

Respite (North West) Limited

Respite (North West) Limited

Inspection report

1 St. James Square
The Globe Centre
Accrington
BB5 0RE

Tel: 01706395000

Date of inspection visit:
11 September 2019
12 September 2019

Date of publication:
15 October 2019

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

Respite North West is a domiciliary care service. It provides personal care to people living in their own homes and provides care and support to people living in five "supported living tenancies" so that they can live as independently as possible.

The service provides support to adults living with mental health needs, a learning disability or an autistic spectrum disorder.

At the time of inspection Respite North West was providing a service to 37 people in two geographical areas, Stockport and Rochdale. Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living, this inspection looked at people's personal care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked CQC to conduct a thematic review and to make recommendations about the use of restrictive intervention practices (restraint, seclusion and segregation) when supporting people. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices, as a last resort, in line with positive behaviour support principles.

People's experience of using this service and what we found

People were protected from the risk of abuse and avoidable harm by staff who understood how to recognise and respond to concerns. People told us staff were available when they needed them and they felt safe in their care. People were safely supported to receive their medicines as prescribed.

People's needs were assessed, and care and support had been planned. However, we found that the quality of paperwork was varied. Although we saw some evidence of person centred plans, it was not consistent and we could see the service was in the process of implementing more in depth paperwork. People were provided with a nutritious and varied diet. Staff had received regular training and supervision to support

them to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind, caring, attentive and treated them with respect. We saw that staff had a good rapport with people and they were treated with dignity and respect. People received care which was responsive to their needs. The registered manager managed people's concerns and complaints appropriately and people told us they felt listened to.

The registered manager worked in partnership with a variety of agencies to ensure people received all the support they needed. Staff felt valued and well supported by the registered manager and the wider management team. The registered manager and provider completed regular audits and checks, which ensured appropriate levels of quality and safety were maintained at the home.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

Respite (North West) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The service provides care and support to people in five supported living settings so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and the safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and we wanted to be sure that there would be people at home to speak with us.

Inspection activity started on 11th September 2019 and ended on 12th September 2019. We visited the office location on 12th September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we visited the registered office and spoke with the registered manager and area operations manager. We visited four people in two supported living schemes and spoke with one team leader and three staff members. We also spoke with one person who used the service and we observed care to help us understand the experience of people who could not talk with us. We also spoke with one relative about their experience of the service.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including supervision records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. People told us they were happy with the support they received. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training.
- Staff were aware of the whistleblowing policy. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening. Staff had access to appropriate training and had no concerns about the service.

Assessing risk, safety monitoring and management

- The registered manager assessed and managed risks to people's health, safety and well-being.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. Staff supported people with positive risk taking.

Staffing and recruitment

- Recruitment was safe. The provider followed clear recruitment and selection processes and carried out appropriate checks. We found an issue with one character reference and raised this with the provider who agreed to source further character references.
- The provider ensured there were enough staff to meet people's needs. There had been a reduction in agency staff usage at one household and this had correlated with a positive reduction in behavioural incidents.
- Staff told us that people using the service and some family members were encouraged to take part in the interview process.

Using medicines safely

- Medicines were managed safely. Medicines were received, stored, administered and destroyed safely when they were no longer required. Where errors were found during checks, we saw these were investigated.
- Medication competency checks were in place. However, we found some staff's annual medication training was due for renewal. We discussed this with the registered manager who had prioritised this.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- People were protected from the risk of infection. The service had infection control policies which were based on best practice guidance. Staff supported people to keep their homes clean and tidy. Staff followed

guidance and used personal protective equipment to help prevent the spread of healthcare related infections.

- One family member told us, "It's a beautiful house, very clean."

Learning lessons when things go wrong

- The provider had systems to learn lessons when something went wrong. We saw all incidents and accidents had been thoroughly investigated and lessons learned, to prevent things from happening again. We saw how the service learned from one safeguarding involving a person who had a fascination around fireworks and how risks had since been minimised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed before they received a service. However, we found that the quality of paperwork was varied. We saw evidence of some personal histories, hospital passports and "this is me profiles," but this was not always consistent throughout the service. The service had started to implement new paperwork which was more person centred and this was in the process of being phased in.
- Reviews were recorded as taking place monthly, but it was unclear what was being reviewed. We discussed this with the provider who evidenced they were in the process of implementing new person centred review forms, which covered a range of topics.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Staff had completed an appropriate induction programme. One staff told us, "In the beginning before national care group merged with Respite north west the training was almost non existent but this has improved over the last 12/18 months since national group have taken over."
- Another staff told us, "Although the training I have received has been good and beneficial in my role the only criticism I have is that we get very little notice when the courses are taking place."
- Staff had opportunities for supervision and appraisals and told us they felt supported. They told us, "Management are very supportive and approachable. They go out of their way to help."

