Bolton Cares (A) Limited

The Respite House

Inspection report

2-4 New Lane
Breightmet
Bolton
Lancashire
BL2 5BN

Tel: 01204337830

Date of inspection visit:
22 February 2017

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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

The unannounced inspection took place on 22 February 2017. This was the first inspection for this service under the new provider.

The Respite House is registered to provide short respite breaks for up to six adults with mental health needs. At the time of the inspection there were three people using the service and another person expected later in the day. The home provides a service for people, sometimes in crisis where hospital admission is neither appropriate nor necessary. The home is situated in the Breightmet area of Bolton with shops and local amenities close by. Public transport is easily accessible.

There was a registered manager 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.

The building was secure and safety checks were regularly undertaken to ensure people's safety.

There was an appropriate safeguarding policy and procedure in place and we saw that a new protocol had been put in place as a response to an incident. This showed that the service were open to reviewing and improving processes when required. Staff were aware of the procedures.

Staffing levels were sufficient to meet the needs of the people who used the service. The rotas were flexible and extra staff could be put in if the need arose.

Recruitment was robust and induction for new staff was thorough. Training was on-going for staff throughout their employment. Staff supervisions were undertaken on a regular basis.

Appropriate health and safety measures were in place. Medicines systems were effective and helped ensure medicines were stored and administered safely.

The premises were in need of updating and a refurbishment was planned for the near future. There was a downstairs bedroom and toilet, but the rest of the building was not easily accessible for people with limited mobility.

There was a choice of food for people who used the service. Food and drink was available at all times, some meals were prepared for people and assistance was given with meal preparation to anyone who required it.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

We observed staff interacting with people who used the service in a friendly and caring manner. People were fully involved in decisions about their support and care.

Information given to people who used the service was comprehensive. People were encouraged to be as independent as possible and supported to reach their potential.

Care plans included a range of health and personal information and were person-centred. People's preferences and wishes were recorded and responded to by the service.

Feedback was encouraged in a number of ways, such as the 'going home questionnaire', suggestions box, complaints procedure and informal chats. There were no complaints but the service had received a number of compliments in the form of thank you cards.

People told us staff were approachable and staff said they were well supported. Team meetings, supervisions and handovers took place regularly to help ensure staff were supported in their work.

There were a number of audits and checks carried out. These were analysed and issues identified were addressed appropriately.

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 was an appropriate safeguarding policy and procedure in place and staff were aware of the procedures.

Staffing levels were sufficient to meet the needs of the people who used the service. The rotas were flexible and extra staff could be put in if the need arose. Staff recruitment was robust

Appropriate health and safety measures were in place. Medicines systems were effective and helped ensure medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

The staff induction programme was thorough and training was on-going for staff throughout their employment

The premises were in need of updating and a refurbishment was planned for the near future. There was a downstairs bedroom and toilet, but the rest of the building was not easily accessible for people with limited mobility.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

We observed staff interacting with people who used the service in a friendly and caring manner. People were fully involved in decisions about their support and care.

Information given to people who used the service was comprehensive and people were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans included a range of health and personal information and were person-centred. People's preferences and wishes were recorded and responded to by the service.

There were no complaints but the service had received a number of compliments in the form of thank you cards.

Is the service well-led?

Good

The service was well-led.

People told us staff were approachable and staff said they were well supported. Team meetings, supervisions and handovers took place regularly to help ensure staff were supported in their work.

Feedback was encouraged in a number of ways, such as the 'going home questionnaire', suggestions box, complaints procedure and informal chats.

There were a number of audits and checks carried out. These were analysed and issues identified were addressed appropriately.

The Respite House

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 22 February 2017 and was unannounced. This inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we reviewed the information we held about the service in the form of notifications. We reviewed this information to help us make a judgement about this care home.

During our inspection we were shown around the premises of the service and looked at the facilities provided.

We looked at records at the service including three people's care records, electronic staff files, policies and procedures, health and safety information, staff rotas, staff training matrix, staff meeting minutes, supervision records, complaints and compliments and quality assurance

We spoke with two people who were currently using the service, two members of care staff and the registered manager. We also contacted a health professional who has regular contact with the service to ascertain their views of the service provided.

We contacted the local authority commissioners, the local safeguarding team and Healthwatch England. Healthwatch England is the national consumer champion in health and care.

Good

Is the service safe?

Our findings

We spoke with two people who used the service. One person said they felt safe, another described feeling unsafe in general, as their perception of their life was unclear due to the nature of their illness. However, we saw that this person was given lots of reassurance by care staff, as they explained that the premises were securely locked and always staffed, that the local police would come out promptly if called. Staff explained that the person had stopped taking their medication a few months ago and they were supporting them to start taking them again, which would help relieve the feelings of insecurity and anxiety. Staff told us they would keep talking to this individual and providing reassurance. We heard a staff member explaining the options about where they could stay to the individual, and then they asked the person where they would feel safest. The person agreed they were in the best place and became less agitated throughout the day and engaged well with staff at the home.

