

Sanctuary Home Care Limited

# Tollemache Road Respite Service

## Inspection report

31-33 Tollemache Road  
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06 July 2018

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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

This inspection took place on 04 and 06 July 2018. The first day of the inspection was unannounced.

The service provides short stay respite services for up to 10 adults who have a learning disability or a physical disability. The number of people staying at the service at any one time varied from week to week. At the time of this inspection there were seven people using the service.

This was the first inspection for this service.

People in Tollemache Road Respite Service receive accommodation and nursing or personal care as a package under contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The care service had not 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." Registering the Right Support CQC policy

Registering the Right Support gives guidance surrounding the maximum amount of people a home providing support to people with learning disabilities should have. Guidance states this should be six however Tollemache Road Respite Service could have up to 10 people staying in the home at one time. We saw that the home itself was situated in a residential area and that people with learning disabilities who were using the service were able to live as ordinary a life as any citizen.

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 service had a registered manager in post.

People we spoke with told us they felt safe at the respite service and they had no worries or concerns. People's relatives and friends also told us they felt people were safe. The staff at the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful towards people. The home provided a range of activities that was person led to interest people.

Care plans and risk assessments were person centred and they detailed how people wished and needed to be cared for. They were regularly reviewed and updated each time a person came in to the service for respite. Peoples medications were stored and administered safely.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were

respected and we saw how people's independence was supported.

There was a safeguarding policy in place and staff were aware of the safeguarding procedure in relation to safeguarding adults and all were aware of the need to inform the manager immediately.

There were a range of audits in place to assess and monitor the quality and safety of the service provided. Examples included, medication audits, infection control audit and premises checks. People's views and opinions on the service provided were regularly sought. For example, there was evidence of satisfaction surveys being carried out and each person was encouraged to give feedback at the end of each stay.

There was a robust recruitment process. There was sufficient staff employed at the respite service to meet people's support needs. The staffing levels were maintained with the services own bank staff. This contributed to the quality of the care being delivered. Staff received induction, supervision and training appropriate to their role. They told us that they felt well supported and effective in their roles.

The staff were friendly, welcoming and we observed good relationships were maintained with people living in the home and a kind and respectful approach towards people's care. The manager continued to be a visible presence in and about the home and it was obvious that she knew the people who lived in the home well.

We saw that the service's environment and people's bedrooms were nice, clean and well kept. There was also a series of health and safety checks in place to ensure the building was safe.

## 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

Medicines were managed safely.

Risk assessments were clear and detailed how people needed to be cared for.

Safeguarding policies and procedures were in place and staff had received training about safeguarding vulnerable people.

### Is the service effective?

Good ●

The service was Effective

Staff had supervisions and had undertaken relevant and appropriate training.

The service was working within the principles of the MCA and DoLS.

People's nutritional needs were monitored and met.

### Is the service caring?

Good ●

The service was Caring

There was information available to people in an easy read version. We were told how communication between the service, people and their relatives was good.

We observed that people's privacy, confidentiality and dignity was maintained.

We observed staff to be caring, respectful and approachable.

### Is the service responsive?

Good ●

The service was Responsive

People's care records were detailed and provided individualised information about people's support needs.

Care plan review documentation was updated regularly.

Suitable processes were in place to deal with complaints.

**Is the service well-led?**

**Good** ●

The service was well-led

There was evidence that the provider had input and oversight of the service.

The registered manager was clearly visible and staff said communication was open and encouraged.

The service had a manager who was registered with the Care Quality Commission.

# Tollemache Road Respite 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 took place on 04 and 06 July 2018 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider. We also asked for information from the local authority, including the quality assurance team and the integrated care team.

We examined a range of documentation including care files belonging to two people who lived at the home, three staff files, staff training information, a sample of medication administration records and records relating to the management of the service. We also looked at the communal areas that people shared in the home and were able to visit some of their bedrooms.

We were able to speak to one person using the service and three relatives. We also spoke with the registered manager, deputy manager, the chef, three staff and a visiting social worker. We observed the interactions between people, their relatives and staff during the course of the inspection.

# Is the service safe?

## Our findings

Relatives, people using the service, professionals spoken to and staff told us they felt the service was a safe place for people to stay. One relative told us "We are able to go away and know [person] is in safe hands." A visiting social worker told us how a person who was an emergency admission had been referred to the safeguarding department of the local authority as soon as medication issues had been identified. We were told "I have a lot of trust in the staff."

Staff received training in safeguarding vulnerable adults. We spoke to staff who knew what may indicate a person was at risk of abuse and what steps they would take to raise an appropriate alert. Staff knew that they can alert outside organisations including CQC if appropriate and they told us that they would feel confident in doing so. Safeguarding information including the contact details of outside organisations was available at the entrance of the home.

People had call bells in their room to gain staff attention if needed. Other people had assistive technology such as sensor mats that would alert staff if they needed support.

