

Knowsley Metropolitan Borough Council

Atkinson Grove Chance for a Break Service

Inspection report

3 Atkinson Grove
Huyton
Merseyside
L36 7RS

Tel: 01514805673

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30 August 2017
04 September 2017
05 September 2017

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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 was carried out over three days on the 30 August and 04 and 05 September 2017. We visited the service unannounced on the first day and held telephone discussions with family members on the second and third days.

Atkinson Grove Chance for a Break Service is based in a residential area of Huyton and run by Knowsley Metropolitan Borough Council. The service provides short term respite care for adults with a learning disability.

At the last inspection in March 2015 the service was rated Good. At this inspection we found the service remained Good.

Hazards which posed a risk to people's safety were identified and mitigated. Staff knew what abuse was and how to recognise and report it. There were enough staff available to provide safe care and support to people. Processes in place ensured the safe recruitment of staff. Medicines were managed safely and people received their prescribed medicines at the right times.

People received care and support from staff who received training and supervision for their role. People's rights and best interests were promoted in line with the Mental Capacity Act 2005. People's consent was obtained prior to the delivery of any care and support. People's dietary needs were understood and met and they were given a choice of food and drink.

Staff approached people and spoke with them in a kind and respectful way and they promoted people's privacy and dignity. Staff had a good understanding of people's emotional needs and how to support them.

People's needs were assessed prior to each stay at the service and where required care plans were updated to ensure they reflected people's current needs. Information was made available to people in an accessible format. A complaints policy and procedure was made available to people and relevant others. People knew how to complain and were confident that their complaint would be listened to and acted upon.

The registered manager promoted a positive and open culture. Checks were carried out at the service and improvements were made to ensure people received safe and effective care and support. People and relevant others were given the opportunity to provide feedback about the service and ways in which it could be improved.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Atkinson Grove Chance for a Break 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 was planned to check 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.

We visited the service unannounced on 30 August 2017 and held telephone interviews with family members on 04 and 05 September. The inspection team consisted of one adult social care inspector.

We spent time with four people who were using the service at the time of our inspection visit. Not everyone was able to tell us about their experiences of using the service so we used Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one person using the service, the registered manager and three members of staff. We also spoke over the telephone with family members of five people who use the service. We looked at the care records relating to four people including, care plans, daily records and medication administration records.

Prior to the inspection we reviewed information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including safeguarding information.

We contacted local commissioners of the service and no concerns were raised about the service.

Is the service safe?

Our findings

One person told us that they felt safe during their stay at the service and that they would tell someone if they had any worries. They also told us that they always got their medicines on time. Family members told us that they had no concerns about their relative's safety during their stay at the service. Their comments included; "I have no concerns what so ever about [relative] safety when they stay at Atkinson Grove" and "They [relative] wouldn't go there if I had any worries at all".

Risks people faced were identified and planned for when they first began to use the service. Risks were reviewed prior to each stay and were appropriate risk management plans were updated to reflect any changes in a person's needs. This meant staff had the information they needed to keep people safe during their stay at the service.

No new staff had been employed to work at the service since the last inspection. However the registered provider had a recruitment and selection policy and procedure which set out safe recruitment practices. This included of a range of pre- employment checks prior to an offer of employment being made including a check with the Disclosure and Barring Service (DBS). The registered manager provided us with records which showed that a subsequent check with the DBS was carried out in respect of each member of staff every three years from the date their employment commenced. This helped to ensure that staff remained suitable for their role.

There were sufficient numbers of suitably qualified staff on duty to keep people safe. Staffing levels throughout the day and night varied depending on the needs of people who used the service. For example staffing numbers increased to ensure that people who needed it received one to one support during their stay. Family members told they had had no concerns about staffing levels and they told us that they were confident that staff had the ability to keep their relative safe during their stay at the service.

Staff had completed safeguarding training and in addition they had access to information and guidance about recognising and reporting abuse. Staff knew the different types of abuse and the signs which may indicate abuse. Staff were confident about reporting any safeguarding concerns. They told us they would not hesitate to inform the registered manager or the relevant Local Authority Safeguarding team should they become aware of any concerns about people's safety.