We looked at the processes for safeguarding vulnerable adults at the service. There were policies and procedures followed by the local authority and guidance for staff. A new protocol had been put in place regarding people leaving the premises and not returning when expected. This followed an incident that had occurred and demonstrated that the service was open to learning lessons and continually improving the service. Staff we spoke with demonstrated a good understanding of safeguarding issues and protocols. They were also aware of the whistle blowing policy and the need to report any poor practice they may witness.

We looked at staff rotas and at how many staff were around on the day of the inspection. Staffing levels were sufficient to meet the needs of the people who were currently using the service. The registered manager explained that staffing was flexible and they were able to put additional staff in place if required. There was one 'sleep-in' staff overnight, who had access to an on-call service should the need arise.

Staff electronic records evidenced that recruitment of new staff was robust. Two references were required as well as proof of identity. All staff had undergone Disclosure and Barring Service (DBS) checks prior to commencing work. These checks helped ensure staff were suitable to work with vulnerable people.

We looked at health and safety information and saw that checks, such as the security of the premises and temperature levels were taken regularly to ensure the building was safe. General risk assessments around issues such as medicines administration, food preparation, community activities, epilepsy, first aid and fire evacuation were in place and fit for purpose. Personal Emergency Evacuation Plans (PEEPs) were in the process of being completed to ensure people would receive the correct level of support in the event of an emergency. There was an up to date fire risk assessment in place. Accidents and incidents were recorded in an incident report file and were followed up with appropriate actions where needed.

Food temperatures were taken regularly to ensure safety in this area. We saw there was an infection control file with information around outbreaks, audits and findings. Hand hygiene audits were regularly carried out to help prevent the spread of infection.

Up to date medicines policies and procedures were in place and they included guidance on self-medication,

medicines taken as and when required (PRN), homely remedies and medicines errors. Medicines procedures had been updated recently and the process of both booking in and administering medicines had been changed so that two staff were now required to sign for each transaction. This was to help make the process safer. Staff had undertaken appropriate training in the area of medicines administration and were confident in this area.

Good

Is the service effective?

Our findings

Staff had a thorough induction with the service, which included completing the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. This included all the basic training relevant to staff roles.

The staff training matrix evidenced further training, such as epilepsy, diabetes awareness, dementia awareness, fluid and nutrition. There was also some service specific training such as mental health and learning disability awareness, Sage and Thyme communication, self-neglect, HIV and Hepatitis B and C, Clozapine awareness and recovery approach.

A new supervision policy had been introduced in January2017. This included an agreement, to be signed by both parties, guidance around roles and frequency of supervision sessions, which were to take place a minimum of four times per year. We looked at the supervision matrix which showed that staff had regular one to one supervision sessions. The registered manager told us she was going to introduce some group, themed supervisions to ensure staff knowledge and skills were kept up to date with relevant issues.

We looked around the premises, which consisted of six bedrooms, bathrooms, lounge, dining area, kitchen, conservatory, office, reception and outside space. One bedroom was on the ground floor with access for people with limited mobility. However, the rest of the building did not offer easy access so people who were, for example, wheelchair users, may be limited in the areas they were able to access.

The building was clean and tidy, but in need of updating and refreshing. The registered manager told us a refurbishment was planned for May 2017 where this would be done. The food was kept appropriately in the kitchen, breakfast and evening meals were made for people and there was a variety of food on offer so that people could have a choice. There were drinks and food available at any time of day and people who used the service were given assistance with meals if they required this.

We witnessed a staff handover from one shift to the next. This included information on each person currently using the service, checks on medicines levels to ensure these had been given correctly and general information on day to day issues. The handover was thorough, unrushed and informative so that the shift coming on were fully aware of anything they needed to know.

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

People can only be deprived of their liberty so that they can 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 people who used the service had some level of capacity, though this could fluctuate due to their mental health conditions. Staff were aware of the principles of MCA and had undertaken some training in this area.

We saw that there was a consent policy in place and appropriate consent forms had been signed by people who used the service, for issues such as disclosure of information, medication support and financial support. DoLS applications would be inappropriate in most cases, as stays were sporadic and short term. However, there was guidance on less restrictive practice for staff to follow.

Good

Is the service caring?

Our findings

We spoke with two people who used the service. One person said, "I've been here before. Staff helped me". Another told us, "It's very nice. Staff will talk to you here".

