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Take A Break With Choices

Inspection report

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Date of inspection visit:
28 February 2018

Date of publication:
27 April 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected Take A Break With Choices on 28 February 2018. The inspection was unannounced.

The service is a two storey property that has been suitably adapted. The service is situated in The Haulgh area of Bolton and is close to Bolton Town Centre and local amenities, public transport and motorway networks. Take A Break With Choices is a respite service that can provide care for seven people.

There was a registered manager in post. The registered manager is also the owner and the nominated individual. 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 and associated Regulations about how the service is run. The service has a service manager who facilitated the inspection. The registered manager was on site but chose not to assist with the inspection.

There were two people staying at the service at the time of the inspection. Take A Break With Choices 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.

This service is also a domiciliary care agency providing personal care to four people living in their own houses and flats in the community. Not everyone using Take A Break With Choices receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We last inspected Take A Break With Choices on 24 August 2017 and the service was rated as 'Inadequate'. This meant the service was placed in 'Special Measures'. When a service is placed in 'Special Measure' we inspect the service again within six months of the last report being published to see if the service has improved. Placements by the local authority to the service and the domiciliary service were suspended. This imposed suspension, by the local authority remains in place.

At the inspection on 24 August 2017 we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to failing to ensure that robust procedures and process were in place to make sure people were protected, there was a lack of risk assessments, staff had not received appropriate training, a lack of suitable activities and communal involvement and a lack of systems in place to assess and monitor the quality of the service. An action plan was received from the provider on 17 November 2017 with actions and timescales provided.

At the inspection on 28 February 2018 we worked through the action plan with the service manager and found that the breaches had mainly been addressed and the service had improved.

We received information from the Greater Manchester Fire Safety Enforcement Officer that following a visit to the service on the 6 February 2018 they would be sending a 'notification of deficiencies letter' which provided recommendations for improvement. The findings included: The need for a more suitable fire risk assessment. There was no smoke detection in the garage and the fire officer asked the provider to confirm that fire resistance from there to the accommodation above is adequate. Some of the bedroom doors did not close fully unaided, due to maintenance required (door sticks on carpet). That the provider considered the suitability of the keypads on the doors, especially if access needs to be gained to assist in an emergency and suggested they consider availability of evacuation chair to assist from disabled rooms if main office area becomes compromised due to fire. We will liaise with the fire safety officer to check that the recommendations for improvements have been addressed.

Systems were now in place to ensure staff were safely recruited. All staff had relevant checks in place.

Staff demonstrated a commitment to providing high quality personalised care for the individuals who accessed the service.

Systems were in place to ensure the safe handling and recording of medicines. However the auditing of medicines was inadequate.

Regular checks took place to ensure the safety and cleanliness of the environment. The service manager had introduced a cleaning schedule and a domestic had been employed.

Health and safety checks were in place and equipment had been serviced in line with the manufacturer's instructions.

Systems were in place to reduce the risk of cross infection in the service. Paper towels and liquid soap were now in all areas as required.

The service manager had implemented supervision and appraisal records and staff confirmed they had received supervisions.

The service manager had sourced in-house and external training for staff and a training plan was now in place. However it was apparent that several staff had not completed essential training.

The statement of purpose which provides information about the service required updating and did not contain the CQC address to enable people to contact the regulator.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

One person told us they had no concerns about their safety in. People were cared for in a safe and clean environment.

Staff had been safely recruited. Staffing levels were sufficient.

Systems were in place to help ensure the safe administration of medicines.

There were some outstanding issues from the fire service that required actions. We will be requesting a report from the fire safety officer to ensure the recommendations they made have been addressed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

We saw that a detailed assessment was completed before people were accepted to the service.

Staff received an induction and supervision. Some staff had not received essential training enabling them to provide safe and effective care.

People were supported to maintain good physical and mental health through regular monitoring in the service and attendance at external appointments.

Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were supportive and helpful.

People's privacy and dignity was maintained.

