

Stockport Metropolitan Borough Council Millview Short Stay Respite

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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 was an unannounced inspection carried out on the 17 March 2016. The service was last inspected on 29 January 2014 and we found the provider met the all regulations we looked at.

Millview is a care home that offers a short breaks service to people who have a physical disability, a learning disability or both. The home is managed by Stockport Disability Services who are part of Stockport Metropolitan Borough Council. The home is a purpose built bungalow which has four single bedrooms, two bathrooms, a combined lounge dining room and a large kitchen. It is situated in the Marple area of Stockport.

There was a registered manager in place. 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.

On the day of our inspection there were three people using the service. We spoke with one person during our visit and they told us they were very happy with the care they received. There were effective systems in place to ensure people's safety and manage risks to people using the service. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough, although not all of the documents relating to each staff members recruitment was held at the service. These were held at the providers head office.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medicines management.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs well. Staff spoke highly of their training and said this prepared them well for their role.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, individualised support plans in place which described all aspects of their support needs.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity, decisions had to be in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Suitable arrangements were in place and people were supported and provided with a choice of suitable

healthy food and drink ensuring their nutritional needs were met.

People participated in a range of activities both in the home and in the community and received the support they needed. People were able to choose how they spent their time and what they did.

Staff had good relationships with the people using the service. Staff were aware of how to support people to raise concerns and complaints. The complaints procedure was also available in a pictorial format. We saw the provider had received one complaint in the last 12 months.

There were effective systems in place to monitor and improve the quality of the service provided.

We found one breach of the regulations during our inspection. You can see what action we have asked the provider to take at the back of the report.

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.

There were no cleaning schedules in place at the service. There was also no guidance in place for staff to follow to prevent and control the spread of infection.

Staff were confident people using the service were safe. They knew what to do to make sure people were safeguarded from abuse.

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies.

People's medicines were stored safely and they received them as prescribed.

There were enough staff to keep people safe and meet people's individual needs.

Is the service effective?

Good ●

The service was effective.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

Staff understood how to support people who lacked capacity to make decisions.

People's nutritional needs were met. The menus offered a good variety and choice and provided a well-balanced diet for people who used the service.

Is the service caring?

Good ●

The service was caring.

People looked well cared for. Staff and people who used the service had a great rapport and had developed meaningful relationships.

People received care that was person centred and staff supported people express their views.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good ●

The service was responsive to people needs.

People's needs were assessed and care and support was planned.

People enjoyed a range of person centred activities within the service and the community.

Systems were in place to respond to concerns and complaints. People were given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

Staff told us the service was well managed and they were encouraged to put forward suggestions to help improve the service. They spoke positively about the registered manager and said they were happy working at the service.

The provider had systems in place to monitor the quality of the service.

People and relatives spoke positively about the approach of staff and the management team. Staff were aware of their roles and responsibilities and knew what was expected of them.

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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 17 March 2016 and was unannounced.

The inspection was carried out by one Care Quality Commission (CQC) inspector.

We reviewed the information we held about the home. This included previous inspection reports and statutory notifications.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with one person who was using the service, two members of staff and the team manager.

We looked at three people's care records and four staff files as well as records relating to the management of the service. We looked round the building and saw people's bedrooms (with their permission), bathrooms and communal areas.

After the inspection we spoke with the relative of one person using the service. They told us they were very happy with the care their relative received and had been using the service for years.

Is the service safe?

Our findings

People who used the service were safeguarded from abuse. Staff were confident people were safe and if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. Staff we spoke with had a good understanding of safeguarding adults, could identify the types of abuse people may experience in care settings and knew what to do if they witnessed any incidents.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse. Staff told us risk was well managed so people were safe and had the most freedom possible.

