

Knowsley Metropolitan Borough Council

Atkinson Grove Chance for a Break Service

Inspection report

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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 

Overall summary

This was an announced inspection, carried out on 13 March 2015.

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 a maximum of 4 adults.

The service has had a registered manager since 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.

Summary of findings

The last inspection of Atkinson Grove was carried out in August 2014 and we found that the service was not meeting all the regulations that were assessed. During this inspection we found that the required improvements had been made.

People told us they liked staying at the service and that they felt safe during the time they were there. Family members had no concerns about their relative's safety and the way their relative was treated. Staff knew what their responsibilities were for responding to any concerns they had about a person's safety, including allegations of abuse. Training provided to staff and information made available to them helped to ensure people were safeguarded from abuse and avoidable harm. The environment was clean and hygienic and equipment used at the service was regularly checked and tested to make sure it was safe.

A pre stay assessment was carried out prior to people commencing a stay at the service, and where necessary care plans were updated. Care plans detailed people's wishes with regards to their care and support and they included important information about people's preferred lifestyles. Care plans were regularly reviewed with the involvement of the person they were for and other important people such as family members and relevant health and social care professionals.

Processes for recruiting staff were safe and thorough to ensure staff were suitable for their role. People's needs were understood and met by the right amount of skilled and experienced staff. Staff were available when people needed them and people told us that they liked the staff and that they were good at their job.

Staff ensured that people received the care and support they needed during their stay from other healthcare services. Staff were confident about what to do if they became aware of any concerns about a person's health or wellbeing. Medication was managed safely and people received their medication at the right times.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests.

Staff received an appropriate level of support and training relevant to the work they carried out and the needs of people who used the service. People who used the service told us they liked the staff and family members told us they had a lot of confidence in staff and that their relative had received the right care and support. Staff reassured people and were caring and kind in their approach.

The service was managed by a person who was described as being approachable and supportive. The quality of the service was regularly checked and improvements were made based on the findings of these checks and from seeking people's views about the service.

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?

The service was safe.

People felt safe throughout their stay at the service. Staff knew how to respond to any concerns they had about people's safety.

Risks to people's health safety and welfare were identified and managed. People received their medicines on time.

People were cared for and supported by the right amount of staff who had received training appropriate to the work they carried out.

Good



Is the service effective?

The service was effective.

The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests.

Pre stay assessments which were carried out ensured people received effective care and support.

People had a choice of food and drink which met their needs.

Good



Is the service caring?

The service was caring.

People told us the staff were helpful and kind.

Staff provided people with comfort and reassurance when they needed it.

People's privacy and independence was respected and they were given maximum choice.

Good



Is the service responsive?

The service was responsive.

Staff ensured people received the support they needed to maintain personalised routines.

Staff listened to people who used the service and responded quickly to their requests for assistance.

There was an easy read complaints procedure to enable people to raise any concerns they had about the service they received.

Good



Is the service well-led?

The service was well led.

The service had a manager who was registered with CQC. People had confidence in the way the service was managed.

Checks which were carried out on the service brought about improvements to the service people received.

People's views about the service were obtained and their comments were listened to and acted upon.

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 on 13 March 2015. Our inspection was carried out by an adult social care inspector. We gave notice of the inspection the day before our visit. This was to make sure that people were in when we visited.

During our inspection we spoke with three people who used the service and four family members. We also spoke with three care staff and the registered manager. We looked at four people's care records and observed how people were cared for. We also looked at staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At our last inspection in August 2014 we were concerned about people's safety. We asked the provider to send us an action plan outlining how they would make improvements. These were to be completed by 01 January 2015. At this visit we found the required improvements had been made.

People told us they felt safe and that they were treated well. Their comments included; "It's great here, all the staff are lovely and they treat me good" and "Yes I am safe". Family members told us they had no concerns about how their relatives were treated. One family member commented, "I completely trust them. I can leave here without any worries".

Risks to people's health, safety and welfare were assessed and identified prior to each stay at the service. Risks people faced were identified in their care plan along with the action staff needed to take to ensure people were safe and free from harm. The level of care and support people needed throughout the day and night was included in risk assessments and this helped determine staffing arrangements at the service. There were sufficient numbers of staff on duty to keep people safe and meet their individual needs. Staffing rotas which we viewed showed that the amount of staff on duty varied from week to week. The registered manager explained that this was because they were based on the needs of the people were using the service at the time. Staff told us they had no concerns about the staffing levels and that there had always been enough staff to meet people's needs. Family members told us they thought their relative had always been supported by the right amount of skilled and experienced staff. People received one to one support when they needed it.

