

Sunderland City Council

Grindon Short Break Service

Inspection report

210 Grindon Lane
Grindon
Sunderland
Tyne and Wear
SR4 8HW

Tel: 01915257620
Website: www.sunderland.gov.uk

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

At our last inspection we rated the service overall as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Grindon Short Break Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Grindon Short Break Service is a residential respite service for up to ten people with a range of different needs.

Some people using the service had a learning disability. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People, relatives and staff described the registered manager as supportive and approachable. They told us since the registered manager had started there had been significant improvements made to the service.

People, relatives and staff described the excellent care the staff provided. They used words such as "first class", "brilliant" and "wonderful" to describe the service. They described staff as "kindness itself" and praised staff for the care they provided to family members. We heard about numerous occasions when staff went 'above and beyond' often at short notice to help people in crisis. People told us about how staff had supported them through these times and helped them to move forward with their lives. Staff were particularly skilled at empowering people to communicate and express their needs. This had developed over the years due to a stable and consistent team of dedicated staff.

People, relatives and staff said the service was a safe place.

There were enough staff on duty to provide care that reflected people's needs.

The provider had effective recruitment systems to ensure new staff were suitable to work at the service.

Staff had a very good understanding of safeguarding and whistle blowing. They knew how to report

concerns but said they had no concerns about people's safety. Previous safeguarding concerns had been dealt with and investigated effectively.

People received their medicines when they were due.

The provider responded to accidents and incidents effectively. There were procedures to deal with unforeseen emergencies.

Staff told us they were well supported and received training relevant to their role. This included specialist training where people had particular health and care needs.

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

Staff supported people to meet their nutritional and healthcare needs in line with their particular needs. Staff had completed additional training to enable them to care for people with specialist eating and drinking requirements. Health professionals had been consulted to provide specialist advice and guidance when required.

People's needs had been assessed to determine what care and support they needed. People's care plans were personalised to their individual requirements. They clearly described how they wanted to be cared for so their needs and preferences were met. Care plans were reviewed regularly to keep them up to date.

Relatives only gave us extremely positive feedback about the service. They said they could speak with the registered manager or any staff member at any time. The registered manager was described as approachable and supportive.

The provider had an agreed approach for dealing with complaints. There had been no complaints received about the service since our last inspection.

The provider continued to operate a structured approach to quality assurance and this remained effective in driving improvements within the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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.

This inspection site visit activity started on 30 April and ended on 10 May 2018. It included visits to the service and telephone conversations with relatives. The first day of inspection was unannounced. There were no people at the service on this first day so we carried out two further announced visits to speak with people and observe the care they received. The provider sent us additional evidence which we received on 15 May 2018. One inspector carried out the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with six people who used the service. We also had telephone conversations with five relatives. We spoke with a range of staff including the registered manager, deputy manager, a senior support worker, a support worker and a member of domestic staff. We viewed a range of records including four people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

Relatives felt the service was a safe place to stay. One relative commented, "I can't say anything bad about the place." Another relative said, "I know [Family member] is in safe hands." Likewise, staff also felt the service was safe. One staff member commented, "Safety is really high. We have all the audits and checks of health and safety. Any safeguardings get alerted." Another staff member commented, "I do think it is a safe place."

Staff had completed specific safeguarding training and they were aware of safeguarding procedures. They also were aware of the provider's whistle blowing procedure. Staff told us they knew how to raise concerns and would not hesitate to do so to keep people safe. One staff member commented, "I certainly would use it [whistle blowing procedure]. If you saw anything wrong you would have to [blow the whistle]." Another staff member, said, "I am very confident to use it if I saw something untoward."

The provider had dealt with previous safeguarding concerns effectively. Safeguarding referrals had been made in line with the agreed local procedures and concerns had been fully investigated. Additional action had been taken to keep people safe such as providing additional support, referring to health professionals and reviewing admissions.

