Care Quality Commission

Sunderland City Council

Grindon Short Break Service

Inspection report

210 Grindon Lane
Grindon
Sunderland
SR4 8HW
Tel: 0191 525 7620

Date of inspection visit: 11 August 2015
Date of publication: 29/09/2015

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 inspection took place on the 11 August 2015 and was unannounced. This meant the provider did not know we would be visiting. We last inspected this service on 4 December 2013 and found the service to be meeting all legal requirements we inspected against.

Grindon Short Break Service provides care and support for up to nine people who have a physical disability. At the time of the inspection there were three people having a short break at the service.

At the time of the inspection a manager was in post but they were not registered with the Care Quality Commission (CQC). A different person was registered with the Care Quality Commission as the manager of the service but they were no longer in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People told us they felt safe and well cared during the time they spent at Grindon Short Break Service. One person said, “It’s like a hotel.”

Staff had the skills and knowledge to ensure they could meet people’s needs in a safe and sensitive manner. Staff were respectful of people’s wishes and one person said, “I’m well looked after.” As the number of people staying at the service varied according to who needed a short break at that time the staffing levels were managed in a flexible way. There was a minimum level of staffing in place but this was increased dependant on the number and needs of people staying at the service.

Care records were personalised and as there was a regular group of people who used the service all information was reviewed with people at the beginning of each stay, as well as their being feedback sessions at the end of each stay and an annual review for people.

Health professionals were involved in peoples care and we saw that manual handling assessments were completed by occupational therapists, and if people needed support with their nutritional needs speech and language therapists had been involved.

Relevant risk assessments had been completed and were reviewed in a timely manner. If there were any accidents or incidents they were investigated and plans put in place to minimise the risk that they could re-occur. If needed people were referred to specialists such as the falls teams.

People’s medicines were managed safely and we saw that some people managed their own medicines. This had been risk assessed and there were monitoring procedures in place. If a medicine error was made by staff, the staff member wrote a self-reflective account which supported them to assess their own performance and identify any area’s which could be improved upon.

Team meetings were held regularly and staff could add to the agenda any items they wished to speak about. Staff said they were well supported, had regular supervision and an annual appraisal but also felt they could approach the manager and the deputy at any time they needed support or guidance.

People were included in decisions about their care wherever possible and if someone had been assessed as lacking capacity we saw that applications had been made in relation to Deprivation of Liberty Safeguards (DoLS). The manager explained that a plan was in place for making any future applications for people staying at the service where they felt it was necessary to do so. We saw that the manager had been proactive in seeking advice in relation to DoLS and mental capacity.

People were looking forward to the activities that had been planned for their stay, including a trip to Coronation Street which one person told us was, “A dream come true.” The assistant manager said they involved people in planning activities for their next stay so at the minute they were asking people what they would like to do during their Christmas break.

Service improvement was high on the agenda. Any concerns and complaints had been thoroughly investigated and responded to and we saw that apologies were freely offered to people alongside information on any changes that were going to be implemented as a result of the concern.

A variety of audit tools and quality assurance systems were used to monitor the service and action plan for any improvements that were needed. We saw that action plans were regularly reviewed and updated to ensure progress was being made.

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?

Good

The service was safe. People told us they felt safe and staff had a good understanding of how to report and respond to any concerns.

There was a flexible approach to staffing which ensured people received the appropriate level of care and support.

Medicines were assessed and managed; with any errors being managed in a robust way to ensure lessons were learnt and any improvements that were needed were made.

Is the service effective?

Good

The service was effective. Staff told us they felt well supported and had regular supervision meetings with their manager, they also had annual appraisals and relevant training.

Mental capacity and deprivation of liberty was understood and we saw that requirements were being followed by the manager; advice was sought in a proactive way if they needed clarity on any action they needed to take.

People were well supported with their dietary and health needs.

Is the service caring?

Good

The service was caring. People told us they were very well cared for, one person said, “It’s like a hotel,” another told us, “Nothing could be better.”