There were effective recruitment procedures to help ensure new staff were suitable to work with people using the service. This included completing a range of pre-employment checks before new staff started working at the service. For example, requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Medicines were managed safely. Medications were kept in each person's room and thermometers were used to monitor the temperature in every bedroom to ensure the medications were stored correctly. Only trained staff administered people's medicines. In addition to medicines management training staff had their competency assessed periodically to ensure they retained the relevant skills and knowledge. Medicines related records were accurate such as records relating to the receipt, storage and administration of medicines. Controlled drugs were appropriately stored. We checked the stocks and records and found these to be correct.

The registered manager and the support team had identified there were errors occurring when people were being booked into the service when they arrived, examples of this was regarding medications. Following this the booking in system was changed significantly resulting in reduced errors. This made the arrival of people to the respite service go smoothly and become a pleasant experience.

Risks to people's safety and well-being were identified, such as the risks associated with moving and handling, falls, pressure areas and nutrition and plans had been put in place to minimise risk. These were reviewed each time the person was admitted to the service for respite.

The home had a series of safety checks and audits of the buildings services and environment to ensure they were safe. These included the water supply, gas service and electrical installations. The passenger lift and

moving and handling equipment was checked and serviced regularly. The call bell and fire detection and alarm systems were regularly checked and serviced. Firefighting equipment and emergency lighting was checked. A recent fire risk assessment had been undertaken and each person had a personal emergency evacuation plan (PEEP) in place, this was reviewed every time the person came into the service. We saw that staff regularly attended fire warden training.

A recently reviewed business continuity plan had been written which identified the action required to deal with a number of situations such as fire. Incidents and accidents were logged and investigated. Records included accounts of the incident, who was involved and the action taken to deal with situation.

The kitchen had been awarded a five-star rating in August 2017 from the Food Standards Agency and we found the service was very clean, well decorated and well maintained. The provider and manager had a cleaning team come into the service each Friday and they deep cleaned the whole building. This was maintained to a good standard throughout the week by the domestic staff. Staff received training in infection control and used appropriate protective equipment to reduce the risk of infection.

On the days we visited the home there was enough staff available to meet people's needs safely. Family told us how there were always familiar faces and the manager employed their own bank staff so that continuity of care was upheld.



# Is the service effective?

## Our findings

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. We saw evidence that showed people were supported to make as many choices for themselves as possible. This included personal aspects of their care and any social wishes. People's care records contained examples of MCA assessments and decisions made in their best interests such as when people were unable to give consent to their stay at the service.

It was clear from looking at staff files that they had received a comprehensive induction when first employed at Tollemache Road Respite Service. The provider had implemented the Care Certificate, which is accredited by 'Skills for Care' and is a national qualification, as well as carrying out their own induction. Staff confirmed they received good support and the training they needed to be effective in their role. Essential training included moving and handling, first aid, fire safety food hygiene awareness, Mental Capacity Act 2005 including DoLS and basic life support. Staff had also completed more specialised training such as in relation to specialist nutrition techniques. We asked staff if they were able to suggest training, an example being if a person came in for respite and the staff did not know about a physical need the person may have. Staff told us "[Manager] always makes sure that we don't get any one new into the home unless we've had the training."

There was evidence of a robust supervision and appraisal system in place for the staff group. This was supported in discussion with staff. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. People and their relatives told us that they believed the staff were well trained and knowledgeable.

People were supported with nutrition in line with their individual needs. People at risk of malnutrition had their dietary intake monitored by staff to ensure that they received enough nutrition to maintain their physical well-being. The day's menu was available in pictorial form for the benefit of the people using the service, enabling them to make their choices easily. People's likes and dislikes were in their care plans and support staff were fully aware of people's needs. We saw that people had been referred to dietetic services if it had been identified that there were issues with people's nutritional intake. Each person we asked told us the food was very good and no one had any complaints.

The entrance of the service had information surrounding the rights of the service user and had pictures of the team for the benefit of anyone coming in. We looked around the home and saw that bedrooms were well furnished, decorated and had an en-suite with specialist equipment if it was needed. Examples included bathing equipment. We were also able to see how the manager was in the process of getting an adapted chair for those people who were permanently seated in moulded wheelchairs. It was explained to us by the manager how staff would need specialist training once the chair was placed in the service and that this was imminent.

## Is the service caring?

### Our findings

Relatives told us they were happy with the care provided at the service. One relative said, "It is marvellous." Another relative commented, "It's lovely." A third relative told us, "The staff really make it, they're great." A visiting social worker told us, "They bend over backwards to help."

During the time we spent at the service we observed staff were kind, considerate and caring towards the people in their care. When staff interacted with people they were warm and friendly. We also saw that when staff interacted with people they appeared to know the person well and they had an understanding of the personal needs and the background of the person.

We asked if the managers and staff supported the independence of people coming into the service and everyone we spoke with said 'yes'. An example of this was the manager regularly held service user meetings and during one a person using the service wanted to be more independent surrounding doing their own laundry. This was supported by the staff and was a success. The person had a sense of achievement and wanted to continue to do this.

People were spoken to with respect and treated in a kind and caring way. We saw that people's privacy and personal confidential information was protected.

