

Freda Varley

Take A Break With Choices

Inspection report

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Date of inspection visit: 21 April 2015
Date of publication: 13/05/2015

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 

Overall summary

This was an announced inspection carried out on the 21 April 2015.

Take A Break With Choices provides respite care for a maximum of five people and also provides domiciliary care and support to people in their own home. The home and office are situated close to Bolton town centre. The home is also a day centre for social and recreational purposes and offers other services such as cleaning, shopping and befriending.

There was a registered person in place. 'Registered person' are required to be registered with the Care

Quality Commission. '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.

This new service had not been previously inspected by the Care Quality Commission.

One person who had used respite care at the home told us; "The care is good, they always listen to me and I do feel safe living here." A relative told us; "When I leave X, they are waving and smiling. I know they are happy and ok. I have complete piece of mind."

Summary of findings

People and relatives who used the domiciliary care service told us their loved ones were safe and they trusted staff coming into their homes to provide care.

During the inspection, we checked to see how people were protected from abuse and avoidable harm. We found suitable safeguarding procedures were in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at the service whistleblowing policy, which enabled staff to raise any concerns about abuse or poor practice. Staff we spoke with were able to demonstrate a good understanding safeguarding vulnerable people.

We reviewed a sample of six recruitment records. These clearly demonstrated that staff had been safely and effectively recruited.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. We found accurate records were maintained of when staff administered medicines. We found all staff administering medication had received training, which we verified by looking at training records.

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff told us they were subject of an induction programme when they started with the service, which prepared them for their role.

Staff also confirmed they received regular on-going training. This included first aid, infection prevention and control, nutrition and diet, mental capacity and refresher training in the common induction standards, which included person centred care, safeguarding and health and safety. Most staff had also undertaken National Vocational Qualifications (NVQ) in social care.

Staff were able to confirm, which we verified from records, that they received regular supervision every three months in line with the service supervision and appraisal policy.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff had received training in the MCA and DoLS and had an understanding of the legislation, though most stated they would welcome further training. We spoke to the provider and

deputy manager about this matter. They confirmed that following their recent experience with the submission of a DoLS application, they were in the process of sourcing training for all staff.

We looked at the way the service managed consent for any care and support provided. People told us that before any care and support was provided, the service obtained consent from the person who used the service or their representative.

Both people who used the service and their representatives told us that staff were kind and caring. One relative of a person who used the service said "No concerns the owner is a second Mum to X. I have never known X being so happy. I just wish she could stay here full time. This is the one place I feel most at ease with. In the last four months, X has completely changed and is a different person."

Whether observing people on respite care in the home or staff supporting people in their own homes, we found the interaction was positive and caring.

We found the service undertook an initial assessment of people's needs before providing support. One relative told us the management spoke to them and got to know them and so was able to identify the staff most suitable to deal with their loved one.

As part of the inspection, we looked at the seven care files of people who were currently using the service. Care plans provided clear guidance on people's individual support needs.

Relatives and people who used the service confirmed that the service was responsive to people's changing needs. One person who used the service told us; "The carers are very responsive. When we have needed extra help they have always obliged."

We looked at the service's policy on complaints and found it provided clear instructions on what action people needed to take if they had any concerns. The service told us they had not received any formal complaints.

We found the service sent out questionnaires every 12 months to people who used the service and staff to find out what they thought of the quality of services provided. We looked at some of these completed questionnaires

Summary of findings

and saw that favourable comments had been made about the service. However, the service was not able to demonstrate how issues or concerns raised had been addressed.

Both people who used the service and staff confirmed that an open and transparent atmosphere existed and that management were approachable and that they wouldn't hesitate to speak with them if they had any issues.

The service undertook a range of checks to ensure they were meeting the required standards of safety, which included weekly fire alarm testing, health and safety checks and temperature monitoring of fridge and freezers.

We spoke to the manager and deputy manager about whether spot/competency checks on staff were undertaken and whether medication audits were undertaken to ensure medication was being managed safely. We were told that staff were checked in respect of their competency to deliver care and medication and that medicines were checked, however these were not formalised or recorded. We were assured by the service that such checks would be formally documented in future.

The service had policies and procedures in place which covered all aspects of the service, such as challenging behaviour, health and safety, infection control and mental capacity act. Staff were required to sign and acknowledge the content of each policy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the service was safe. People and relatives who used the respite and domiciliary care service told us their loved ones were safe and they trusted staff coming into their homes to provide care.

We found suitable safeguarding procedures were in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

Staff personnel recruitment records demonstrated that staff had been safely and effectively recruited.