The service user guide given to people and their families required updating.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in reviewing the support they received. This helped to ensure the service was responsive to people's changing needs.

People were encouraged to provide feedback on the service they received. Any complaints or suggestions were acted upon to help improve people's experience of the service.

We looked at the care records people who used the service. We noted these contained detailed information regarding people's health and social care needs.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

The service had a manager who was registered with the Care Quality Commission. The registered manager had a lack of understanding of systems and processes required to meet the regulations and showed no interest, and did not participate in the inspection process. The service manager facilitated the inspection.

Staff told us they enjoyed working at the service and felt well supported both by their colleagues and the managers in the service.

The service manager had implemented a range of quality monitoring systems to help drive improvements within the service.

Take A Break With Choices

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 checked 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 was carried out on 28 February 2018 in line with current methodology in that a service in 'Special Measure' is to be re-inspected within six months of publication of the last inspection report.

The membership of the inspection team consisted of two adult social care inspectors.

Prior to our inspection we contacted the local authority commissioning team, the safeguarding team and Healthwatch-Bolton. Healthwatch is an independent consumer champion for health and social care. This helped us to gain a balanced view of what people experienced accessing the service. Following our last inspection the local authority quality monitoring team had been working closely with the service manager to improve the service.

Prior to this inspection we looked at any notifications, the action plan and other information the service manager had sent to CQC.

During the inspection we spoke with the service manager, two members of staff and one person who used the service. We did not speak with people who received support in their own home as we had spoken with them following our visit on 24 August 2017. In August, people told us they were happy with the care they received. There had been no new people using the domiciliary service since the last inspection.

We looked around the service and reviewed two care plans for people staying at the service and three for people who were receiving domiciliary care. We looked at one staff personnel file. This was for a new member of staff. We also looked at staff's Disclosure and Barring checks (DBS checks), activities, staff training and supervisions, minutes of meetings, health and safety records, audits and other records associated with the running of the service

Is the service safe?

Our findings

At our inspection on 24 August 2017 we found a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014 with regard to Disclosure and Barring Service (DBS) checks. We found some discrepancies with the DBS checks. These checks should help to ensure people are protected from the risk of unsuitable staff. At the inspection on 28 February 2018 we checked to see that staff had a current DBS check. The service manager told us that all staff now had the correct DBS information and we saw evidence that these checks in place.

We found that the number of safeguarding referrals and whistleblowing had dramatically reduced. Systems were in place to monitor, investigate and respond to any safeguarding incidents. We found that most of the staff had completed safeguarding vulnerable adults training. There was a safeguarding and a whistleblowing policy in place for staff to refer to if required.

We reviewed a new member of staff's personnel file. The file contained an application form which included a full employment history, two references and confirmation of the person's identity. Other recruitment files were checked and found to be satisfactory at our inspection on 24 August 2017.

Records we looked at showed risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. A new medicines management policy was in place and was relevant to the service. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people using the service. At the time of the inspection there was no lifting equipment on site, for example no one using the service required the assistance of a hoist. This would need to be reviewed if a person with restricted mobility was to reside at the service in the future.

The Greater Manchester Fire Safety Officer visited the service on 6 February 2018. The fire officer contacted CQC to inform us they were sending a 'notification of deficiencies' letter to the provider. The fire officer required five areas to be considered. These included: A more suitable fire risk assessment. A smoke detection system in the garage as there was accommodation above the garage. That the bedroom doors did not close fully unaided. To consider the suitability of keypads on bedroom doors and suggested the provider considered the availability of an evacuation chair to assist from disabled rooms if the main office area became compromised due to fire. During the inspection on 28 February 2018 we checked to see what progress had been made to ensure the safety of people using the service. We found that a new fire risk assessment had been completed by an external company. However the service manager had found some discrepancies in the assessment and this was being revised. The service manager told us that a smoke detector system had not yet been fitted in the garage. We recommend that this is addressed immediately as the room above the garage was occupied. On the 27 March 2017 we received confirmation from the registered manager informing us that the smoke detector in the garage had now been fitted. We will be liaising with the fire safety officer to ensure that the requirements in the 'notification of deficiencies' letter have been suitably addressed.

