

Freda Varley

Take A Break With Choices

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 31 January 2019 and was unannounced. The previous inspection was undertaken in February 2018 when the service was rated Requires Improvement in safe, effective and well-led and therefore Requires Improvement overall.

Since that inspection the provider had completed an improvement action plan and we found improvements had been made in a number of areas. For example, all the requirements referred to within the fire risk assessment had been completed and water temperatures were taken regularly. Since the last inspection staff had received training in food hygiene. There was now a medicines policy in place and risk assessments had been completed as required. All staff employed now had an up to date Disclosure and Barring Service (DBS) check in place. Service user forums were being undertaken on a monthly basis and activities books implemented to help ensure all people who used the service had access to interests and activities.

Although improvements had been made in many areas, we did find some issues at this inspection. For example, some of the water temperatures recorded were above the recommended levels and no action had been taken about this. Some audits had been recorded as having been done into the future, i.e., although the inspection was undertaken on 31 January 2019 there were completed documents for the first two weeks of February.

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 and support for seven people. At the time of the inspection there were five people using the service.

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.

People said they felt safe at the service. The service had CCTV in place in communal areas to help ensure people's safety. There was a CCTV policy in place and notices to alert people to its installation. There was an appropriate safeguarding policy and staff had undertaken safeguarding training.

Recruitment procedures were robust, staffing levels were sufficient during the day to meet people's needs and there was one staff member on a sleepover at night.

Fire safety and health and safety measures were in place and there were up to date certificates for gas and electrical safety and legionella testing.

The water temperature in one of the sinks was too hot and there were used toiletries and razors in an unlocked cupboard in the bathroom. These could pose a risk to people who used the service.

Medicines were managed safely. Accidents and incidents were logged and followed up appropriately. Infection control measures were in place, but there were some minor infection control issues that needed to be addressed.

Care files included relevant health and personal information. There were some inconsistencies, but in the main care files were well ordered and clear.

Staff completed a full induction and training was on-going. Staff supervisions were undertaken regularly.

The food offered was nutritious, choices were given and there were plenty of supplies of fresh food on the premises. The building was well adapted for people whose mobility was restricted.

The service sought consent as required and worked within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People told us they were happy at the service. We observed people being cared for with kindness and compassion and people's privacy and dignity were respected. People were treated equally and without discrimination.

There was a service user guide available for people who used the service. The service ensured they worked within the requirements of confidentiality and data protection legislation.

People who used the service were involved in planning their own support and were encouraged to be as independent as possible.

Support plans were person-centred and people's likes, dislikes, and backgrounds were recorded and their interests supported and encouraged. People's life choices were respected.

Information was available in different formats as required by the Accessible Information Standard.

Residents' meetings were held regularly. There was an appropriate complaints policy in place and complaints were responded to in a timely way.

We saw audits and quality assurance checks in place at the service. However, a number of audits had been completed for dates in the future and therefore could not have been verified as correct.

Staff told us they felt well supported by the management at the home. The service worked well in partnership with other agencies and professionals.

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.

People said they felt safe at the service. There was an appropriate safeguarding policy and staff had undertaken safeguarding training.

Recruitment procedures were robust and staffing levels were sufficient to meet people's needs.

Fire safety and health and safety measures were in place and there were up to date certificates for gas and electrical safety and legionella testing.

The water temperature in one of the sinks was too hot and there were used toiletries and razors in an unlocked cupboard in the bathroom. These could pose a risk to people who used the service.

Medicines were managed safely. Accidents and incidents were logged and followed up appropriately. Infection control measures were in place, but there were some minor infection control issues that needed to be addressed.

Is the service effective?

Good 

The service was effective.

Care files included health and personal information.

Staff completed a full induction and training was on-going. Staff supervisions were undertaken regularly.

The food offered was nutritious, choices were given and there were plenty of supplies of fresh food on the premises. The building was well adapted for people whose mobility was restricted.

The service sought consent as required and worked within the legal requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People said they were happy at the service. We observed people being cared for with kindness and compassion and people's privacy and dignity were respected. People were treated equally and without discrimination.

There was a service user guide available. The service ensured they worked within the requirements of confidentiality and data protection legislation.