There was sufficient staff deployed to ensure people's individual needs were met. The registered manager monitored staffing levels to ensure the relevant numbers of staff were available to provide the care and support people required. One staff member told us, "Our staffing levels are great."

We found the service was very clean, well decorated and well maintained. Staff had completed specific infection control training and showed a good understanding of the procedures in place. Posters showing pictures of the correct hand washing techniques were displayed in appropriate areas, as a visual prompt for people, staff and visitors. Domestic staff were visible throughout our visits to the service ensuring the home was clean. There were also policies and procedures to protect people, staff and visitors from the risk of infection. The service had an infection control champion whose role was to share good practice across the service.

The provider followed effective recruitment and selection processes to check new staff were staff were suitable to work at the service. This included completing pre-employment checks such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff have a criminal record or are barred from working with vulnerable people.

Medicines were managed safely at the service. Staff had completed relevant training and their competency had been checked prior to administering medicines. Medicines were stored securely and related records

were accurate. For example, records for the receipt, administration and disposal of medicines. Each person had a medicines care plan which described the support they needed from staff to take their medicines safely.

Staff completed regular health and safety checks. Risk assessments were also carried out to help ensure the environment was safe. A range of risk assessments had been carried out covering areas such as fire safety, the use of oxygen and driving at work. Health and safety checks were up to date and included checks of fire safety, emergency lighting and portable appliances. The provider also had procedures to deal with emergency situations. Each person had a Personal Emergency Evacuation Plan (PEEP) which described the support they would need to leave the service safely in an emergency.

Incidents and accidents had been fully investigated. Detailed records were kept which documented the action taken to prevent the situation from happening again. Incidents were analysed to ensure lessons were learnt and relevant changes made.

Staff had an excellent understanding of people's needs. This meant they could proactively support people when they were becoming anxious or unwell. Care records provided staff with information about the most effective strategies to use in these situations to maintain people's wellbeing. For instance, information about how a person presented when they were feeling well or unwell and the best way to support them on these occasions.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People's needs were fully assessed prior to them staying at Grindon Short Break Service. The registered manager had developed a pre-assessment tool to gather people's care and support needs. This included identifying specialist support they might need and any involvement with health professionals. This helped to ensure people's needs could be met at the service and as a baseline for developing personalised care plans.

Prior to each stay staff contacted people and their relatives to confirm whether there had been any changes to people's care and support needs. This enabled the provider to plan for and action any additional needs people might have and to liaise with professionals. In this way people received care which met their current needs.

Staff were well supported and received training relevant to their role. One staff member told us, "I am really supported. I could go to [registered manager] or [deputy manager]. We have a good staff team, we all help out." Another staff member said, "I am very supported, we have a good team, I get on well with everyone. There is loads of training." Essential training included emergency first aid, health and safety, fire safety, moving and assisting, food hygiene and personal safety. Records showed staff training, supervision and appraisals were up to date.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations were in place for all people requiring an authorisation. There were examples in people's care records of MCA assessments and best interests decisions taking place. Staff had completed specific training on the MCA and DoLS and were able to describe how they supported people with decision making.

Staff had an excellent understanding of people's communication needs and the most effective strategies for communicating with each person. Some people had complex communication needs and often used non-verbal communication. For example, using gesture, symbols and pictures. Each person had detailed communication plans which described how staff could best support communication. For example, for one person this included a dictionary of signs they used to communicate and detailed directions for staff on how to support decision making using a pictorial 'choices board'.

Staff continued to support people effectively with the nutrition and healthcare needs. Where people had specialist needs, advice had been taken from relevant health professionals and this was incorporated into people's care plans. One person staying at the service required a specific diet. We noted all staff were aware of this and discussed the person's requirements with them. We also saw special ingredients had been purchased that were suitable for the person to eat.

