care record also stated there was an appointment with the diabetic nurse on 17 September 2016 and any relevant information from the appointment would be provided to staff prior to the person's next stay at Short Breaks - 8 Broadlands Walk.

Another person had a risk assessment in place for dysphagia. Dysphagia is difficulty or discomfort in swallowing. The risk assessment included recommendations from the Speech and Language Therapy Team (SALT) and a guide for staff on how to support the person, for example, with their posture, consistency of food, utensils to be used, and the recording and monitoring of food and fluid intake. We saw menu sheets recorded what the person had to eat and drink at each meal and staff we spoke with were knowledgeable about the person's dietary needs.

People's food and drink preferences were clearly recorded in care records, as well as the person's skill level for meal preparation. For example, "[Name] can take items out of cupboards and mix and stir with support but can't choose or prepare/cook a meal" and "I can choose a meal, use a microwave (with support), make a snack (with support)." This meant staff were aware of people's individual nutritional needs and supported people regarding their diet.

People had communication guides in their care records, which provided a guide for staff on how people communicated and what their preferred methods of communication were. For example, "I use the following communication. Some verbal speech, basic language with prompts, facial expressions. I attract attention to what I want and could point and take you to what I want."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We saw applications to deprive people of their liberty had been submitted to the local authority and were awaiting authorisation. This meant the registered provider was following the requirements in the DoLS.

Some of the care files had been signed by the people who used the service or family members however some had not. Some of the review records we saw had also not been signed to say family members agreed with the content. We discussed this with the support coordinator who told us people who were able to sign their own care records had done so. Reviews were carried out with family members but some of these were carried out over the telephone so family members were not able to sign the care records or review documentation to say they agreed with the content. We discussed this with the support coordinator who agreed they would ask family members to read and sign relevant documentation when they were visiting or dropping their relative off at the service.

Is the service caring?

Our findings

Family members we spoke with were complimentary about the standard of care at Short Breaks - 8 Broadlands Walk. They told us, "They are very good. I am very grateful for them. It gives us a break" and "Definitely, very caring". A person who used the service told us the staff were "nice" and they enjoyed staying at Short Breaks - 8 Broadlands Walk.

Care records contained evidence that people, family members and carers had been involved in planning people's care. For example, "I am a quiet person so I do not like noisy settings, people or being rushed through my routines", "If going out for a meal, I need to go during a quiet time of day or evening as I don't like crowds" and "You need to be mindful if we are out when it's raining. I sometimes freeze on the spot and cannot move. It's best for me to stay in when it's raining". This meant people's individual needs had been taken into consideration.

People's choices were clearly documented in their care records. For example, their preferred time to get up and go to bed, how they wanted to be woken in the morning, things that the person liked and didn't like, and whether they preferred support from male or female staff. Examples included, "If I am not awake, I like to be woken gently by staff. Use a quiet tone then give me plenty of time to come around", "Staff then ask me if I want a shower. I usually do", "I hate water on my face. Do not spray water on my face" and "I like to look nice all the time, my nails painted and wearing makeup". Staff told us, "They choose" and "They can do what they want". Family members told us staff respected people's privacy and dignity. One family member told us, "Definitely. We've never had any concerns".

People were promoted to maintain their independence as much as possible whilst staying at Short Breaks - 8 Broadlands Walk. Care records described what people could do for themselves and what they needed support for. For example, "I can wash myself with a flannel but need gel/soap applying for me. If I have missed any spots, please prompt me to redo or staff to go over ensuring I am clean", "I will dress myself" and "I can wash myself and brush my teeth". Family members told us, "[Name] needs a lot of help with personal care but he is independent in his own way. They let him do what he can do but he does need a lot of help" and "I always stress let [Name] do what she can for herself and she asks for help if she needs it. The staff know everything and assist her if need be". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We discussed advocacy with the support coordinator. 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. The support coordinator informed us that a small number of the people who used the service lived with carers and advocacy and other services were promoted with carers.

People who used the service did not have end of life care plans in place. The support coordinator told us this was something that was being looked at within the provider's organisation. We saw evidence of this in the provider's newsletter, "Better Together." This stated that an end of life strategy was being developed to "give clear procedures and proactive guidance to teams to demonstrate the dignity in care afforded customers

and their families."

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

People's needs were reviewed with family members and carers before they stayed at Short Breaks - 8 Broadlands Walk. A "Stay review checklist" was completed for each person prior to their stay and included the date of the stay, details of family, friends or advocates, important health and medication information, any issues with the person's behaviour or other risks, day placements and activities/interests, transport arrangements, and any other comments. This ensured staff knew about people's needs before they came to stay at the short breaks service.