Staff with responsibilities for administering medication had completed the relevant training and underwent regular competency checks to assess and monitor their practice. They also had access to the registered providers medication policy and procedure and other relevant guidance about the safe handling of medication. Medication and medication administration records (MARs) for each person were checked by two staff at the beginning of each person's stay. This helped to ensure that medication and MARs were accurate and that staff were aware of any changes made since the person's last stay at the service. Medication Administration Records (MAR) detailed each item of prescribed medication and how and when they should be administered. Each person's medication was individually stored in a secure place.

Clinical and non-clinical waste was handled and disposed of in line with good infection control practices. Staff had access to a good supply of personal protective equipment (PPE) which they used when required to minimise the spread of infection. For example disposable gloves and aprons which staff used when providing people with personal care and when handling waste and soiled laundry.

Each person had a Personal Emergency Evacuation Plan (PEEP) which provided direction to staff about how individuals needed to be supported to evacuate the premises in the event of an emergency. The service had an emergency contingency plan in place which could be used in situations such as fire, gas leaks, floods and failure of utilities. Records showed that appropriate checks had taken place at the required intervals on systems and equipment used at the service. This included checks on the fire system and equipment, electrical appliances, water temperatures and moving and handling equipment.

Is the service effective?

Our findings

One person told us that they thought staff did a good job. They also told us that they were given a choice of food and drink which they enjoyed.

Staff received regular training for their role. An ongoing programme of training was provided to all staff and staff confirmed this. Training consisted of topics relevant to each staff members role and responsibilities and the needs of people who used the service. The registered manager maintained an up to date record of staff training. A colour coding system was used to identify the current status of training in respect of each staff member. For example green represented the area of training had been completed and was up to date and red indicated that the training was required. This enabled the registered manager to effectively monitor and plan training for each member of the staff team.

Staff received an appropriate level of support for their role. At intervals throughout the year each member of staff was given the opportunity to meet on a one to one basis with either the registered manager or a senior member of staff. Staff were also provided with an end of year review. These provided staff with the opportunity to discuss in private their performance, development and training requirements. They were also opportunities for the supervisor to identify and plan with the staff member any future training, learning and development needs. A written record of all supervisions was maintained. Staff told us that they could approach the registered manager or a senior member of staff at anytime should they need to for support, advice or guidance.

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

The registered manager and staff had a good understanding of the MCA and DoLS. Records confirmed that training in MCA and DoLS had been undertaken by staff. Some of the people who used the service lacked capacity to make important decisions for themselves. Records showed that when needed, people had mental capacity assessments in place. Staff we spoke with understood the importance of gaining consent from people before offering support.

People's nutritional and hydration needs were assessed and planned for when they first began to use the service. The plans were reviewed at the beginning of each person's stay and where appropriate they were updated to reflect any changes. The plans detailed any special dietary requirements people had along with the support they needed to eat and drink. In addition they included details of any specialist equipment people needed to promote their independence at meal times. People's food preferences, likes and dislikes and any food allergies they had were also recorded.

The names and contact details of any health and social care professionals involved in people's care and support, such as GPs and social workers was recorded in their care files. This enabled staff to contact the relevant professionals should they need to during a person's stay at the service. People were supported to attend any healthcare appointments which were scheduled during their stay at the service.

Is the service caring?

Our findings

People and family members told us that staff were kind, polite and caring. One person said "They are all very nice and gentle with me" and "Yes they knock on my door [bedroom] when they want to come in". Family member's comments included; "They [staff] are all very respectful" and "Very caring, I can't praise them enough".

Discussions with staff and observations made during the inspection visit showed that staff were knowledgeable about people's needs and their preferred routines. Staff knew important things such as what time a person preferred to retire to bed and get up. They also knew how people preferred to spend their time and who with.

Some people were unable to verbally communicate, however they expressed how they were feeling and what they wanted through the use of nonverbal communication such as behaviours, facial expressions, sounds, signs and gestures. Staff had a good understanding about how people communicated and what it meant for the person. They knew that certain behaviours displayed by one person indicated that they did not want contact with others and wanted to be left alone. We saw one person visibly upset. The person was unable to verbally communicate the reason why they were so upset. However staff knew what the person was communicating through their behaviour, sounds and gestures and they responded to this by providing the person with comfort and reassurance and by using distraction techniques. The person responded positively to this.