People were treated with dignity and respect and the support people did need was managed in a discrete and sensitive manner.

People were encouraged to be involved in planning future stays and to be proactive in saying what they wanted and expected from each break.

Is the service responsive?

Good

The service was responsive. Care was very individual and information relating to the person’s history, support needs, risk and preferences were recorded within a ‘my life’ document.

People were involved in planning activities and one person said, “I’m going to Coronation Street tomorrow, it’s a dream come true.” Activities were planned specifically for the people who were having a short break at that specific time.

Complaints were thoroughly investigated and lessons were learnt and new procedures introduced to improve the quality of the service based on concerns people had raised.

Is the service well-led?

Good

The service was well led. There was regular communication form the manager to the team and the team were encouraged to add to the agenda for team meetings.

Quality assurance was high on the agenda and a range of audit tools were used to monitor and improve the quality of the service provision.

Grindon Short 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.

The inspection took place on 11 August 2015 and was unannounced.

The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioning team and the safeguarding adults team who did not raise any concerns.

We looked at three peoples care records and staff training, supervision and appraisal information. Recruitment files were stored at head office. We reviewed medicine records and information relating to peoples nutritional needs; as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

One person told us, "I'm very safe and well cared for here." Staff were knowledgeable about safeguarding and how to report any concerns. One staff member said, "If I was worried I'd speak to someone, one of the managers, or even the social worker if I needed to."

A safeguarding file was in place which included all necessary information, it was noted that there had been no recent safeguarding concerns raised. We spoke to the manager about this and they said there had been no safeguarding concerns at all. They were aware of their responsibility for reporting and recording any concerns or alerts.

People told us they enjoyed regular breaks at the service. There was a 'booking in' procedure which was used each time someone stayed at the service. This included a check of equipment, and a review of the wheelchair safety sheet, which involved a check of the brakes, lap belt, armrests, and foot rests and so on. Finance sheets were reviewed and it was detailed what arrangements and/or support was needed in relation to the person's monies. Various other care records were reviewed and updated at the beginning of each stay.

Manual handling assessments were completed by occupational therapists. Staff trained as moving and handling facilitators reviewed people's needs at the beginning of every stay. The information recorded the number of staff needed to support the person; any equipment needed; and how the person should be supported. If the person transferred independently and did not need support this was documented.

People had a document titled 'managing risk to promote opportunity' which was used to identify any risks and how they should be managed. We saw that one person's risk assessment identified they were at risk due to reduced mobility. The action staff took to manage this was to discuss it with the person at each stay and to record and monitor the person's mobility. A support plan was in place for staff to follow and control measures included the training staff needed as well as a list of equipment that the person used and how this should be checked and monitored to ensure it was safe. Contingency plans were integral in these documents and included the need to inform named family members or significant others of any incidents. These documents were reviewed each time the person had a short break.

Falls risk assessments were completed and reviewed and falls assessment and monitoring sheets were used if people were assessed as being at risk. There was a register of risk assessments and review dates in place which included wheelchair use, fire safety, hoist use, clinical waste, medicines and nail care. We noted that all risk assessments had recently been updated.

Contingency plans were in place; including missing person's forms which included a photograph of the person and any important information which would be useful to the police should the person go missing.

Each person who stayed at the service had a personal emergency evacuation plan which was reviewed at the beginning of each stay. One staff member said, "We do fire drills, and do all the fire safety checks weekly, we check the lighting and the extinguishers, and do unannounced evacuation drills, everyone knows what to do and everyone gets out."

Accidents and incidents were recorded and a log was kept of the date, the people involved, whether any care records had been reviewed and updated and whether CQC had been informed. A monthly analysis of accidents and falls was completed to look for trends and to ensure all follow up action had been completed appropriately.

Medicines errors were managed separately to incidents and included a matrix so if particular staff were making errors it could be analysed and specific support offered to the staff member. As well as medicine error forms being completed which included information on the error, who investigated it, action taken following the error and key points of the circumstances there was also possible causes for the error noted and an outcome such as reviewed procedures; communication process reviewed; documents revised or refresher training provided. Staff were also required to complete a reflective account of what happened and make any suggestions as to how errors may be avoided or procedures managed differently.