Each person's care file had a cover sheet which included a photograph of the person, their date of birth, address, telephone number, religion and details of people involved in collating the information. A "Traffic light passport" was in each care file, which provided important information about the person should they be admitted to hospital.

We saw one person had mobility issues and used a wheelchair, although they could weight bear for short periods of time with the assistance of two members of staff. The person's mobility support care plan described how staff were to support the person when in the wheelchair and when walking, for example, "When walking, two staff, one on each side to support and guide me" and "I can weight bear but only for short periods of time".

Daily notes were kept for each person during their stay at Short Breaks - 8 Broadlands Walk. These recorded details of the person's care, waking up routine, activities carried out and medicines administered. In addition, personal hygiene records documented bathing and shower routines, and whether the person had their hair washed, teeth cleaned or had a shave.

A handover checklist was completed when staff came on duty and included reading the communication book, details of any appointments or visits, an update on any health issues, a record of administered medicines, and any household tasks carried out.

Care records showed that some people attended day services in the local area and this was continued when the person was staying at the short breaks service. We also saw that one of the people who used the service attended college. Staff told us that when people were not at day services a programme of activities was in place based on what the person wanted to do. Sometimes the person wanted to stay in, watch TV and talk with staff. On other occasions, people were taken out shopping, for meals or other leisure activities. A family member told us, "[Name] has a cinema pass and they take him to the cinema. They take him shopping" and "They take him to social clubs in the evening. He enjoys them". This meant the registered provider protected people from social isolation.

The provider had a complaints policy and procedure in place, which included an easy to read version. People who used the service and their family members or carers were made aware of the complaints policy

in the service user guide, which was provided to each person prior to their stay at the short breaks service. There had not been any formal complaints recorded at the service however family members we spoke with were aware of how to make a complaint. This showed the registered provider had an effective complaints policy and procedure in place.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Some of the policies and procedures we looked at were overdue reviews. For example, the safeguarding procedure was last reviewed in January 2014 and the medicines policy was last reviewed in April 2011. We discussed this with the registered manager who told us policies had recently been discussed at the provider's operational improvement board meeting. Some new policies and procedures had been signed off and would be disseminated shortly.

The service had a positive culture that was person centred, open and inclusive. Family members told us, "They do coffee mornings sometimes and you get the chance to meet other parents and have a catch up", "Communication is great. We get up to date newsletters. They keep us informed. They have coffee mornings. They let us know in plenty of time if there are any changes" and "They always keep me up to date. No problems whatsoever with any of them".

Staff were regularly consulted and kept up to date with information about service. The registered manager told us they held a "Staff support day" one day per month, where staff could come into the office at any time and have an open and honest discussion about any issues. They also told us they were starting "Weekly staff wellbeing coffee and chat sessions" from 26 September 2016.

Staff we spoke with felt supported by the registered manager and the management team. They told us they were comfortable raising any concerns and there was an "open door policy." Staff also told us, "The team as a whole get on well" and "We get lots of support".

We saw records of staff meetings, the most recent had taken place on 2 August 2016. The agenda for this meeting included mental capacity, quality assurance and other things staff needed to be aware of, for example, policies and procedures, audits, medicines and menus.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it.

The registered manager and support coordinator carried out three monthly house audits. The most recent audit at Short Breaks - 8 Broadlands Walk had taken place on 4 July 2016 and included a check of the environment, bedrooms and personal belongings, health and wellbeing, and medication. No issues had been identified in the most recent audit but we saw from the audit in December 2015 that issues had been identified with the overall cleanliness and décor of the premises. The registered manager told us these issues had been actioned immediately and had not re-occurred at future audits.

We saw that a new quality assurance framework had recently been approved by the provider, which was designed to support staff in delivering high quality support services for people who used the service and

their families. As part of this framework, a service visit schedule of unannounced visits was being introduced. As this was a new framework we could not see any evidence of its use at this inspection visit.

We saw a "Coffee morning and feedback forum" was held at the registered manager's office every six months, which gave family members the opportunity to visit the office and talk to management and staff about any concerns or issues.

An annual "Short Breaks Service Questionnaire" was sent out to families and carers. We saw a copy of the questionnaire from May 2016, which gave people and family members the opportunity to feedback on the quality of the service, for example, what was good, what was not so good and what could be done better. We saw the outcome of this questionnaire was included in the provider's newsletter sent to family members and carers in June 2016. Issues raised in the questionnaire included the frequency of home visits, property decoration, information about the staff and lack of social activities/outings.

These issues were addressed in the newsletter. For example, an update was provided on refurbishment carried out and planned at the short breaks accommodation, and an assurance was given to family members and carers that people who used the service would go out regularly during their stay and where going out was not possible, indoor activities would take place.

This demonstrated that the registered provider gathered information about the quality of their service from a variety of sources.