Respite (North West) Limited

Respite (North West) - Heywood

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

Summary of findings

Overall summary

Respite (North West) Heywood provides care to people who live in their own homes. People receiving support have a wide range of support needs, with the largest client group having learning disabilities.

The service were last inspected in August 2014 when they met all the regulations we inspected.

We undertook this comprehensive unannounced inspection on 07 and 08 June 2016, which was conducted by one inspector.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service and family members said they felt safe. Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them which included the contact details of the local authority to report to.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

People who used the service told us the food was good. They were involved in planning their menus and shopping for food. People were encouraged to assist with any tasks they could to help them remain independent.

The office was well equipped to provide a good service and was maintained to a good standard. We also saw evidence the houses people lived in had systems to check they were safe.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Although people who live in their own homes do not usually require a DoLS a manager told us social services were looking at the mental capacity of people in supported living to ensure it was in their best interests to do so.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were

supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind, knowledgeable and caring.

We saw people had the opportunity to attend meaningful activities and were also supported to remain as independent as possible by being taught skills such as shopping and menu planning.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

There was a record kept of any complaints and we saw the manager took action to investigate any concerns, incidents or accidents to reach satisfactory outcomes. There had not been any complaints since the last inspection.

Staff and people who used the service told us managers were approachable and supportive.

Staff meetings gave staff the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

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. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff had been recruited robustly and should be safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given good nutritional advice and were able to plan their menus and if possible help prepare their own meals.

Staff were well trained and supported to provide effective care. Induction and regular training should ensure staff could meet the needs of people who used the service.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

People who used the service told us they were encouraged to keep in touch with their family and friends.

We observed there were good interactions between staff and people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Family members and staff told us they felt the service was well led and they could get support from managers if they needed to.

Respite (North West) - Heywood

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.

This was an unannounced inspection and was conducted by one inspector on the 01 June 2016.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us.

We did not request a Provider Information Return (PIR) because the provider would not have had sufficient time to complete it. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we talked with two people who used the service, two relatives, two care staff members, a manager and the registered manager.

There were 21 people who used the service on the day of the inspection. During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for five people who used the service and medication administration records for eight people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

Two people who used the service said, "I feel safe living here" and "I feel safe with the people who look after me. I am happy with my staff." Two relatives said, "They are trustworthy. I feel safe with the staff and confident they are looking after him well" and "I think [my relative] is safe in their hands. I have peace of mind knowing they are looking after [my relative] when I am at work." Two staff members said, "I know about the whistleblowing policy. It could be a friend of mine but I would still whistle blow if it was not best practice I saw. It is up to support workers to put assessments in place to keep people safe" and "I would be prepared to report poor practice."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Rochdale social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allowed staff to report genuine concerns with no recriminations. There were safe systems to protect people.

In the reception area there was a notice board containing information any person could read. This included a document called safeguarding matters which was a newsletter from the Rochdale Metropolitan Borough Council (RMBC) about safeguarding. This gave people advice around safeguarding news from the RMBC safeguarding board, names and contact details, mental health advice and guidance for advocates.

Relatives and people who used the service felt staff were reliable and there were sufficient numbers in the teams who looked after their families. A relative also told us, "There is an on call member of staff and I am confident they would respond." Managers were available during office hours with an on call service for unforeseen emergencies.

The service were not responsible for infection control for people living with family members. However, staff were trained in the prevention and control of infection to help protect the health and welfare of people accommodated in supported living. Staff had access to an infection control policy and procedure to follow good practice and had access to personal protective equipment, for example gloves and aprons to help prevent the spread of bacteria. The training staff received would also enable them to advise people who used the service on any infection control issues. The service also had an outbreak policy, which gave staff information about what to do if an outbreak of infection took place.

We looked at three staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not.

This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that equipment in the office was safely maintained. This included portable appliance testing and fire equipment. The service owned the building and had a person responsible for maintenance. Fire drills were held regularly to help staff know what to do if a fire occurred.

A person who used the service said, "I know what I have to do in the event of a fire." We saw from records that people who lived in supported houses were involved in practicing escaping from the building in the event of a fire. Each person had a personal emergency evacuation procedure (PEEP) which gave staff any specific information people had in the event of a fire. If people had any behaviours that may challenge staff conducted a risk assessment to try to minimise any risks to keep people safe.