Good



Is the service effective?

We found the service was effective. Staff also confirmed they received regular on-going training, which we verified by looking at training records.

Staff were able to confirm, which we verified from records, that they received regular supervision every three months in line with the service supervision and appraisal policy.

People told us that before any care and support was provided, the service obtained consent from the person who used the service or their representative.

Good



Is the service caring?

We found the service was caring. Both people who used the service and their representatives told us that staff were kind and caring.

Whether observing people on respite care in the home or staff supporting people in their own homes, we found the interaction was positive and caring.

People told us they felt listened to and were involved in deciding the care their loved ones received.

Good



Is the service responsive?

We found the service was responsive. We found the service undertook an initial assessment of people's needs before providing support.

Relatives and people who used the service confirmed that the service was responsive to people's changing needs.

We looked at the service's policy on complaints and found it provided clear instructions on what action people needed to take if they had any concerns.

Good



Is the service well-led?

We found the service was well-led. Both people who used the service and staff confirmed that an open and transparent atmosphere existed. Management were approachable and that they wouldn't hesitate to speak with them if they had any issues.

The service undertook a range of checks to ensure they were meeting the required standards of safety this included weekly fire alarm testing, health and safety checks and temperature monitoring of fridge and freezers.

The service had policies and procedures in place which covered all aspects of the service.

Good



Take A Break With Choices

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 21 April 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred.

At the time of our inspection the service provided respite care for two people and domiciliary care in people's own homes for five people in and around the Bolton area. The service was able to cater for a maximum of five people on short term respite care. The service employed a deputy manager and 15 members of care staff.

During the inspection, we spent time at the home and looked at various documentation including care plans and staff personnel files. We also spent time visiting one person who used the service in their own home. We spoke to two persons who used the service and three relatives of other people who used the service. We also spoke to the provider and five members of staff. Additionally, we also spoke to a social health care professional on behalf of a person who used the service.

Is the service safe?

Our findings

One person who had used respite care at the home told us; “The care is good, they always listen to me and I do feel safe living here.” A relative told us; “When I leave X, they are waving and smiling. I know they are happy and ok. I have complete piece of mind.” People and relatives who used the domiciliary care service told us their loved ones were safe and they trusted staff coming into their homes to provide care. One relative said “They are very good, they make sure she has everything. X can be very difficult to deal with, but she is safe. She is safe without doubt and I fully trust them coming into our home.”

During the inspection, we checked to see how people were protected from abuse and avoidable harm. We found suitable safeguarding procedures were in place, which were designed to protect vulnerable people from abuse and the risk of abuse. Staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. We looked at the service safeguarding adult’s policy and saw how the service managed safeguarding concerns. We looked at the service whistleblowing policy, which enabled staff to raise any concerns about abuse or poor practice.

Staff we spoke with were able to demonstrate a good understanding safeguarding vulnerable people. Staff told us they knew how to access information such as the safeguarding policy and what action to take if they had any concerns. One member of staff was able to tell us about recent concerns they identified around safeguarding and what action they had taken. One member of staff told us; “I’m confident that the management would deal with any concerns correctly.” Another member of staff said “We have a list with local contact numbers, but if required I would contact the Police or social services directly if I had concerns.” Other comments included; “If I didn’t think I was being listened to in terms of safeguarding concerns, I would report it directly to the safeguarding team.”

We reviewed a sample of six recruitment records. These clearly demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification such as driving licenses, marriage and birth certificates and passports. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service.

We looked at how the service ensured there were sufficient numbers of staff on to meet people’s needs and keep them safe when on respite car at the home. Both people and staff told us staffing was never an issue and management were flexible in adjusting staffing levels to ensure people’s needs were met. One member of staff told us; “The ratio of staff to clients on respite can change to meet the number of clients we have and their needs. For example, one client who was on respite required one to one support and the management were fully supportive.”

We looked at how the service managed people’s medicines and found that suitable arrangements were in place to ensure the service was safe. At the time of our visit, the service was involved in administering medication for two people. We found accurate records were maintained of when staff administered medicines. We found all staff administering medication had received training, which we verified by looking at training records.

As part of the inspection process we looked at how the service managed risk. We looked at seven care files, which amounted to the care file of each person who used the service at the time of our visit. Each file contained risk assessments undertaken by service and included areas such a behaviour that challenged, physical environments, use of equipment, medication and risk of malnutrition. In one file we looked at, clear guidance was available for staff to identify warning signs in connection with someone at risk to malnutrition.

Is the service effective?