People's care records contained a number of assessments and supporting documents that showed risk management was centred on the needs of the person. Individual risk assessments clearly identified hazards people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks with the minimum necessary restrictions.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire fighting equipment and moving and handling equipment had been serviced. We saw a range of environmental risk assessments had also been carried out and covered areas such as gas boiler/heating system, food preparation, electrical items and changing light bulbs. The home's fire risk assessment included smoking and household fuels. We saw the fire alarm was tested on a monthly basis and regular fire drills had been completed. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

On a tour of the building we found the environment was clean however, we saw the lap strap on one portable shower chair was wet and mouldy. Staff told us there was no guidance or schedules in place for cleaning of equipment. We were also told that there were no cleaning schedules in place for domestic staff to follow with regard to cleaning of the environment. The domestic staff were employed by Stockport NHS Foundation Trust who had failed to ensure appropriate guidance was in place for staff to follow regarding the cleanliness of the service. The relevant department were contacted by staff at the service during our visit. An agreement was made that they would visit the service the following day and have guidance put in place for staff to follow. We received confirmation from the team manager that this had taken place.

We also found that the service did not have any guidance or procedures in place to prevent and control the spread of infection. The service did not carry out an audits in relation to infection control including hand washing or management of outbreaks. Personal protective equipment was available for staff to use but without correct guidance in place both staff and people using the service were at risk. This meant that

effective systems were not in place to reduce the risk and spread of infection.

This demonstrated a breach of Regulation 12 (1) (h) (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Through our observations and discussions with members of staff we concluded there were enough staff with the right experience to meet the needs of the people using the service. We observed staff had sufficient time to carry out their duties and did not have to rush. Staff spent dedicated time with people who used the service. The staffing levels we observed were usual. At times, bank staff worked at the service to cover any shortfalls. Staff told us this worked well because the same bank staff were used so there was continuity of care. The staff we spoke with also told us there were enough staff to meet people's needs.

We spoke with staff about the recruitment process. They confirmed that they had completed an application form, provided referees, attended an interview and completed a Disclosure and Barring Service (DBS) check before they started work. The DBS is a national agency that holds information about criminal records. We saw that DBS numbers were available in the staff files we reviewed however, other recruitment documentation was not available. These were held at the provider's head office. We were also told that no new staff had been recruited for eight years. After the inspection, the team manager confirmed that a 'recruitment checklist' would be entered into each staff member's personal file held at the service. This would demonstrate that all the necessary checks had been carried out prior to staff starting work at the service.

We looked at a sample of medicines and records for people using the service as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. People's medicines were stored securely in a lockable cupboard in their rooms. These were checked by two staff when people came into the service. The administering pharmacy provided printed medication administration records for staff to use. We looked at the medication administration records (MAR) for one person who used the service and no gaps in recording were seen which showed they had been given correctly. Staff who administered medication had been trained to do so and we saw their competency was checked regularly.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. We were told that a recent review of one person using the service had identified a need for an application to be made to the local authority. The team manager told us this would be carried out in the next few days following our inspection. We saw policies and procedures were in place for the Mental Capacity Act (2005) (MCA) and the DoLS. It was clear there was a good understanding of DoLS and the application process.

We spoke with staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity such as making every day decisions and choices. Staff said they used number of ways to assist people to make their own decisions which included the use of pictures and sign language. The team manager told us at the moment only managerial staff had received training in MCA and DoLS however, this was due to change in April 2016 when all staff would attend the training.

Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, administration of medication and personal care.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a Health Action Plan which included details of their medication and their general health. We saw people who used the service had a 'hospital passport' in place. This gave information on essential needs and would accompany people to any hospital admissions.

People had care plans in relation to their preferred food and drink, and details of any dietary requirements were included. One person we spoke with told us the quality of food was good. They said they always had plenty to eat and drink. They said, "The food is nice. The staff are good at cooking and we help." Staff told us people had balanced and varied diets. A member of staff told us everyone using the service was able to choose what they wanted to eat during their stay. Depending on their level of ability, people were encouraged by staff to make a packed lunch to take with them to whatever activity they were taking part in for that day.

Staff said they received regular one to one supervision and annual appraisal. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. Comments we received included:

"Brilliant support, great manager." "We are kept well informed and involved in everything going on with the

service."

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am really impressed with the training and how it is organised." The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid, infection control and autism.

Is the service caring?