The service had a business continuity plan. This gave staff and people who used the service advice on how the service would operate in an emergency. It included details around the on call service, adverse weather, alternative accommodation for people and important numbers for failures such as gas or electricity. We spoke with the registered manager about the plan which would keep people who used the service safe. However, it did not tell us what would happen if the emergency was in the office. The registered manager said he would make an addition to the plan to include how the service would operate if the office was affected.

We looked at five plans of care during the inspection. We saw that there were risk assessments for any personal needs a person may have, for example, moving and handling, nutrition, tissue viability and falls. Risk assessments were also undertaken for using transport, behaviours that may challenge and any possibility of self-harming. The risk assessments we looked at helped protect the health and welfare of people who used the service but did not restrict their lifestyle.

There were also risk assessments for the environment such as for slips, trips, falls, the possibility of burns and scalds and any hazards identified inside or outside each house.

People who used the service said, "I get my medicines on time" and "I always get my medicines and on time." We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, administration, the safe use of controlled drugs, consent, reporting errors, checking for side effects, homely remedies, giving as required medicines, non-compliance, storage and disposal. The policies were available for staff to follow good practice.

Some people lived with their families and staff were not responsible for administering their medicines. We saw from the staff records that staff had their competency checked as part of the supervision process. We looked at eight medicines administration records and found them to be accurate with no gaps or omissions. If managers spotted any errors action was taken to prevent any further occurrence. We saw that staff had the error pointed out and if necessary received more training or a warning to follow the procedures.

Some people had complex needs and were not able to communicate verbally. We saw very clear guidance for staff around pain relief by known body language characteristics or the sounds people may make. This meant they were able to have any pain controlled. People may also require their medicines to be given via a tube. Staff were trained to give medicines in this way if required. There was good guidance in the plans of care for staff to give specific medicines such as for epilepsy. The policies, procedures and systems should ensure the administration of medicines was safe at this care service.

Some people lived in their own homes and family members were responsible for the control of infection. We saw from the training matrix that staff were trained in infection prevention and control to keep people safe in supported living and offer support and advice to people living in their own homes. Management conducted regular spot checks and looked at any infection control issues and the cleanliness of the environment. Staff were issued with personal protective equipment (PPE) to help prevent the spread of infection.

Good

Is the service effective?

Our findings

People who used the service said, "I sometimes go shopping for food. We help choose what we eat. I like the food here" and "They cook my food for me. They tell me what is healthy and what is not. I choose my own food when shopping."

Staff were trained in safe food hygiene and nutrition. People lived in their own homes with family support and could eat what they wanted. Staff had the knowledge to advise people on good nutrition and safe food hygiene. We saw in the reception area of the office there was a healthy eating guide. This told people what foods were healthy and showed pictures of the foods to make them easier to understand.

Each person helped plan their weekly menu and if able assisted in shopping for their food. The weekly menu was audited by managers to ensure each person received a balanced diet and had sufficient supplies. Regular spot checks looked at the cleanliness of the kitchen.

We saw from looking in the plans of care that advice was sought from dieticians and from specialist nurses for people who had diabetes.

If a person required feeding through a tube (enteral feeding) staff received training and support to provide a person's diet in this way. If people were nutritionally at risk their weight was recorded regularly.

We looked at four staff files during the inspection. We saw new staff were given an induction. The induction started after new staff commenced work. Part of the induction process was to learn key skills and be aware of policies and procedures. The service matched staff with people who used the service. This included age, gender and interests. They were supported to join a person's team by experienced staff. We saw that three staff had completed the care certificate which is considered best practice for people new to the care industry. We saw a further three staff were currently undertaking the care certificate.

Two visitors said, "The staff seem to know what they are doing. I think they are well trained. They shadow new members of staff to give them time to get used to him and him to them. Just as importantly they have removed staff he did not like" and "All the staff we have know how to look after my relative and are well trained. They know how to communicate with her even though she cannot speak." Staff told us, "We get plenty of training. I am going to complete a nursing course and they are supporting me to do that" and "You can ask for any training you want." We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, medicines administration, moving and handling, infection control, health and safety, safeguarding, medicines administration, nutrition and fire awareness. Staff were encouraged to take a recognised course (NVQ or Diploma) in health and social care and from looking at the training matrix we saw that most staff had completed a course at various levels. Other training included safe record keeping and confidentiality. We saw that refresher and further training was planned for future dates. On the day of the inspection several staff attended a training session on behaviours that may challenge.