The provider had a safeguarding policy and procedure which was available at the service. This included information about how to prevent abuse from happening, the meaning of abuse and responsibilities for protecting people from abuse and reporting abuse. Staff told us they had completed safeguarding training and we saw records which confirmed this. Staff knew what was meant by abuse and they were able to describe the different types of abuse and signs which indicate that abuse may have occurred. The registered manager had also attended training in

relation to safeguarding people from abuse and he demonstrated good knowledge and understanding of the provider's procedures for dealing with any safeguarding matters which may occur at the service.

The provider had a recruitment and selection policy and procedure which was available at the service. We viewed recruitment records for three members of staff and this showed that the process for recruiting staff was thorough and safe. Applicants had completed an application form which required them to provide details of their previous employment history, training and experience. We also saw that appropriate checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on people's criminal record and to check if they have been placed on a list for people who are barred from working with vulnerable adults. This assisted the provider to make safer decisions about the recruitment of staff.

People had their medication managed safely by staff who had received appropriate training. Staff had access to the provider's procedure for the safe management of people's medication and other related guidance. Staff at the service were not responsible for ordering people's medication. This was because people arrived at the service with their prescribed medication. During a pre stay assessment details of people's medicines were obtained, including items of medication people were prescribed and the directions for administration during their stay at the service. During our inspection we saw staff checking medication and preparing a medication administration record (MAR) for one person who commenced a stay at the service. Daily checks were carried out on people's medicines and MARs to ensure medicines had been correctly administered to people. There were secure facilities at the service for the storage of people's medicines.

All parts of the service were safe, clean and well maintained. Aids and adaptations were fitted around the service to enable people to move around safely. This included hand and grab rails to help people with their balance and mobility. Records showed that regular health and safety checks were carried out on equipment used at the service and we saw certificates issued by approved contractors which confirmed the suitability and safety of equipment.

Is the service safe?

Practices to control the spread of infection were followed and checked. Staff had completed regular training in infection control and they explained what their responsibilities were for ensuring a clean and hygienic environment. Hand washing facilities and a good supply of protective equipment such as disposable gloves and aprons, were available throughout the service. Suitable bins were in place for the disposal of clinical and domestic waste and contracts which were in place ensured the safe removal of clinical waste from the service.

Staff told us they had received health and safety training, including fire awareness, first aid and moving and handling and we saw records which confirmed this. Staff also had access to a range of policies and procedures relating to health and safety matters. There was an on call rota in place which provided staff with contact details of a named person who could be called upon at any time to offer advice and support.

Is the service effective?

Our findings

People told us they liked the staff and that they were good at their job. Their comments included, “They do a good job” and “They know me dead well”.

Prior to each stay contact was made with the people who used the service or where appropriate their representative and a pre stay assessment was carried out. This enabled staff to review and, where appropriate update information they held about the person in order that people received effective care and support. Family members confirmed that a pre stay assessment had been carried out in respect of their relative prior to each stay at the service.

Staff had information about people’s preferred methods of communication and guidance was in place about the most effective way of communicating with people. Staff communicated effectively with people, for example they made eye contact and spoke clearly to people and were appropriate staff used pictures, signs and objects to aid people’s communication.

Information about people’s dietary needs was taken account of as part of their pre stay assessment and care plans were updated to take account of any new information. This ensured staff had the right information about people’s dietary needs and preferences. A record of what people ate and drank during their stay was kept to help staff monitor people’s diet and to ensure that people were provided with food and drink which met their needs. There was a good stock of food and drinks available at the service, including fresh fruit and vegetables. People were given the opportunity during their stay to shop for food and prepare their own meals if they wished. However, staff told us that they usually shopped for food and prepared people’s meals each day. Staff explained that this was because people considered their stay as a holiday break away from their usual daily routines and staff respected this.