Staffing levels were flexible according to the numbers and specific needs of people having a short break at the service. The manager explained that the service was part of a hub area with other services so there was a combined approach

Good

Is the service safe?

to staffing which allowed for the flexibility. They said the minimum level of staffing was four staff in a morning and three on an afternoon with one sleep in member of staff and one waking night. They said, "It is very flexible though, one person uses a hoist and needs care overnight so we make sure there's two waking night staff then for the moving and handling support." One staff member said, "There's always enough staff." Another staff member said, "There are enough staff, I would like to see more if we have a lot of people staying who have higher support needs." The manager explained that they considered people's support needs when arranging their stay and altered staff levels accordingly.

There had been no recent recruitment to the service but the manager explained the process was to seek a full employment history via the use of an application form; prospective staff would be interviewed and if successful references and a disclosure and barring service check (DBS) would be completed before someone started in post. DBS checks replaced the Criminal Records Bureau check and is used as a means to assess someone's suitability to work with vulnerable people.

At the beginning of each stay a review of the medicine risk assessment and the person's health notes, their hospital liaison sheet and appointments were completed. A medicine form was completed at every stay which included details of the doctor and the person's arrival and departure date to ensure stock and administration was correct. The detail included the name of the medicine, the colour and strength of the tablet and when it should be taken.

A medicine risk assessment was in place and included information on whether people were able to order their medicine or if they needed support and what the support was. Whether people understood their medicine, could remove medicines form containers themselves and so forth. There was also an assessment of whether people had any medical reasons why they shouldn't self-administer their medicines; whether they administer their own medicines at home and how medicine would be monitored. The risk assessment led to a management plan which, in one record we looked at assessed that the person needed help to order and collect their medicines and an occasional verbal reminder but they were able to administer medicines themselves. This assessment was reviewed each time the person had a short break.

Appropriate records were in place for recording the receipt, administration and return of any medicines and there were audits completed at each stay people had at the service.

Medicine profiles and checklists were completed which included information of what the medicine was used for and any side effects.

Good

Is the service effective?

Our findings

We spoke with staff about the support and training they receive. One staff member said, "We are well supported and valued." The manager said, "The staff are brilliant, the people who use the service are very supportive of the staff as well."

One staff member said, "We have team meetings once a month. There's a file and we can add to the agenda or we can speak to the managers anytime." We saw that team meetings were held regularly and agenda items were inclusive of areas raised by the staff team as well as those set by the manager and the provider.

We asked about training and induction. The deputy manager said, "Induction is a two week training programme and then there's an in-house induction in place. The new care certificate has been sorted for new staff. Sunderland College are our main provider for our training." The care certificate is a set of standards that health and social care staff are expected to work to. It means staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support for people.

One staff member said, "I've had training in medicines, moving and handling, breakaway, an epilepsy nurse came in last year; safeguarding; mental capacity act and deprivation of liberty."

Another said, "I've had medicine training, end of life, breakaway, food hygiene, infection control. I'm waiting for some on brain injury, I've done safeguarding, Parkinson's disease, refresher training, PEG feeding, catheter care." The deputy manager said, "Training refresher periods are changing so training dates come through, I check it against the rota and nominate staff to attend. At the minute staff have been nominated for breakaway training, infection control and medicines. We are also waiting for the new diploma to come through as staff are interested in that too." They added, "We've had training in house on PEG feeding, fire safety and we have internal assessors for moving and handling, we've also had the multiple sclerosis nurse involved in training." We asked whether training was up to date, they said, "Not all of it is up to date but there is a plan for staff to complete it and get it up to date." We saw that a training plan was in place to ensure all staff completed all the necessary training.