There was a matrix which showed when staff were next due supervision. Staff said, "We have one to one sessions, appraisals and they do spot checks on us" and "I get regular supervision." Supervision consisted of 'house meetings', formal supervision, medicines competency checks and spot checks. Spot checks were unannounced and may be undertaken on an individual or the staff team. We saw the records for each form of supervision. Staff also thought managers were supportive and could be contacted when the office was open or out of hours by on call staff. Supervision was ongoing to give staff the chance to bring up their career needs and for management to check upon their skills and progress.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

People living in their own homes are not usually subject to DoL'S. However, staff were trained in the MCA and DoL'S to ensure they were aware of the principles. People who used the service had a mental health assessment. A senior member of staff told us she had been in contact with a social worker who had told her they were looking at holding best interest discussions to decide if people needed to be subjected to a deprivation of liberty safeguard in the community. This would be arranged by social services. We were told the service would report any possible DoLS to the local safeguarding team.

We saw that people had a tenancy agreement which explained the terms and conditions for living in a supported home. Where possible people had signed their agreement to the tenancy and for care and treatment. With permission we visited a home where three people lived. We saw that people were comfortable. We were also visited in the office by two people who used the service – one supported by staff members and one with a parent. We saw that staff asked people what they wanted and waited for consent prior to undertaking any task or activity.

People had access to specialists and professionals. This may include specialists in learning disability or mental health but also for routine appointments such as optician, podiatrists and dentists. This meant people had up to date support and advice.

The service worked out of an office in the centre of Heywood with parking to the rear of the property. There was a reception area, several training rooms, offices for various grades of staff, kitchens and an area where people who used the service could go for therapy. This was equipped with sensory equipment to help people relax.

The office was equipped with all the usual equipment required to manager a care service such as computers with email, fax machine, telephones and printers.

Good

Is the service caring?

Our findings

People who used the service said, "The staff are nice. They are all very kind. They look after me well. I like all the staff" and "I can trust the staff. I have five staff looking after me and they are all very nice." Two visitors said, "The service is excellent. They appreciate what we need and are very reliable. I cannot speak highly enough of Respite North West and their staff because they are exceptional. In fact [my relative] loves them so much she is very protective of them. I can trust the staff in my house which is important and they are very reliable. They have gone out of their way to supply care staff at short notice. They are our friends and you can have a laugh with them" and "The staff are hard working. They go out of their way to help. They help me as well. They are all kind and caring. They are like my extended family. I think I get an incredible service. For thirteen years I tried to get the right support and since they came on board all has gone well."

We observed that staff had a friendly, caring yet professional approach with people who used the service.

Records stored in the office were stored safely and only available to people who needed to have access to them. This helped people's records remain confidential.

A person who used the service said, "I get to see my mother and father. The other people who live here are my friends" and "Mum and dad still visit me. They support me and like to get involved." People were encouraged to maintain relationships with their friends and families.

Staff told us, "I love working here. I like supporting people in the community, getting out and about and helping people maintain some independence" And I like it here very much. No two days are the same. I get my own personal reward from helping people achieve things." Staff we spoke with were motivated and happy working at this care service.

A relative said, "They give my [relative] any care with privacy and dignity and include him in everything. They tell him what they want to do and he has a choice. The staff here are very good and they know what he wants."

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. This helped staff get to know people better and deliver personalised care. We observed that people had choice in the time they got up, where they ate and how they spent their day. There was also information about what a person could do for themselves to help them retain some independence.

The people who used this service were mainly younger people with a learning disability. One person had a funeral plan and the service were currently updating people's specific wishes should their condition deteriorate. We were told the end of life wishes had been completed for five people and the remainder would be completed as soon as possible. We were confident the provider would complete this task. This would ensure people's wishes were known at the end of their life.

Good

Is the service responsive?

Our findings

Two relatives told us, "They keep me up to date with how she has been" and "They match staff to [my relatives] needs and are very flexible. Even if a member of staff leaves they always supply someone who knows her with any new staff." Relatives thought the service kept them up to date and were responsive to their family member's needs.