Staff received training and support appropriate to their role and responsibilities and the needs of the people who used the service. Training records showed staff had completed a

range of mandatory and specialist training and that they had attended regular refresher training to update their knowledge and skills. Staff received support which enabled them to discuss their work performance, training and development opportunities. This included formal one to one meetings with the manager and an annual appraisal. Records also confirmed this. Structured handovers during each shift change and regular team meetings had also provided staff with an opportunity to discuss matters relating to their work and the people who used the service.

Due to the nature of the service staff were not responsible for the overall planning and delivery of people’s healthcare needs. However, prior to each stay people’s healthcare needs were assessed identified and where appropriate planned for. For example, where a person had a specific condition which needed monitoring, information and guidance was obtained in relation to this and appropriate monitoring records were completed. A health passport was maintained for each person who used the service which included important information about their health including details of the persons GP and any other health or social care professionals involved in their care. This enabled staff to make contact with the relevant professional if they had any concerns about a person’s health or wellbeing during their stay.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager had good level of understanding of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Some people who used the service were unable to make important decisions about their care and support. We saw that an application for a Deprivation of Liberty (DoLS) had been made for a number of people who used the service and copies of the DoLS applications were held in people’s care files.

Is the service caring?

Our findings

People told us they liked the staff and that they were kind and helpful. One person commented, “They are like my family when I stay here”. Family members told us they thought all the staff were caring and thoughtful. Comments made by family members included; “The staff are very friendly, nothing is too much trouble”; “They are so caring and know him very well” and “They always make a fuss of him and put him at ease”.

People were treated with kindness and compassion. For example, staff provided support to a person who was upset. They sat next to the person, held their hand and provided them with comfort and reassurance. Staff encouraged the person to engage in an activity which they knew they enjoyed and the person responded positively to this. Prior to leaving family members were reassured that their relative would be well cared for and staff invited them to make contact at any time if they wished to speak with their relative, or enquire about them.

During our inspection we met with one person who was leaving following a stay at the service and we met three people who arrived at different times during the day to commence a stay. Staff welcomed people on arrival and offered them with a drink and snack. People were helped to take their belongings to their room and staff offered to assist people with their unpacking. One person chose to unpack alone and this was respected by staff. People told us they were given a choice of which room they stayed in and staff told us they made every effort to ensure people got to stay in the room of their choice. One person told us; “I like this room and the bed is comfy”. Staff ensured people had access to personal items which were important to them, for examples magazines, catalogues and games.

People were treated in a dignified way and their choice and independence was promoted. Staff had a good

understanding about their responsibilities for ensuring people received a service which promoted their independence, choice, privacy and dignity. Staff explained how they did this. For example, they ensured people received personal care in rooms with doors and curtains closed and that they obtained people’s permission prior to providing any care and support. People were given choices and encouraged to make their own decisions about things such as where they spent their time and who they spent their time with. When offered drinks and snacks people were provided with a variety of choice and staff waited patiently for people’s response.

The atmosphere at the service was calm and relaxing and interactions amongst the staff and people who used the service were positive throughout the day. Staff enquired how people were and showed an interest in what people had to say. Staff sat next to people and spent time chatting about any plans they had during their stay. There was much banter and laughter between staff and people, which people appeared to enjoy. One person said, “I like to have a good laugh and joke with the staff, they really do make me laugh”.

People and their family members were provided with information about the service. The information detailed the services and facilities which people should expect during their stay and summarised the process for complaining. None of the people who used the service required the use of an advocacy service. However information about independent advocacy services was available and the registered manager told us they would provide people with the necessary support to access an independent advocate if required during their stay. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Is the service responsive?

Our findings

People told us they had enjoyed their stays at the service and that they had received all the care and support they needed. One person commented; “I love it here. The staff make sure I have everything I need”. Family members told us that the service was responsive to the needs of their relative. One relative commented; “They get all the care they need and the staff contact us if they have any worries or if they need to double check on something” and “I have every confidence that they do the right thing”.

The service communicated well with people’s family members and other agencies to make sure people received the care and support they needed during their stay at the service. An assessment of people’s needs was carried out prior to each stay and where possible the person was involved along with others such as family members and relevant health and social care professionals. Where a person’s needs changed during their stay staff responded appropriately by involving the relevant others for advice and guidance. Staff facilitated visits from other professionals when this was required for people during their stay at the service. This included daily visits from district nurses for one person who used the service. Staff ensured that appropriate records of the visits were maintained and kept up to date and they followed through as required any instructions given by the nurses.