Staff were proactive in ensuring people had input from external health professionals when appropriate. For example, staff observed one person was finding eating difficult. To ensure staff had the correct advice and guidance a speech and language therapy referral was made. The registered manager told us the person's relative appreciated the actions of the staff to keep their family member safe. The person received the therapy they needed and no longer had difficulty in this area.

The environment was adapted to suit people's needs. There was good signage to help people orientate around the service. Corridors and bedrooms were spacious to allow wheel chair access and had equipment in place where people needed help with mobilising. Sensory equipment and other technology, suitable to the needs of the people staying at the service, were readily available for them to use.

Is the service caring?

Our findings

When we last inspected Grindon Short Break Service we concluded the service was caring and rated it as Good in this domain. Following this inspection, we found the service was extremely caring and our rating has improved to Outstanding. We found Grindon Short Break Service to be a service providing outstanding care that was personalised to each person's needs and preferences.

Without exception relatives gave particularly positive feedback about the excellent care their family members received. One relative commented, "It is absolutely brilliant, I am so pleased it is there. I have found the best place for [family member]. It has been a real good thing [that the service is there]." Another relative told us, "It is excellent, really good. It is the first time ever we have been able to get [family member] into a respite service. The staff are brilliant, they know our [family member]. It is absolutely one of the best places we have been to. I wouldn't put [family member] nowhere else." A third family member said, "[Family member] is happy there, they love the place so I am happy."

The provider had received a significant number of compliments praising the quality of the care provided and caring approach of the staff team. People and relatives had used words like 'first choice for care', 'staff are kindness itself', 'exemplary' and 'fantastic staff.'

It was clear from the most recent consultation with relatives, carried out in October 2017, that they had only the highest praise for the service. Relatives described how the service showed genuine interest in their family members and took time to make them feel at home. Words used to describe the service were 'brilliant', 'good fun which makes the stay enjoyable', 'first class, ten out of ten' and 'wonderful staff, interaction with clients is extremely good.'

Relatives told us about the positive impact they got from their family member staying at the service. One relative said, "[Family member] loves going so that makes me happy. They have never come back with any concerns. [Family member] always seem quite content. We have no qualms about [family member] staying there." Another relative commented, "It makes me feel better, I know family member is in safe hands."

We noted there was a strong and caring bond between people, relatives and staff. We observed people were extremely relaxed and comfortable around the staff team. Throughout our visits, staff showed people the utmost respect at all times. People spoke fondly about the staff team. One person was spontaneously writing messages to give to individual staff thanking them for being so kind. Some people had been staying at the service for many years. We observed people were comfortable together and referred to each other as friends. Staff spent time with people chatting and socialising. From the conversations we heard staff clearly knew people well and talked to them about their interests and family members.

People spoke very fondly about the staff team. One person told us, "It is like my second home." Another person said, "I like coming here. It is very caring, everyone is nice. All the staff are very nice, very nice indeed. I would give all the staff 10 out of 10." Likewise, relatives gave us similar feedback about the caring approach of the staff team. One relative commented, "The staff made us feel so welcome. They made a fuss of [family

member]." Another relative commented, "The staff are very friendly, very caring. Everyone seems content." A third relative, said, "Everyone [staff and other people using the service] loves [family member]. The staff are brilliant, they all get on with [family member] lovely."

Staff had an excellent understanding of people's individual communication styles. We observed first-hand how staff proactively interpreted people's non-verbal communication so their needs were met effectively. Staff used gestures to communicate with one person. The person clearly understood what the staff member was communicating and responded back using gestures. From viewing the person's communication passport, we could see that this was a recognised gesture the person used. They were communicating they were happy and would like a cup of tea, which staff got for them straightaway. Staff patiently showed another person a range of breakfast cereals from which they pointed out what they wanted to have for breakfast. We also observed other people understood some of the gestures people used to communicate and would use these to interact with each other. For instance, we saw on one occasion a person using a particular gesture. Another person told us this meant they were happy.