A joiner was at the home on the day of our inspection and was working on the bedroom doors to ensure they closed fully unaided. The service manager told us they had purchased five door guards which when fitted would allow people to leave their bedroom door open and in the event of the fire alarm being activated would release the door to close. We found personal emergency evacuation plans (PEEPs) had been rewritten and now included the key coded number to bedroom doors to allow the fire service immediate access to bedrooms. The service had not yet purchased a fire evacuation chair, however they was only one person residing on the first floor who was fully mobile. This must reviewed on any new admissions to the service.

Systems were in place for the safe handling of medicines. All but one of the support staff had received medication training. There was a designated member of staff in charge of administering and recording of medicines on each shift. This person held the keys to the medication cupboard and was instructed not to give the keys to other staff on duty. Medication was stored in a locked cupboard. At the time of the inspection there were no controlled drugs stored. There was a controlled drugs cupboard for safe storage of controlled drugs if required.

We found at the inspection 24 August 2017 there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that risk assessments were not in place for people taking medication off the premises for example when people went out on home visits. At this inspection we found that this person had moved premises therefore the risk had been mitigated. However the service manager had implemented a risk assessment in case the need arose in the future.

We found that individual risk assessments for example moving and handling and falls were now in care records and more information on how to manage these risks was now contained in these.

Systems were in place for monitoring any accidents and incidents. The service manager had implemented a more detailed system for recording, monitoring and actions required following any incidents.

At the last inspection on 24 August 2017, we found infection control procedures were not being adhered to. Shared cloth towels were in place in communal bathrooms. The registered manager had not registered with the Bolton Infection Control Team.

Following our inspection we contacted Bolton infection control team. The infection control team visited the service on 1 September 2017 to offer advice and support. At the inspection on 28 February 2018 we saw that paper towels were in place and liquid soap was available. Staff had access to disposable gloves and aprons for carrying out some tasks. This helped reduce the risk of cross infection in the service.

At our inspection on 24 August 2017 we found that the recording of the water temperatures was inconsistent. At the inspection on 28 February 2018 we found the service manager had completed regular checks on water temperatures to ensure the pre-set values were working correctly. We found that the tap in the upstairs bathroom was loose and the water was not hot. We asked the service manager to check this and they assured us this would be fixed. This was an outstanding action from the last inspection. The service had a current legionella water testing certificate in place.

Following our inspection 24 August 2018 we found that the provider had not registered with the council for food hygiene checks. We contacted the food hygiene standard agency who visited the service on the 2 November 2017 and the service was award a two star rating. The service manager told us that the food hygiene standards agency had revisited the service and a rating of four stars had been awarded. The service had not yet received an official sticker to display the new rating.

We asked the service manager about staffing levels. Currently there were only two people staying at home. The registered manager and the service manager were mainly covering the day shifts. There was one member of staff on duty throughout the night on a 'sleep in' shift. There were sufficient staff to cover the small number of domiciliary calls in the community.

Procedures were in place for on-call during the night at the service. The registered manager was first responder. All staff had the registered managers mobile and home number to call 24 hours a day if required. The second responder was the service manager and staff had their contact details.

For the domiciliary care service the same on-call system applied, however the hours differed slightly. For example Monday-Friday 9:00am -5:00pm the service manager was the first responder, after 5:00 pm any calls were picked up by the registered manager. An on call system was available at weekends.

Is the service effective?

Our findings

The training plan provided by the service manager showed that 12 staff worked at the service. The training plan showed that staff were now working through essential training including: safeguarding vulnerable adults, first aid, moving people safely, infection control and health and safety, fire awareness and the Mental Capacity Act 2005. We saw that improvements with staff training had been made by the service manager. However these improvements need to be sustained going forward.