We looked at four people’s care files in detail. A care plan had been developed for people’s assessed needs when they first began to use the service. People’s care plans were reviewed and updated prior to each stay at the service. This ensured care plans were up to date and reflected any changes in people’s needs since their last stay. Where possible people were involved in reviewing their care plans and where appropriate family members and relevant professionals were invited to take part in reviews. Daily records kept for each person showed they had received all the care and support which they had agreed to. Care plans

included information and guidance for staff about how best to support the individual in a way that they preferred. People’s likes and dislikes and things which were important to the person were recorded. This included how people liked to dress, their preferred title, personal care routines and routines for getting up each morning and retiring to bed. A family member told us that routines were very important to their relative and that staff ensured they were followed.

Staff were knowledgeable about people’s individual needs and how to support them. Staff described in detail what each person needed and how they preferred to be supported.

Following each stay at the service people were invited to comment about the service they had experienced. People were provided with easy read questionnaires which gave them an opportunity to provide feedback about things such as the quality of the care and support, the staff and meals. Completed questionnaires showed people’s experiences of the service had been positive. The service had a complaints procedure and it was available in an easy read format which included the use of pictures. This meant that people who had difficulties reading could access it more easily. People who used the service and family members told us they would complain if they needed to and they said they were confident that their complaints would be taken seriously and acted upon.

Information had been obtained about people’s hobbies and interests and how they preferred to spend their time. Staff used this information to help plan activities for each individual during their stay. During their stay people who chose to, attended day services and other planned activities which were part of their usual routines and this was supported by staff. Staff ensured people accessed the transport they needed to enable them to travel to and from their destination and staff had accompanied people when this was required.

Is the service well-led?

Our findings

At our last inspection in August 2014 we were concerned because there was a lack of quality monitoring processes within the service to identify risks to people's health and safety. We asked the provider to send us an action plan outlining how they would make improvements. These were to be completed by 01 January 2014. At this visit we found the required improvements had been made.

There was a registered manager in post who registered with the Care Quality Commission in December 2014.

People who used the service and family members made positive comments about the registered manager and the way he managed the service. Their comments included, "Really good. He has made so many positive changes", "Very good management skills, He is on the ball", "He is very hands on, which I think is good as he gets to see what's going on", "I like him a lot" and "He's very professional."

Since their appointment the registered manager had made a number of improvements and put plans in place for further improvements to the service. This included a new care planning format and reviewing system which captured all the relevant information about people's needs, including any risks they faced, and how they should be met. Regular checks had been carried out on the safety of the environment at the required frequencies and records for these were better maintained. A range of other checks were carried out to assess and monitor the quality of the service people received. These included; checks on staff performance and visits to the service by a representative of the provider. This ensured any risks to people health, safety and welfare were identified and managed.

Staff told us they were well managed and that morale amongst the staff team was good. They said the manager operated an 'open door policy' whereby they felt able to

raise any concerns they had with him. Family members said they had confidence in the manager and that he had dealt with issues they had raised with him, appropriately. Staff commented that the registered manager was approachable, inclusive and effective. Their comments included, "He gets the job done with no fuss" and "He's made such a difference. He cares a lot about the guests (People who used the service) and wants the very best for them".

The provider had a whistleblowing policy, which was available to staff. Staff were aware of the policy and told us they would use it if they felt the need to.

People's responses and comments in feedback questionnaires were used to assess and monitor the service people received. Weekly meetings for people who used the service were held as a way of obtaining people's views about the service. Meetings were also held for staff which provided them with an opportunity to discuss as a group issues about the service such as how it is run. Minutes of the meetings were kept and they showed people were actively involved and were consulted about matters relating to the service.

There were no recorded incidents at the time of our inspection, however the registered manager explained the provider's procedure for dealing with any incidents should they arise. He told us that incidents would be recorded and reported to the relevant person or body including, the provider and where necessary the Health and Safety Executive and CQC. He told us that incidents would be reviewed and analysed and where possible measures would be put in place to help reduce any future occurrences. The registered manager knew their responsibilities for notifying CQC of significant events which occur at the service. This ensured people were protected against the risk of inappropriate and unsafe care.