One staff member said, "We are definitely well supported," they added, "We have supervision, the deputy does mine." Another said, "Yes, we have appraisal, I have to hand mine back in now I've read and signed it." We saw a supervision and appraisal matrix which showed that all staff had their annual appraisal booked in. The matrix also showed dates that staff had been supervised; completed medicine observations or induction sections and when they had attended a team meeting or a training day which included some elements of training and group support.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

The manager explained that one person had a DoLS in place due to their level of need and we saw this had been appropriately authorised. A programme was in place for making applications for people who stayed at the service where it was felt that a deprivation of liberty was required. One staff member said, "No one is deprived of their liberty, if we thought they were we would speak to someone, probably the social worker."

A mental capacity assessment had been completed for one person in relation to care and treatment in which it had been assessed that the person met the requirement for a DoLS. An urgent authorisation had been put in place whilst the standard application was being authorised. The manager was aware of the need to notify CQC of the outcome of the application.

Another person had an authorised DoLS in place and the manager had sought written confirmation as to whether the DoLS would also apply when they were having a break at the service. Confirmation had been received that a further application would not be needed.

We looked at how people's dietary needs were being met. One staff member said, "We do gluten free, halal, soya milk diets. Any needs people have we try to meet." They added, "We manage people's dietary needs together as we don't have a cook." We saw that assessments had been completed by speech and language therapists (SALT) for some people and recommendations were kept in the kitchen for staff to refer to when preparing meals.

Nutritional needs screening tools were completed and reviewed at every short break and monitoring forms for food and fluid intake were also used where needed.

Good

Is the service effective?

Where people received their nutrition via a PEG tube (a tube which is medically inserted into the stomach through which nutrition is passed when oral intake is not adequate or possible) care plans were detailed and specific in relation to the person's needs, including the position they needed to be and details of how to flush the tube. Details included that all medicines should be administered using the PEG tube and contact details for the nurse specialist were recorded as were those for the occupational therapist.

Information about people's health and wellbeing was recorded in their 'my life' records. This included detail about their needs and preferences in relation to dental care, optical care, hearing, and dietary requirements as well as any medical needs.

Health notes were kept and included information on appointments but also if the doctor had been contacted for an appointment or advice and why; the outcome was recorded as was information on whether the person's family or friends had been informed.

Health action plans were used which included information on all aspects of a person's health including their eating and drinking needs; mobility; eyesight, teeth, feet, sleep, specialist equipment; personal care, and keeping safe.

Good

Is the service caring?

Our findings

At the time of the inspection there were three people enjoying a short break at the service. Staff explained that people had a full day of activity planned and they were supporting one person to get ready whilst the other two people spent some time in the lounge.

We met the two people in the lounge area where they were sitting chatting together and enjoying each other's company.

Both people were very complimentary about the service they received and commented, "I'm very happy and well looked after here, the staff are lovely." One person went on to say, "It's like a hotel, you couldn't be better looked after."

We asked people how they were spending the day and they explained they were just waiting for someone else to get ready and they were then going to go out and do some food shopping, have a walk and then they would be going for an ice-cream. One person said, "If they can manage it they will take you anywhere you want to go."

Another person told us, "We are going to Coronation Street tomorrow so we have to get up early. It'll be a long day but I'm really looking forward to it, it's something I've always to do." They went on to say, "We've been asked what sandwiches we want for tomorrow and they'll make them for us. We can have anything we want. We are very well cared for."

During the time we spent with people staff knocked on the lounge door occasionally, respecting people's privacy, but asked if people were alright or if they needed anything.

One person told us all about their history and their family, explaining how having a short break gave them a break and also their spouse and their family. They were very open about the positive impact this had on their home life as it supported their spouse to have a family holiday abroad whilst knowing they were safe, happy and well cared for.

One staff member said, "We have a regular group of guests so we know people well and they know us. If things change or we are concerned we know who to speak to and we do." Another staff member said, "We think about people's communication needs, one person has advanced MS [multiple sclerosis] so we gauge their communication from non-verbal cues, we know each other well which helps."

They added, "We know they close their mouth if they don't want something, we tried a new cup to support them with drinking after we noticed some changes which has really helped them." They added, "Another person is partially sighted so we use verbal prompts and explanations to support them."