Our findings

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. Staff told us they were subject of an induction programme when they started with the service, which prepared them for their role. One member of staff told us; “When I started, I had an induction, which consisted of shadowing and a formal introduction to things.” Another member of staff said “I had an induction programme, which included shadowing for some time. I did manual handling, safeguarding, medication and food hygiene training. I felt the training did provide me with the confidence to undertake the role of a carer.”

Staff also confirmed they received regular on-going training, which we verified by looking at training records. This included first aid, infection prevention and control, nutrition and diet, mental capacity and refresher training in the common induction standards, which included person centred care, safeguarding and health and safety. Most staff had also undertaken National Vocational Qualifications (NVQ) in social care. One member of staff told us; “We get a lot of training and we are also all registered with the social care and information learning services. Recently, I have done medication and safeguarding refresher courses.” Another member of staff said “We have just started infection control. I have done an NVQ, dementia and medication. I feel I have enough training for my role.”

Staff were able to confirm, which we verified from records, that they received regular supervision every three months in line with the service supervision and appraisal policy. Comments from staff included; “Supervision I get every three months.” “I get supervision every three months and an annual appraisal. They are very useful, but I feel I can speak to management anytime. I do feel valued and supported by management. I have received specialist training for one client, because of their complex needs. I received training from an occupational therapist.” “I have formalised supervision with the deputy manager.”

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care

and treatment they need, where there is no less restrictive way of achieving this. The provider was able to show us an example of a recently submitted standard authorisation application for a person who used the service. We spoke to a local authority social care professional who had been involved in this process. They told us that they thought the completed application was of a good standard and that they had worked well with the service over the issue.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Most staff had received training in the MCA and DoLS and had an understanding of the legislation, though most stated they would welcome further training. We spoke to the provider and deputy manager about this matter. They confirmed that following their recent experience with the submission of an application, they were in the process of sourcing training for all staff.

We looked at the way the service managed consent to any care and support provided. People told us that before any care and support was provided, the service obtained consent from the person who used the service or their representative. One relative told us; “I do feel involved in deciding what care she needs, and they always consult me, they are very good.” We asked one member of staff how they knew a person could provide consent if they were unable to communicate. They told us that with experience of knowing their clients, they were able to recognise body language and signs and would know instantly if consent was not being provided. Another member of staff said “I used to work with non-verbal people, so I’m aware when people are providing consent simply by their body language and reaction. I have used a word board here with residents to help them communicate.”

From reviewing care files, it was not clear to us that written consent had been obtained before services were delivered. The provider confirmed that in future they would ensure that written consent was clearly documented within people’s files.

We spoke to the people using respite care about whether they had any concerns about the food they received. One person who used the service told us; “We get a choice of foods and it is good. Today I chose Chinese for dinner with tart and custard.” A relative of this person told us; “X will order a take away when she feels like it and they still ask her what she would like for tea. There’s always an option.”

Is the service caring?

Our findings

Both people who used the service and their representatives told us that staff were kind and caring. One relative of a person who used the service said “No concerns the owner is a second Mum to X. I have never known X being so happy. I just wish she could stay her full time. This is the one place I feel most at ease with. In the last four months, X has completely changed and is a different person.” Another relative said “Care staff are very good and actually listen to X.”

Other comments from relatives included; “Nothing wrong with the service, they are very good at caring for my X. In general very good.” “I have seen staff with other service users and they are very caring.” “When I walk in here, I’m made to feel part of the team and always made welcome.” A social care professional also confirmed that they felt staff were very caring and that they looked after people well.

Whether observing people on respite care in the home or staff supporting people in their own homes, we found the interaction was positive and caring. We observed one member of staff supporting a person living with dementia. The member of staff was patient, caring and took their time

explaining what they wanted to do. Staff we spoke with demonstrated a good understanding of people’s care needs, both people receiving respite care or supporting people in their own home.

People told us they felt listened to and were involved in deciding the care their loved ones received. One relative told us; “We have been involved in determining his care. Where we have said we were unhappy with carers as being unsuitable for the needs of our X, they have replaced them immediately. We have a permanent team of five carers with two attending on each occasion.”

People who used the service and their relatives were able to confirm that staff always treated them with dignity and respect. We asked staff how they encouraged people’s independence when providing support. One member of staff told us; “I have one client I go to who has difficulty with personal care. What I do to encourage them to be independent is to always reassure them that they are safe and not at risk. But, I will always respect their decision at the end of the day.” Another member of staff said “The people we have staying are independent, but I still prompt and encourage them to be more independent as they are capable, but just require the motivation.”

Is the service responsive?