Information in the statement of purpose states the service user bands included: Frail and vulnerable adults, people with dementia, people with mental health problems, physical disabilities, sensory impairment, illness (including end of life care), adults who are recovering from illness and adults with learning difficulties (excluding those assessed with specific challenging behaviour). Information on the PIR also shows that the service could provide care for people with autistic spectrum disorder. The information above regarding staff training showed that staff would not be equipped to provide specialist care for some of the service user bands.

The registered manager was working the floor on the day of the inspection, therefore required up to date and valid training. We received from the registered manager on 27 March 2018 an up to date list of her training. There was no evidence to show that the registered manager had up to date training in food hygiene, fire training, first aid, infection control or moving people safely. This meant that people were at times being cared for by a member of staff who had no up to date essential training. We recommend that this is addressed immediately.

We were provided with a copy of the Employee handbook. The information included: Welcome to the team, joining our organisation, information on staff pay, safeguarding information standards, health and safety, welfare and hygiene, general terms and processes. Some policies including whistle blowing, equal opportunities and staffing issues, such as capability and disciplinary procedures were included. This meant that staff were given information on their roles and responsibilities on commencing work at the service.

The care records we looked at contained information about people's health and well-being, this included: What we expect from you and What you can expect from us booklet. This had been agreed and signed by people staying at the service. There was support plan for people staying for respite and regular care plan reviews had been completed by the service manager.

There was evidence of correspondence with other agencies and appointments and referrals had been made as required. We saw a daily plan of tasks and timetable of care for people who used the domiciliary care service.

We looked at the information around consent. Care records included: A medication authorisation that had been signed by people staying at the service and this was updated six monthly. Consent to receive care, for taking photographs and any assistance with finances was signed by people staying at the service. Where people were unable to sign there was an explanation of why this was not possible.

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). Staff spoken with confirmed that they had received training in MCA and DoLS.

Staff told us that they received regular supervision sessions with the service manager and they thought these were useful. Supervision is a one-to-one support meeting to review roles and responsibilities and to discuss any further training and development.

We looked around the service and found all areas to be clean, fresh and tidy. The service manager told us they had recently employed a domestic. The service manager had introduced a cleaning schedule file which was completed daily and checked by the service manager to ensure cleaning tasks were completed.

We asked about the quality of the food. We were told by a person using the service, "The food is good and they [staff] know my likes and dislikes". Staff on duty prepared the daily meals. People staying at the service could help with food planning, shopping and meal preparation if they wished. Any concerns regarding dietary intake were recorded and referrals made to the dietician as required.

Is the service caring?

Our findings

One person spoken with told us they were very happy with the care they received. Comments included, "I am ecstatic. I am not treated like a second class person. I was well supported with [relative's] funeral by all staff who attended with me and supported me. All staff respect my privacy and dignity. They are great, no problems. They are all nice and kind".

At the inspection on 24 August 2017 we had concerns regarding how people's privacy and dignity was maintained. This related to the use of closed circuit television (CCTV) cameras that monitored communal areas. The registered manager told us that the cameras were not operational and they thought the hard drive had been removed.

At the inspection on 28 February 2018 the service manager confirmed that the CCTV was still not working and that they were cooperating with the Information Commissioners Office (ICO) with regard to any personal missing data. The ICO have considered the information provided by the service was sufficient and have decided that no further action was necessary.

Staff spoken with were happy working at the service. They told us they mainly covered the domiciliary side caring for people in their own homes. They told us that training had improved and they had no worries or concerns. Staff also told us they felt supported by the service manager and by other staff.

We saw good evidence regarding communication with people staying at the service in their personal support plans. For example, with regard to communication, for staff to listen and not to jump in with what they assumed a person was trying to say. For another person staff had produced easy read pictorial representations to help this person to be involved in care planning and reviews. Care plan reviews were signed by all in attendance including people staying at the service. This meant that people were involved and included with their care records.