We looked in the entrance area for any information about the respite service and saw information available about how to make a complaint, advocacy, safeguarding and information on the rights of the resident. We also saw how the registered manager had included information about equality and diversity, what to do if a person needed a translator to help with communication and what people should expect from the service. There was also a guide to support planning and action planning for the benefit of the people using the service and their families. We saw that these documents were available in an 'easy read' format for the benefit of people using the service.

People and their families told us how the communication between themselves, staff and managers was excellent. One relative told us "Oh yes the communication is very good," and another relative told us "We get to know everything, they talk to us all the time." We also spoke to a social worker who was able to give an example of how the managers and staff had worked with professionals for the benefit of the person coming into the service. We were told that the social worker had worked with the team in Tollemache Road Respite Service a number of times and each time it had been great.

We saw feedback forms that included comments about the staff. These included 'Staff is always pleasant, we like our stay', 'Excellent care' and '[person] loves all the staff and he loves continuity. The staff always make him feel welcome and he enjoys his stay'.

We asked people and their relatives if the staff had good knowledge of the people staying at the service and everyone said 'yes'. One relative told us "They meet with us each time [person] comes in to see if there's been any changes."

The provider had developed a 'resident information guide'. This was available for every person and included information about staff, health and safety, the keyworker system, how people are able to give their views, recreational activities, meals and menus.

## Is the service responsive?

### Our findings

We looked at two care files which all contained a one-page profile of the person, information on what was important to the person and assessments of the person's needs for the period of their stay. These were written in a person-centred style and contained a detailed plan of support saying how each person should be specifically supported, examples included the use of technology or a person's favourite brand of clothing. Support plans included communication, mobility, support to make decisions, sleeping, personal hygiene, and medication. We also saw how support plans documented how a person showed pain. This meant that staff had robust guidance on how to support people appropriately. The information had been reviewed each time the person came in for respite. People we spoke to and their families all told us how they were consulted during each review.

When a person was coming into the service for the first time we saw how the team went to the persons home, identified their specific needs and implemented a person-centred plan of support with the agreement of the people using the service and their families if appropriate. One relative told us "They work with you," and another commented "Oh yes we've always been involved, from the beginning."

The manager revised the booking in system to make the transition into and out of the service a smoother experience for the person. This included implementing records of the person's medication and money return on discharge following the period of respite.

We saw how people were supported to access various activities and were able to make suggestions on what they would like to do, we were able to see that activities were service user led. One person was supported to go to college and regular outings were arranged that were well attended. During the inspection we saw how the manager was accessing a local pony service. This had been planned and we saw the manager making arrangements for the people in the respite service to have a 'pony visit'.

The respite service had a complaints policy that was on display for people to access, this was up-to-date and had been reviewed. This was displayed at the entrance to the building making it easily accessible for everyone. We asked people if they felt they could raise concerns and everyone said they could. One relative told us "I have no concerns" another commented "If I had any gripes I'd not hesitate but I don't have any complaints at all."

There was no one receiving end of life care at the time of inspection. However, the provider had policies and procedures in place in the event of someone needing this support.

## Is the service well-led?

### Our findings

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. Tollemache Road Respite Service had a registered manager who was supported by a deputy manager and senior support staff. The registered manager understood their responsibilities in relation to the service and to registration with CQC. The registered manager was able to show what input the provider, Sanctuary Care, had into the service and told us how they were supported in their role. This included regular meetings, computer systems and contact with their line managers.

We saw how the registered manager and staff worked in partnership with other professionals. People continued to have prompt access to medical and other healthcare support as and when needed. There were documented visits from district nurses, dieticians and GPs. One relative told us "[Person] has been to the G.P. when she needed to." A visiting social worker told us how they had worked with the managers and team to ensure people's support was person centred and that the managers were always keen to work with other professionals.

The person we spoke with, people's families and staff told us how supportive the registered manager and deputy manager were. One relative told us "[Registered manager] and [deputy manager] are absolutely wonderful." People using the service and their families we spoke to all knew who the managers were and were able to name them.

Staff and the registered manager continued to share information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. We asked staff if they felt supported by the manager and they all said that they did, one staff member said "We can go to [manager] about anything."

The registered manager monitored the quality of care at the home through regular audits including health and safety, medication, safeguarding, complaints, infection control, staff files and care plans. These audits were detailed and comprehensive. We also saw how the registered manager had displayed the results from the last satisfaction survey, these were shown in the main corridor. During our inspection a person using the service commented that it was difficult getting through a particular door. The manager immediately asked for this to be made an official suggestion so that she could act on it and access assisted door opening technologies. This showed that the home listened and acted on peoples wishes. The registered manager was able to show how the provider, Sanctuary Care, also audited the service.

At the end of each person's stay the manager had implemented a feedback form so that the service could learn following each discharge. We saw that they were completed by both family and the people using the service. We saw comments that included 'I always like coming here' 'I like meeting my friends and the staff' and '[person] loves coming to Tollemache Road'. This also gave people the opportunity to be specific if there had been any problem with their stay. An example of this was not having Sky television, this was actioned by the manager.

The service had policies and procedures in place, these covered subjects such as complaints, health and safety, medication, safeguarding, positive behaviour management, and recruitment. This meant that staff had up to date guidance to support their practice.