We watched staff interacting with people who used the service during the inspection. They were patient and kind and ensured they were taking each person's feelings on board and acknowledging them.

There were policies around dignity and privacy, confidentiality and equality and diversity and it was clear that the service endeavoured to be as inclusive as possible with people. The premises were not fully adapted for people with physical disabilities, but there was a downstairs bedroom, which could accommodate someone with limited mobility. There was a downstairs toilet and wash basin.

There was a welcome pack given to people on arrival. This included information about facilities, with pictures of each room. There was information about the staff team and the registered manager. The complaints policy was also outlined in the pack.

The booklet set out the service's promise, which included respecting privacy and dignity and confidentiality. There was other general information and a statement about valuing diversity. This referenced the service's policy and explained the intention to be fair and equal to all. We asked staff about how people's diversity was respected. They told us they were able to access a range of culturally sensitive foods, they could also access religious services or ministers if this was required. It was clear from talking to staff that they were aware of people's diverse needs and would make efforts to accommodate these requirements in order to make people comfortable and happy.

We saw, from the care plans we looked at, that the service ensured they included people fully in decisions about their care and support. We also witnessed staff discussing options with people who used the service and taking into account their opinions and wishes.

We saw that, staff at the service endeavoured to promote people's independence and build confidence to aid people's well-being. They supported people, who may be in a crisis situation, to get back to a place where they could manage their lives and live independently.

Going home questionnaires were used to evaluate and improve the service. We saw that the comments made under the category of the 'best thing about the service' were invariably about having 'someone to talk to' amongst the staff.

Good

Is the service responsive?

Our findings

We looked at three care files and saw that they included a range of information from previous agencies, such as hospital or community mental health teams, to inform the support to be provided. There was an admission report and communication sheets which were completed by staff on each shift.

Each file included an individual personal plan which included feelings, mental and physical health support needs, dietary requirements, likes and dislikes, cultural needs, visitors, appointments and people's preference of gender of staff. The registered manager told us these preferences would be adhered to and the staff team could be adjusted to ensure people's wishes were accommodated. The registered manager told us that paperwork was being updated, to include documents such as service user risk assessments, so that the care would be individual and appropriate for each person who used the service.

People were supported to go out into the community if they wished to and friends and family could visit them if they wished to do so. There was a pool table in the conservatory for people to use to relax. The service provided a smoking shelter outside for people to use. At night they were allowed to smoke in the conservatory as the building was then securely locked up.

There was a suggestions box in the reception area, entitled "Tell us how it is". This enabled people who used the service to put forward ideas for improvements to the service.

There was an appropriate complaints procedure which was displayed in the reception area. It was also referenced in the welcome booklet. There had been no recent complaints, but the service had recently commenced a summary of informal complaints, or 'grumbles' book, so that they could keep an eye on minor concerns and respond quickly to them. Outcomes and learning from these concerns were recorded.

We saw a number of compliments cards received by the service. Comments included; "Thanks for looking after me"; "Thank you very much for having me"; "Thank you from the bottom of my heart for all your support, encouragement and well for being more than just staff to me"; "You guys are so ace. Keep up the good work"; "Just a note to say a big thank you for your support; "Don't know what I would have done without you".

Good

Is the service well-led?

Our findings

We saw that comments by people who used the service, when they were going home, included the fact that staff were approachable. The provider of the service had recently changed and there had been a staff survey to see how staff felt about this. Most staff had commented that it was too early to say if this would be a good thing moving forward.

The reception area of the building housed a number of posters on the notice board. These included the registered manager's details, the staff team, complaints procedure and information about local agencies.

We spoke with staff about how supported they felt. Staff also told us they felt supported by the registered manager and one staff member said, "This is the best place you can work, you learn fast and there are different people [using the service] here all the time".

Staff supervisions took place on a regular basis. Handovers were done at the end/beginning of each shift and were comprehensive, helping to support each staff team to support the people currently using the service.

Staff meetings took place regularly and we looked at the minutes of the most recent meetings. Issues discussed included outcomes of audits, new service user risk assessments, informal complaints, admissions paperwork, training, health and safety, refurbishment and rotas.
There was an on-call service for staff to use out of hours. This was to be linked with another of the provider's services to ensure there was always a member of management available to support staff at any time. The registered manager told us the local hospital and the police responded promptly to any requests for assistance from the service.

Feedback from people who used the service was sought in a number of ways. These included the going home questionnaire, the suggestion box within the reception area, the informal complaints log and from informal conversations.

We saw a number of audits and checks carried out by the service. These included medicines audits, infection control audits, hand hygiene audits, building security checks and cleaning checks. We saw evidence that when issues had been identified, they were addressed in a timely manner, helping to ensure continual improvement to service delivery.