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

- Staff supported people to eat and drink enough, in line with their support plan and with their preferences. For example one staff told us. " All their preferences are individual. Last night all 4 lads, had 4 different teas. It's no problem. "
- Staff supported people with specific dietary needs, based on health and cultural needs. One staff told us, "[Name] doesn't eat pork and he has his own fridge, to ensure we meet his cultural needs appropriately."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. Appropriate information was shared when people moved into the service and we saw evidence of transition plans that had been tailored to each person's individual needs.

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

- Staff understood people's healthcare needs and monitored them effectively.
- Where people required support from healthcare professionals this was arranged, and staff followed

guidance provided by professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. 13 applications had been made with various local authorities.

- Staff ensured that people were involved in decisions about their care and knew what they needed to do, to make sure decisions were made in people's best interests.
- Where people did not have capacity, they were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People experienced kind and caring support from staff who were committed to supporting them respectfully. People told us, "Staff are good to us. I like them all."
- One relative told us, "I am more than happy, they are very good people." They also said, " Staff are so good and he's very happy. They always update me."
- People's equality and diversity needs had been recorded in their care plans and staff followed their cultural needs and wishes.

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

- People were encouraged to express their views and be involved in decisions which affected them. People were consulted about their care plans. they were encouraged to make decisions about their day to day routines.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff we spoke with understood the importance of respect and dignity. People told us, "Yes they give me privacy to spend time in my room listening to music."
- People had been supported to maintain and improve their independence and we observed positive interactions which demonstrated warmth and compassion.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was responsive to their needs. People's interests had been identified and the service looked to achieve positive outcomes for people. People's needs and care plans were reviewed regularly by the staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the AIS and explained people had the option to have service user guides in formats they understood. Information was available in a variety of formats and in a way people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities. People we spoke with were happy with the choice of activities. One person showed us pictures of activities that they attended and told us how happy they were.
- We observed there was a calm and comfortable atmosphere within the tenancies.
- Relationships with families were positive and they were made to feel welcome.

Improving care quality in response to complaints or concerns

- We looked at the complaint's procedure. The service also had a user- friendly complaints policy and we saw that complaints were managed appropriately.
- People we spoke with told us they knew how to raise complaints and felt able speak up.

End of life care and support

- Arrangements were in place to support people at the end of life and staff had received appropriate training.
- The registered manager had identified that advanced planning around end of life was a priority within the service. Some plans were in place. Further work was planned to commence a piece of work around considering their wishes and to make plans which reflected any cultural and religious considerations

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We judged the service had an open culture under the leadership of the registered manager who was keen to learn from any incidents and concerns.
- People received care which reflected their individual needs and aspirations. The registered manager was passionate about her role and her value base was evident throughout inspection. The registered manager knew people well and ensured people received positive outcomes. She worked hard with the staff team to monitor and raise standards.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities about being open and honest when things went wrong. The registered manager was aware that people must be informed and receive truthful information and an apology when incidents occurred.

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

- The registered manager had ensured staff understood their roles and responsibilities. People told us the registered manager was approachable. One person told us, "My team leader and care manager are very supportive. There is always someone on call if needed."
- The quality of the service was monitored through auditing to assess and monitor the delivery of care and support. Audits undertaken had covered a variety of areas and where improvement was necessary this had been highlighted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were encouraged to share their views through surveys and meetings. Morale at the service was good and people felt valued.
- Staff engagement was achieved through team meetings, supervisions and handovers. Staff we spoke with felt able to raise any issues or concerns.
- Conversations with staff and the registered manager showed they understood the need for protecting people against the various forms of discrimination.
- Continuous learning and improvement was taking place.

Working in partnership with others

- The provider worked in partnership with other professionals to ensure the service was able to share knowledge skills and experiences. This included; the local authority and health professionals. Where needed, people had been referred to other professionals for assessment and support, such as speech and language therapists.