Two people who used the service told us, "I would talk to my parents if I had any concerns or complaints" and "If I had any concerns I would talk to a member of staff or my mother and father." Two relatives said, "I have no complaints or concerns. If something is wrong they will sort it. I would feel confident to raise any concerns and in the past they have dealt with any issues" and "I would contact the manager and I would raise a concern with him. He listens."

On the day of the inspection all the people we spoke with did not have any concerns or complaints about the service. There was a suitable complaints procedure which was provided when people commenced using the service. There were pictures to support the words to make it easier for people to understand. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch. We saw the registered manager had a system for analysing complaints which would enable her to provide a satisfactory outcome.

People who used the service said, "I like going cycling, going to the Gateway club to sing and dance and watching football. I went on holiday to Blackpool" and "I like to go to the disco. I go shopping for clothes and for food. I am going on holiday to Amsterdam to see the Anna Frank house. I go cycling, swimming, to festivals and I like to watch bands. My favourite group is Abba and I have seen an Abba tribute band and also a Queen tribute band. I go out in the evening as well as at day time because staff know how to look after younger people."

A relative said, "They take him out and about. They always come early. He likes to go on the tram, go for rides out and listen to his music." We saw from looking at the plans of care that people were able to join in activities of their choice. We saw many photographs of people enjoying themselves in their chosen activities. Teaching life skills such as setting the table or learning how to dress correctly was an important part of their support and helped people retain or improve their independence. One person was assisted to attend religious activities which meant the service were aware of people's diverse needs. One staff member said, "It is important to help people remain independent in the community and help improve their confidence and life skills."

The service also provided a day care centre called Chrysalis. This provided an alternative venue for people who used the domiciliary service by offering planned and unplanned meaningful activities. As well as staff employed by the agency people were supported here by community groups and associations who also contributed time and resources. We called in at this centre on one day of the inspection and saw people

being supported by staff to make decorations for an upcoming carnival. One person was also receiving one to one support for her mental health problems.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example personal care, diet and nutrition, mobility or sleep showed what need a person had and how staff needed to support them to reach the desired outcome. The goals were also for social behaviour as well as for health needs. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management.

Each person had a 'hospital passport'. This gave other organisations the details they would need to care for somebody in an emergency.

The staff and relatives we spoke with confirmed staff had worked at the service for some time and knew the people they looked after well.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run

Two relatives said, "The service is well led. If ever we have had a meeting with management we have always reached a solution. We have used other services but they are not as good as this one" and "He is a fantastic manager. I get on well with him and he gives good advice. The service is flexible and well led. We have had other services who were nightmares. Respite North West have been a godsend." One person who used the service who lived in a supported living environment said, "I am happy here." Two staff members said, "The company is well led. I think we get good support" and "I feel very well supported. You can talk to anyone. It is a very well led service and the manager is approachable." Everyone we spoke with thought managers were available and responded to their needs.

There were regular recorded meetings with people who used the service. This tended to be in each separate supported house with the team who provided care for the people who lived there. This may be in a person's own home or one of the supported tenancies. We saw that people's care was discussed as well as any other areas such as improvements to the environment or activities.

There were also regular meetings with staff and this was again usually held in the environment they worked in. Topics included the care of the individual, the environment, staff training and any topics staff wished to bring up themselves. Any company wide topics were discussed so that all staff knew what was going on.

There was also quarterly newsletter to keep staff up to date. We looked at the last copy which introduced new staff, promotions, pay and conditions, training, safeguarding, CQC inspections, the care certificate and pensions advice.

The registered manager conducted audits regularly to try to improve the quality of the service. Audits included plans of care, medicines administration, health and safety, infection control, cleanliness, food and nutrition, activities, people's environment, fire prevention and good kitchen practice.

We looked at policies and procedures which were updated regularly. The policies we looked at included health and safety, infection control, medicines management, safeguarding, whistleblowing, complaints, privacy and dignity, best interest meeting procedures, nutrition and hydration. There were policies and procedures available for staff to follow good practice.

There was evidence in the plans of care that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed.

We saw that the service conducted quality assurance surveys annually. Ten forms had been returned up to

the date of the inspection for this year's survey. The service asked people for their views about care and care planning, if people had a regular staff team, confidence in the staff, consistency of the service, flexibility of staff, respect, if the office staff were polite and answered any questions, if the manager was available to talk to, did people know how to complain and if so how had the service responded. The service were waiting for more responses before producing a summary with any actions they needed to take.