People received person centred care. Staff were observed offering people choices, asking their opinion and encouraging people to be as independent as possible. People were given the choice to provide information about their life history, important relationships, cultural backgrounds and their religious faith and this was recorded in their care plan. This information helped staff generate conversations and plan activities and events which were of interest to people.

People were treated with dignity and respect and their privacy was promoted. Staff knocked on doors before entering people's bedrooms. They maintained people's dignity during personal care interventions by ensuring doors to bedrooms and bathrooms were closed. Information relating to how people preferred their support to be given was recorded in care plans. This included important details such their preferred gender of carer.

Personal information about people who used the service was held securely when not in use and closely supervised by staff knew the importance of ensuring privacy concerning people's records.

Is the service responsive?

Our findings

One person told us that they felt able to speak up if they were unhappy about something and that staff listened to what they had to say.

Each person had a care plan detailing their needs and how they were to be met. The care plans were developed based on assessments obtained when people first began to use the service. However a pre-stay assessment was carried out at the beginning of each person's stay, as a way of checking that the information recorded in their care plan remained current. Care plans were updated with any changes which were identified through the pre-stay assessment. People who were able and relevant others such as family members were fully involved in the assessment process.

Care plans and all other relevant information about people's care and support needs were made available to staff. There was a handover system in place for staff so that they could share any changes to people's needs on a daily basis. Discussions and observations showed that staff had a good understanding of people's needs and preferences. Staff interacted and held conversations with people about things of interest and people responded positively to this by joining in conversations, laughing and smiling.

Each person's care plan included details of their preferred hobbies and interests and how they preferred to spend their time whilst staying at the service. Some people preferred to continue with their usual day and night time routines such as attending day centres and clubs and staff supported this. Staff supported people to access the local community during their stay at the service. This included trips to the local shops, pubs and cafes.

Information and guidance for people was available in easy read formats, including care plans, policies and procedures. Pictures, signs and symbols which people were familiar with were used alongside clear written information in plain English making it more accessible for people who have difficulties reading. The registered manager told us if required the information would be made available in other formats such as audio and braille.

The registered provider had a complaints policy and procedure in place. The procedure was available in an easy read format. People and family members said they had no complaints and if they did they would have no concerns about raising them. Family members told us that they felt able to discuss any concerns openly with either the registered manager or staff and that they were confident that they would be listened to their concerns would be dealt with.

Is the service well-led?

Our findings

The service has a manager who had registered with CQC in December 2014. 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.

People, family members and staff were familiar with the management structure of the service. They knew that the registered manager had overall responsibility for the day to day management of the service and who was responsible in their absence. The registered manager devised an on call rota which detailed the names and contact numbers of senior staff to be contacted should staff need advice, guidance or support in their absence and out of office hours.

The registered manager promoted a positive culture that was person centred, inclusive, relaxed and friendly. Family members and staff told us that the registered manager always put people who used the service first and did his best to ensure that they received a high standard of care. Family members said that they had no concerns about approaching the registered manager to discuss their relatives care and support or to put forward ideas for improvement. One family member said "[registered manager] explains things. He always gives you an answer" Another family member said "I have a lot of confidence in him, if he is not available when I call he always gets back to me".

The quality of the service was regularly checked to make sure that people received safe and effective care and support. The registered manager carried out checks at regular intervals on all aspects of the service including; care plans and associated records, health and safety of the environment and equipment and staff performance. The registered manager received on going support from a senior manager who carried out periodic checks at the service on behalf of the registered provider. An action plan to bring about improvements was put in place where concerns with quality had been identified.

Registered providers are required by law to inform CQC of important events that happen at the service. The registered manager had informed us of specific events which they were required to do by law and they had reported incidents to other agencies when necessary to ensure people's safety

People who used the service and family members were given the opportunity to provide feedback about the service through the use of surveys. The surveys invited people to comment and rate on areas of the service such as; the standard of care, staff and meal times. Feedback received in the most recent surveys about the service was positive.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.