Our findings

Only one of the three people using the service were present during our visit. Our observations showed that they had a great rapport with staff. Staff knew the person and their needs well, and treated them with respect and dignity. They were encouraging and supportive in their communication and the person looked well cared for their. Their personal appearance was well maintained and they were dressed with thought for their individuality and had their hair nicely combed.

We saw the person was comfortable in the presence of staff and staff treated them kindly; having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we saw that staff had time to attend to person's needs and spend time with them. The staff answered the person's questions and requests politely and patiently; giving explanations and information to assist their understanding.

Staff talked about spending time with people and how they enabled people to be independent but at the same time ensured they received appropriate assistance. All the staff we spoke with were very confident people received very good care. One member of staff said, "Here is exceptional we provide excellent care. Everyone works very similar and I'm very proud to work here."

Staff knew and understood people's individual needs and their likes and dislikes. Staff were able to tell us about a range of ways they supported people to make sure their individual needs were met. Staff tried hard to help people express their views. People had very good information in the care records to help staff understand what people were communicating. Each person had a communication plan which contained specific details about their actions, what they meant and how staff should respond.

Is the service responsive?

Our findings

People's care and support needs were assessed and plans identified how care should be delivered. The support plans we reviewed contained information that was specific to the person and contained good detail about how to provide care and support. There was information that covered areas such as what is important to me, how to support me well and a typical day.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified. Monthly meetings were held to ensure any changes in care needs and health issues were picked up. Staff confirmed that they went through the support plans on a monthly basis to review their effectiveness. This was evident in the care records we reviewed. We also saw that where changes in a person's needs had occurred, support plans were changed to reflect this. People had person centred review meetings to help identify what was important to the person in the future. One person's meeting minutes had information that showed their care was being reviewed on a regular, monthly basis with involvement of the person and their family.

Staff told us about how they encouraged people using the service to have involvement with household tasks around the service which helped develop and maintain independence. One person told us they were involved in cooking and laundry. In another person's care records we saw the person liked to dust and Hoover when they used the service and they were supported to do this by staff. Staff told us this was very important to the person and made them feel they were helping the staff.

We saw the complaints policy was available in the home and we were told this was given to people and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner.

There was a complaints file in the service with all information and documents available should any complaints be made. The complaints procedure was also available in a pictorial format. The team manager said there had been one complaint made to the service in the last 12 months. We saw this had been dealt with as per the procedure in place.

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act that the manager of a service like Millview is registered with the Care Quality Commission. When we visited the home had a registered manager who has been registered since September 2014. On the day of the inspection, the registered manager was not present at the home.

Staff spoke positively about the registered manager and the team supervisor and they were happy working at the home. They knew what was expected of them and understood their role in ensuring people received the care and support they required. One member of staff said, "I love this job, it is so rewarding" and "The service is managed really well and is all about the people who use it." Another member of staff said, "It is an absolute joy, it is the best service I have worked in" and "We're a great team and it really doesn't feel like work. People who come here have a great time and that is so rewarding."

There was a system for auditing and these were completed weekly and monthly depending on the area of the service being reviewed. The audits included medication, finances, housekeeping and the environment. Records included where an issue had been identified; the action to be taken and the person responsible for completing the task and when it should be completed.

The service did not have any methods in place for gathering feedback on a regular basis from people who used the service and/or their relatives. We saw the service had recently developed an action plan in relation to areas of the service where improvements had been identified. This included the development of a service user feedback survey in April 2016. Other areas of work were in progress and had already begun to have a positive impact on the service with increased reviews of care records and following up on issues raised via relatives feedback.

Any accidents and incidents were monitored by the general manager and the provider to ensure any trends were identified. The supervisor confirmed there were no identifiable trends or patterns in the last 12 months.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the staff meeting minutes for February 2016 and discussions included the service users, training and activities. We saw staff meeting minutes also showed quality and safety were discussed on a regular basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not have cleaning schedules in place. The service did not have any guidance in place to ensure the prevention and control of infections.</p> <p>Regulation 12 (1) (2)(h)</p>