There was an array of information on display around the service; including the history of the building; information of services that people could access such as advocacy and advice and support services. There were many thank you cards and framed arts and crafts that people had made to show their thanks and appreciation for the support they had received.

Service user contracts and guest charters were used which detailed what people could expect from their short break in relation to a range of food; telephone access; involvement in their personal plan; care which was provided in a sensitive and dignified manner; rights to complain; protection from abuse; a choice of activities and confidentiality.

People told us they knew how to complain, one person said, "I'd tell the staff if I was unhappy about anything and put a complaint in but I love it!" Another person said, "Nothing could be better."

We saw that people were encouraged to maintain their independence and were actively involved in the decisions about the care and support they needed and expected whilst they were having a short break. Where people were independent this was recorded so staff knew people did not need any support in that area, and where they had been an assessed need for support it was provided in a personalised and sensitive manner. For instance, where people had an assessed need for night checks to be completed it was recorded that these should be done in a discrete and sensitive manner.

People were involved in the planning of future stays and staff explained they were starting to ask people what they would like to do during their Christmas stay so they could try to organise for and meet any special requests.

At the end of each stay people were invited to comment on whether their needs had been met; whether they had been able to take part in the activities they had wanted to and if there were any changes that could be made to improve people's experience.

Good

Is the service responsive?

Our findings

Each person had a document titled 'This is My Life' which included individual information about the person's family, where they liked to visit, the food and drink they enjoyed and their favourite activities. The document also included information on important people and events in their life, their religious and cultural needs as well as information on the person's health and medicines. These documents initially gave a picture of the person and what was important to them before going on to explain the persons care needs and how they should be supported.

The document included specific support needs around a person's personal care, again noting when a person was independent and did not need any support in that area. This section included information on the person's preferences for hairdressers and communication.

One person's plan described the support they needed overnight, such as the bedside lamp to be on, the bedroom door and curtains should be closed and that the person did not want any overnight checks to be completed

One staff member said, "People have their own care plan at home and we develop our own, we do our own assessment of mobility, transport and need. We risk assess as we go really." They added, "We've had training on how to assess risk and care plan."

The staff team had worked with other professionals to develop strategies and care plans to support one person; this involved minimal discussion during support as it enabled the person to remain calm and settled; if the person became agitated staff were to reassure once then disengage temporarily until the person settled. Various strategies that staff should follow were recorded alongside information on what the triggers for behaviour might be and why staff were to follow the specific strategies, for example to ensure the behaviour wasn't encouraged and reinforced.

We asked staff about the procedure for care planning. They said, "Everything is kept within the 'my life' document so it's all in one place; the way to support someone, the equipment needed, who else is involved and so on."

Social interest's sheets were completed when people were booked in as guests to the service and monitoring sheets were used for social interests and activities. People were consulted on future activities they might like to take part in so staff could plan for their next stay.

One staff member said, "We all organise activities depending on what people want to do and if there's a driver on. We are going out for shopping and ice-cream today, tomorrow we are going to Coronation Street. There's three guests and three staff, people are really looking forward to it, and [Person] has wanted to go for ages."

A weekly activity planner was in place which detailed the people receiving a short break, the staff on duty and the activities on offer.

Each time a person stayed at the service there was a procedure for booking them in which included a review of their needs and an update of any care plans as needed.

An annual review was held which included an assessment as to whether people had achieved their desired activities; whether there were changes to their physical support needs; if they had any additional dietary needs; any future activities they wanted to take part in; an assessment of future health needs; any specialist equipment that was needed; support with finances and a check of personal details and people to contact.

A complaints file was in place which included a log which specified the date the complaint was received, the nature of the complaint, who investigated and what the outcome was. We saw that all complaints were thoroughly investigated and responded to.

New procedures had been put into place following some complaints such as monitoring staffing levels dependant on the needs of the people having a short break and new procedures for the laundry.