People who used the serviced were involved in planning their own support and were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Support plans were person-centred and people's likes, dislikes, and backgrounds were recorded and their interests supported and encouraged. People's life choices were respected.

Information was available in different formats as required by the Accessible Information Standard.

Residents' meetings were held regularly. There was an appropriate complaints policy in place and complaints were responded to in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

We saw audits and quality assurance checks in place at the service. However, a number of audits had been completed for dates in the future and therefore could not have been verified as correct.

Staff told us they felt well supported by the management at the home. The service worked well in partnership with other agencies and professionals.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by concerns raised by a whistle blower around poor staffing levels, staff behaviour and lack of food. However, on inspection it was found that there was no substance in the allegations.

The inspection took place on 31 January 2019 and was unannounced. The inspection was carried out by two adult social care inspectors from the Care Quality Commission (CQC).

On this occasion we had not sent a provider information return (PIR) to the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make. However, we looked at information about the home in the form of enquiries and notifications that the service is required to send to the CQC. We also contacted the local authority, the local safeguarding team and the local Healthwatch service. Healthwatch England is the national consumer champion in health and care. This helped us to gain a balanced view of what people experienced accessing the service.

During the inspection we spoke with the registered manager and one member of care staff. Following the inspection, we contacted a further three members of care staff. On the day of the inspection we spoke with two people who used the service, one relative and one professional visitor. We looked at all five care files, three staff personnel records, training records, medicines records, health and safety records and audits.

Is the service safe?

Our findings

People we spoke with said they felt safe at the service. There was an appropriate safeguarding policy in place, with flow charts and guidance for staff. There was also a whistle blowing policy with details of how to contact other agencies, such as the Care Quality Commission. Staff we spoke with told us they had undertaken safeguarding training and were confident to recognise and report any issues. One staff member said, "I have had training recently and would report anything. If your report something it is acted on." The service had a lone working policy in place to help ensure staff felt safe.

The service had CCTV in place in communal areas to help ensure people's safety. They had a policy in place and notices around the building as well as information within the service user guide, to ensure that people were aware of it.

We looked at the recruitment procedures via staff personnel files. The files included an application form, job description, proof of identity and two references. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. A DBS check helps ensure people recruited are suitable to work with vulnerable adults.

On the day of the inspection there was one care assistant on duty and the registered manager, who was working on the floor to support people who used the service. The provider also delivered a domiciliary service for a small number of people within the community. There were sufficient staff to cover these calls. There were staff rotas in place. One staff member we spoke with told us, "There are enough staff to cover, we sometimes struggle with people not staying (at the service). We have enough time to do care. We report if someone needs longer – they listen and it gets sorted." Another said, "Yes, there are enough staff."

We asked about staffing at night and the registered manager told us there was one member of staff on a sleepover at night. The staffing levels were sufficient to meet the needs of the people who used the service at the current time. The registered manager told us they used plug in doorbell alarms which made different sounds for people to use to summon staff from each room. They also had sensor mats on the floor and chairs to alert staff if someone got out of bed or their chair and there were door alarms to inform staff that a particular door had been opened.

Since the previous inspection all the requirements referred to within the fire risk assessment had been completed. There was a fire safety inspection checklist, which had been audited and actions completed. People now had personal emergency evacuation plans (PEEPs) in their bedrooms, fire alarms had been checked and serviced, smoke alarms had been fitted in the garage, fire doors had been checked and new seals fitted. Fire door retainers had been fitted to four rooms and more were to follow. There had been an annual service of the fire extinguishers. We saw evidence of weekly fire alarm checks and fire safety inspections and these records were complete and up to date. A new stair lift had been installed to aid with any emergency evacuation if needed.

General health and safety measures were in place. Environmental and individual risk assessments were

completed and reviewed as required. There were up to date electrical, gas safety and legionella testing certificates in place. Fridge freezer temperatures were recorded daily and water temperatures were tested on a weekly basis. However, some water temperatures were above the recommended level and no action had been taken to remedy this. Some of these checks had been completed for future dates. This is dealt with in the well-led section.