The service was committed to providing a holistic service that could cater for a wide range of needs. Where people had specific needs in relation to culture or religion, this was discussed on admission so that staff could provide the appropriate support. For example, staff described how they had been able to adjust how the service was delivered to care for a person with religious needs. Particularly, in relation to providing an appropriate diet.

Effective communication continued when the person finished their short stay at the service. People left with a personalised summary of their stay which was written, with their input, in an easy read and pictorial format. This included information and photos about activities undertaken, nutrition and the person's wellbeing during their stay. This enabled relatives to gain an insight into their family member's time away from home and to have meaningful conversations with their family members about their stay at the service.

We found many examples of staff going above and beyond for people. The service was especially responsive and flexible to the needs of the local community. People in crisis often accessed the service as unplanned emergency admissions in need of emotional and practical support. For instance, one person was admitted due to their main carer being admitted to hospital. Staff ensured the person received emotional support and reassurance during a difficult time in their personal life. Staff spent as much time as was required to talk to the person and met their requests for how they wanted their care provided. Although the person initially wanted to be alone, over time they began to interact with other people with support and encouragement from staff. Staff also supported the person to maintain links with their main carer through visits and the use of technology. Staff supported the person to look at alternative sources of assistance at their own home with input from an independent advocate. This meant the person had the support they needed when they returned home. After their stay the person wrote and thanked the staff team for their help and kindness throughout their stay.

Another person accessed the service following as an emergency admission due to personal circumstances. We saw how staff spent time with the person talking to them about their worries. They offered the emotional support the person needed as well as articulating positive outcomes for their future moving forward. The person described to us how they were extremely nervous when they first arrived and wanted to leave. Following their stay, they left a written note stating, 'After spending time here the staff have been great. They made me feel settled and ready for my next adventure in life'. They went on to say the staff had all gone 'above and beyond and that they 'are all amazing'.

Another person told us this was their first stay at the service. They had also been admitted as an emergency

admission due to their own home requiring emergency repairs. They said they were "really worried coming in." They went on to tell us how staff had supported them to have a spa bath the previous night. They said, "They have been absolutely wonderful, they can't do enough for you." One relative described to us how staff had supported the family through a particularly difficult time. Although the person wasn't due to stay at the service, the provider went the 'extra mile' to offer a respite stay at very short notice. They commented, "They really went out of their way for us."

We found the staff team to be enthusiastic and committed to ensuring people had an enjoyable stay at the service. The provider had praised the staff team for demonstrating commitment and dedication to people using the service during the adverse weather conditions in February 2018. Rather than cancelling people's stays, admission and discharge times were adapted to suit the needs of each person and their relatives. The registered manager told us staff walked long distances to and from the service in the snow to ensure people were safe and engaged throughout their stay. Other staff stayed overnight at the service to ensure they were available to start their shift early the following morning. Staff developed seasonal activities such as having fun in the snow and sledging to help ensure people received an enjoyable stay. This meant staffing levels, care and safety were maintained. The registered manager said, "I am proud of all of the team for pulling together and supporting customers and each other, whilst maintaining a fun and enjoyable stay for our customers."

Care records were very personalised which allowed staff to gain a deeper insight into people's interests and aspirations. This enabled them to provide care that was meaningful to each person. Each person had a document called 'all about me' which contained information about what made people happy or unhappy, as well as information about their preferences. For example, one person particularly enjoyed listening to music, going for walks and going to the pub for lunch. This allowed staff to tailor each stay so that people spent time doing things they enjoyed. The registered manager commented, "The format of the new care plan has also been successful with customers, who have enjoyed the process of developing their own personal files, and as such, the person-centred care plan has become an enjoyable experience for customers."

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

The information gathered during the initial assessments was used to develop personalised care plans. These clearly described the support each person needed, as well as details of people's care preferences. Care plans covered a range of areas such as support with medicines, mobility needs, personal care and nutrition. Care plans identified where people needed support as well as those where they were fully independent. They included details of preferred routines and preferences to help staff adapt the support provided to people's individual needs. This meant support was targeted towards those areas where people required the most help whilst promoting their independence. Care plans were reviewed regularly to ensure they reflected people's current needs.