Each time someone went home from the service they were invited to complete a 'Sunday review' to provide feedback on their stay and identify any areas that they felt could be improved upon. One person had identified that a specific room was inappropriate to meet their needs and so it was noted that the staff should try to ensure they stayed in the same room during each visit as it met their needs. The

Good

Is the service responsive?

manager had identified that some people declined to complete this and so they were introducing a six monthly customer service feedback questionnaire in order to try and gain people's views on the service.

Good

Is the service well-led?

Our findings

We asked the manager about the person who was registered with CQC as the registered manager. We were told they had moved on so the current manager had taken on the role with the support of an assistant manager whilst the workforce transformation programme was implemented. The manager explained that once the transformation project had been finalised they would be going ahead with registering as soon as possible as they felt it was important for consistency that they continued to manage the service.

One staff member said, "There's nothing that could be done better. We are well supported, any queries or problems we can speak to the managers and they get it sorted, we are kept up to date with the restructure and we have regular team meetings. We also have one to ones so we can raise any concerns then if we need to."

The manager explained that they attended various meetings with the senior managers in order to ensure they were aware of their roles and responsibilities and to discuss best practice and service improvement.

Staff team meetings were held on a monthly basis and information was cascaded to front line staff from the various meetings attended by the management. Staff had the opportunity to add items to the agenda before the team meetings. Discussions included confidentiality, the use of documentation, health and safety, leaver feedback forms, annual meetings and reviews and training amongst other things.

Contact sheets were completed by way of handover; this included information on how the person had been and whether they had needed any support overnight. There was a summary of people who were arriving or leaving that day; a record of any relevant information that staff needed to know about; any activities for the day and any tasks that needed to be completed that day. Any actions needed to be taken were signed off as they were done. One staff member said, "We have a communications book, we don't put personal information in there we would record initials and say 'read file' if there were any changes." They added, "We all tend to come in a bit early when on shift to get an update."

There was a colleague information reading file which included key information for staff to read and be aware of such as the business plan, newsletters and information on workforce transformation; learning and training opportunities and the colleague survey results.

A range of audits and quality assurance tools were used to monitor the service and action plan for improvements. Personal planning audit forms were used to record any actions needed in relation to care records, such as signing someone's personal emergency evacuation plan or updating a support plan. All actions were dated and signed off as and when they had been completed.

A variety of health and safety checks were completed on a regular basis which included room and environment checks as well as equipment checks. A health and safety audit had recently been completed which included fire safety, first aid, hoists and adaptations, information and premises security, window locks, infection control and unused rooms.

The building owner also completed an annual health check of the building and developed an action plan which we saw had been implemented.

Individual medicine audits were completed which covered risk assessments, medicine records and a stock check. An audit of the medicines system and processes was also completed and covered pre-admission information, receipt, storage and ordering of medicines, disposal of medicines, medicine errors, as and when required medicine protocols, covert medicines if applicable, records and staff training.

Audits had integral action plans which showed who should complete actions and when by, we noted that any required actions had been completed or updates added to action plans.

Internal monitoring systems showed that people staying for short breaks had had their files updated; checklists were completed for the relevance and timeliness of risk assessments; all equipment safety checks were audited, such as electrical safety and portable appliance testing and hoist checks.

An information governance checklist had been recently completed which included an assessment of the security of the building and of information which included storage, key security, implementation of a clear desk policy, a check

Good

Is the service well-led?

of computer equipment, the management of confidential waste and appropriate archiving systems; an audit of identification badges and training. A further checklist was due to be completed on a quarterly basis.

The manager said, "We have worked hard with the team to get on track. Being positive, keeping morale high, staff are accepting of change if they know why it's happening. The needs of guests come first, with multi-agency working, if we make mistakes we learn from them and we get better. People have a positive experience here." They went on to say, "We overcome any difficulties such as the staffing establishment and the efficient running of the service; we do what we can with the resources available to us. There's never been a time when staffing levels didn't meet people's needs to a good standard. We have lots of letters and cards of thanks to show appreciation. We have positive relationships with carers and communicate well, even if there's a complaint or concerns we acknowledge them and respond positively."