People who used the service had access to health and social care people who were very involved and acted on their behalf when required.

Is the service responsive?

Our findings

We found the management team responded to people's need when they were required to. For example if people's care needs changed or if people required medical attention. The care records we looked at were reflective of people's needs. One person spoken with told us they were encouraged to make their views and opinions known about how they wanted their care and support provided. Care records contained personal details for example likes and dislikes choices and preferences. In the event of a person having to go to hospital there was an 'Information to keep me safe in hospital' documentation. This was information about the person to pass to hospital staff.

Following our last inspection on the 24 August 2017 the service manager had introduced an activities scrapbook for each person. This contained photographs of activities carried out by staff and people staying at the service. Activities included: making pancakes, playing dominoes, arts and crafts and celebrating annual events. This showed people were supported to maintain good physical and mental health. One person told us, "I like to listen to music, make plasticine models and paint and display them. I like to watch television in bed and sometimes do exercises in my room but I would like to go out more". We discussed this with the service manager who agree to action this. Another person staying at the service was currently attending a college course. The service manager told us they had arrangements in place to ensure people's religious and cultural needs could be met.

We looked at the system for managing complaints in the service. We saw that the service had a complaints file. This had been revised following our inspection on 24 August 2017. In the event of any complaint being made to the service systems were now in place for recording, responding, auditing and analysing any complaints.

Feedback from the last questionnaire of 17 November 2017 provided positive feedback. Comments included: 'Superb service, all carers first class'. Another said, '100% happy with the care'.

Information on the PIR stated that the service could provide care for people who were ill and nearing the end of their life. The provider describes the service as a respite service facility, therefore people staying at the home would normally only be accommodated for a short stay only. We discussed end of life care with the service manager who confirmed they had not been in a situation where this level of care was required. People nearing the end of their life would require a peaceful and dignified death and this may not be possible due to the type of service being provided and the potential needs and behaviours of people staying at the service. Staff would require training in this area of care and to make sure they were competent and skilled and this may involve the support of the district nursing team and other healthcare professionals. The service manager agreed to review the current provision and agree this with the provider as part of the business plan.

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission (CQC). The registered manager had a lack of understanding of systems and processes required to meet the regulations. It was also disappointing that the registered manager did not participate in the inspection visit and showed no interest in the process. The service manager facilitated the inspection and it was evident that the improvements noted since the last inspection had been made by them

Before our inspection we checked the records we held about the service. We found that the service manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations.

Following our inspection 24 August 2017 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that systems in place for monitoring and assessing the quality of the service delivered were inadequate. At the inspection on 28 February 2018 the service manager had worked exceptionally hard to implement a system of audits and monitoring. These included: care plan reviews, complaints, environmental audits, water temperature checks and fire systems. We saw that a log was maintained of any accidents and incidents which had occurred; this was reviewed regularly to see what lessons could be learned to help improve the service people received.

The service manager was also working with the local authority quality monitoring team to improve standards at the service.

The service manager confirmed that it was the responsibility of the registered manager to audit medication weekly. The registered managers training plan indicated that medication training had been completed in February 2018. There was no evidence that showed any previous history of medication training. Therefore, the registered manager was not suitably trained in carrying out medication audits. From the audits provided we found these had not been completed correctly. The audit showed that on 6 and 7 December 2017 that there had been a 'miscalculation' however there was no further information and no details of actions taken. There were only four audits recorded by the registered manager these were for 15 November 2017, 27 November 2017, 1 December 2017 and 13 December 2017. These were basic tick boxes; this meant we could not tell if there had been any issues regarding medication.

The service manager had improved the way staff rotas were planned and recorded. These included details of which member of staff was supporting which person at home and the details of tasks to be undertaken.

We saw that the service manager had introduced staff meetings and residents meetings. At the last staff meeting on 21 February 2018 it was discussed that a new staff uniform was to be introduced and all staff must carry an ID badges. We saw this had been actioned and staff looked professional.