People were engaged in meaningful activities when staying at Grindon Short Break Service. Staff had a good understanding of people's interests and an activity programme was agreed with people at the start of their stay. One person said, "I do lots of activities, I am going to the cinema." Another person told us, "I have never been bored in here, never." Whilst at the service we observed people doing arts and crafts and going on outings to the pub and the cinema. Where people had established routines, they were supported to continue with these when staying at the service. For example, some people continued to attend day services during their stay.

Where potential risks had been identified, staff carried out an assessment to help keep people safe. These were reviewed regularly to ensure they reflected people's specific circumstances. Risk assessments covered areas such as specific medical conditions, swallowing difficulties and poor nutrition.

Staff did not usually provide end of life care due to the short-term nature of people's stay at the service. However, there had been occasions where people receiving palliative care had continued to use the service with support from staff and specialist nurses. The provider had developed an information pack for staff to refer to with information about the provision of end of life care in the area.

The provider had a structured process for dealing with complaints. Although we only received extremely positive feedback about the care provided at Grindon Short Break Service, relatives knew how to raise concerns if required. There had been no written complaints made about the service in the 12 months prior to our inspection.

Is the service well-led?

Our findings

The service had a registered manager. We received positive feedback about the registered manager from people, relatives and staff. People were aware of the management structure at the service and were familiar with the registered manager. One person commented, "[Registered manager] is nice, she helps us." Another person commented, "[Registered manager] gets you what you want." One relative said, "[Registered manager] is lovely. I couldn't fault any of them over there."

The provider continued to operate an effective quality assurance process to ensure people were safe and received the care they needed. For example, checks of infection control, medicines administration, health and safety and the quality of care records.

The registered manager had been proactive in introducing a range of new systems and processes to improve people's experience when staying at the service. A short break training pathway had been created to deliver learning and development in a more innovative and imaginative way. This ensured staff could develop the skills and knowledge required to provide individual care to people. The registered manager commented, "By creating this bespoke pathway, we are able to identify a customer's care and support needs, and train staff appropriately ensuring competence and confidence to deliver high quality, person-centred, safe and compliant care."

Involving people, relatives and staff in the future development of the service was a priority for the service. Satisfaction surveys had been developed to gather views about the service from people and relatives. These were used to identify trends and understand people's priorities for the future development of the service. The registered manager described how staff had the opportunity to feedback their views through consultation sessions, workshops, staff meetings and supervisions. We viewed the minutes from previous meetings which showed meetings were used as a way of sharing good practice and raising awareness of important issues, such as safeguarding and care planning. This meant feedback from people and staff was instrumental in shaping the service.

Quarterly newsletters were used as a way of sharing information about activities, changes and developments within the service since people's last stay. These were readily available in communal areas to encourage inclusion and opinions about the service. The newsletter we viewed was produced in a pictorial format with photos of people participating in various activities and information about forthcoming events. It also included information about the new sensory equipment purchased for the service and plans for redecoration.

There was an open and inclusive atmosphere at the service. One staff member commented, "It is a lovely atmosphere, so relaxed." Another staff member told us, "The atmosphere is really good."

The provider operated a system of monthly short break hub meetings to provide opportunities for managers to share good practice and lessons learnt. The registered manager told us, "This encourages excellence in care, sharing service developments and issues as well as any areas of concern." As a result of these meetings

a standardised approach was in place across the provider's short break services, promoting consistency of care as well as a shared identity and goals.

The provider operated an in-house recognition scheme to thank staff for 'Doing the right thing'. We noted the service had been awarded a number of 'Doing the right thing' certificates, praising staff 'for fantastic work improving the standard of service provided to customers and for the positive customer feedback received as a company'.