Our findings

We found the service undertook an initial assessment of people's needs before providing support. One relative told us the management spoke to them and got to know them and so was able to identify the staff most suitable to deal with their loved one.

As part of the inspection we looked at the seven care files of people who were currently using the service. Care plans provided clear guidance on people's individual support needs. We found care plans captured information such as people's medication history, contact details of families and social health care health professionals, dietary needs, mobility and continence issues. Care plans were kept at people's home with a further copy held at the office. We saw that care plans were reviewed by the service. However, it was not documented who had been consulted as part of a review or whether it included a family member or professional or no one at all. One relative told us; "I have not been involved in any formal reviews, but we have discussed how things are going and whether we were happy."

Relatives and people who used the service confirmed that the service was responsive to people's changing needs. One person who used the service told us; "The carers are very responsive. When we have needed extra help they have always obliged." Another relative said "They are very responsive in meeting our son's needs in respect of the type of care and carers that he responds to most. They are very responsive and listen. We are currently looking to increase the time the carers come." Other comments included; "There have been issues, things have been mentioned, but they have always been sorted. It is totally different from where X lived before."

A social health care professional told us that the service had been dealing with a client with very complex needs and the service had been on a learning curve to meet the individual's needs. They thought the service had got to know their client well and the quality of service had improved as a result.

We looked at the service's policy on complaints and found it provided clear instructions on what action people needed to take if they had any concerns. The service told us they had not received any formal complaints. In respect of people residing at the home, a copy of the complaints process was attached to the rear of their bedroom door. For people residing in their own home, a copy of the complaints policy was included in the service welcome pack. One relative told us; "Complaints procedures are in the information package, but I have never had cause to complain, though I would ring straight away if I had any issues."

We asked what the service did to stimulate people physically and mentally whilst staying at the home. The service also provided a day centre facility for social and recreational purposes for people visiting the building. We were told that table tennis and table pool was available together with other activities such as craft and shopping trips. There was a portable hot tub available for use during the warmer weather. One person staying at the home told us; "I chose not to get involved in activities, but prefer to go out on my own." A social health care professional told us that they felt there were not enough activities at the home and had requested that their client was taken out more often.

We found the service sent out questionnaires every 12 months to people who used the service and staff to find out what they thought of the quality of services provided. We looked at some of these completed questionnaires and saw that favourable comments were made about the service. However, the service was not able to demonstrate how issues or concerns raised had been addressed. For example, one questionnaire stated that they had not seen the complaints policy. The deputy manager was able to confirm that they had addressed the matter directly with the person, but no record of this had been made. The deputy manager was able to reassure us that in future such issues would be recorded. We found that a residents meeting had been undertaken by the service, were people had been given the opportunity to raise any concerns.

Is the service well-led?

Our findings

Both people who used the service and staff confirmed that an open and transparent atmosphere existed and that management were approachable and that they wouldn't hesitate to speak with them if they had any issues. One relative told us; "The owner is very approachable and helpful, I would recommend it without doubt." Another relative said "I have management telephone numbers and I would have no hesitation in contacting them."

Staff told us they felt valued and appreciated and had no concerns for the way the service was managed. One member of staff told us; "I have a very good relationship with management and I wouldn't hesitate to report any concerns. I feel very comfortable to talk to them both. I have no concerns, I believe people are safe when they stay here." Another member of staff said "I definitely feel listened to by the service when I mention things, no concerns in raising any issues." Other comments included; "I do feel valued and it's a place you can highlight issues."

There was a registered person in place. 'Registered person' are required to be registered with the Care Quality Commission. '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.

All staff were provided with a 'staff handbook', which set out expectations of the service in respect of providing care. It included information on confidentiality, probationary periods and job flexibility.

The service undertook a range of checks to ensure they were meeting the required standards of safety this included weekly fire alarm testing, health and safety checks and temperature monitoring of fridge and freezers. We spoke to the manager and deputy manager about whether spot/competency checks on staff were undertaken and whether medication audits were undertaken to ensure medication was being managed safely. We were told that staff were checked in respect of their competency to deliver care and medication and that medicines were checked, however these were not formalised or recorded. We were assured by management that in future all such checks would be recorded.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and DoLS applications. Our records confirmed that CQC had not been informed of a DoLS application made by the service. We discussed this matter with management who were unaware of their responsibility in this instance, as a result we are dealing with this omission outside the inspection process.

The service had policies and procedures in place which covered all aspects of the service, such as challenging behaviour, health and safety, infection control and mental capacity act. Staff were required to sign and acknowledge the content of each policy.