There was a large sink in the upstairs bathroom, with the inner part of a commode in it. We asked the registered manager about this and they told us this was not currently in use, but had not been put away where it should have been.

The water in this sink was tested by both inspectors and was too hot to keep your hands under. We spoke with the registered manager about this as it could be dangerous to people who used the service. The water in the small sink in this bathroom had a valve fitted and took a length of time to become warm.

The cupboard in this bathroom had a basket full of old toiletries, such as toothbrushes and razors. The registered manager told us this basket was used for people to dispose of old razors etc due to it not being safe to put them in the paper towel bin. However, this basket could present a danger to people who used the service and the old items should have been disposed of in a safer manner. Similarly, the bathroom downstairs had two exfoliators in the sink, which should also have been disposed of.

We looked at the systems for managing medicines and spoke with the member of staff on duty. They demonstrated a good knowledge of medicines and how to store and administer safely. We looked at medicines administration records (MAR) sheets and there were no gaps identified. Two staff signatures were evident when required. There was an up to date medicines policy in place and the medicines administration forms within care files had pictorial representations included to aid understanding. Medicines audits were basic but recorded on a weekly basis.

Accidents and incidents were recorded within people's care files. There was a log of accidents and incidents to provide an overview and inform improvement.

There were monthly mattress checks undertaken and records were complete and up to date. There was also an infection control audit undertaken monthly. We saw a staff member cooking lunch for the people who used the service, but no personal protective equipment (PPE), such as plastic aprons, were used. This could facilitate the spread of infection in the home. WE also saw there was a cloth towel in the upstairs bathroom, which could contribute to the spread of infection. Paper towels were available, so the cloth towel should be removed to ensure good adherence to infection control procedures.

Is the service effective?

Our findings

Care files we looked at included relevant health and personal information. There was an admissions procedure and description of the service signed by the person who used the service. Individual support plans were in place, in easy read formats, some with pictorial representations, to ensure they were accessible to all. Support plans had been discussed with the individual and goals and aspirations had been agreed from the point of view of the person who used the service. Care files included discharge documents from hospital, where appropriate, medicines information and equipment required to keep people safe.

There were risk assessments for issues such as behaviour, mobility and falls and these included a management plan to help minimise the risk. Referrals were made to relevant agencies and professionals for support, for example, two people were having physiotherapy interventions to help them reach their potential with regard to mobility.

We saw that there was some information in the care files which was conflicting. For example, one person was described as needing two people to assist. They had now improved and only required the assistance of one, but this was not reflected in the support plan. Similarly there was conflicting information about the use of a catheter and whether the person was able to weight bear. We brought this to the attention of the registered manager who agreed to update the information immediately.

Completion of the induction included, the role of the care worker, principles of care, health and safety in the care home, moving and handling, food hygiene, effective hand hygiene, emergency first aid in the care home, infection control, safeguarding vulnerable adults, dignity and respect, company values. Most of the training was completed on line and assessed.

We saw evidence from the training matrix that all staff, including the registered manager, had completed mandatory training. Staff we spoke with told us they were put forward for and received training regularly. One staff member said, "Plenty [training], more than enough, plenty on offer." Another staff member demonstrated a good understanding of the people they were supporting. There was evidence that staff supervisions were taking place regularly. Discussions included in supervision were around people's roles, progress and training needs.

Special dietary needs were recorded within support plans and were adhered to by the service. However, one person had been recommended a particular diet, but refused to stick to this. The service continued to encourage the diet, but respected the individual's right to make this decision, as they had full capacity to do so. We saw the lunch provided by the service, which looked nutritious and appetising. There were plenty of supplies of fresh food on the premises and a staff member told us if they ran short of anything, they went to the local shop.

The premises were well adapted for people whose mobility was restricted and the building was clean and tidy. However, the upstairs bathroom was uninviting and basic and was cluttered with wheelchairs.

We saw that the service sought consent as required. For example, we saw documents within the care files that had been signed by people who used the service. These included consent to accept care, consent for the administration of medicines and consent around the sharing of confidential documentation.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty were being met. We saw that people's capacity was recorded within their care files and guidance for staff on who to involve in any major decision making. Most people had full capacity but we saw that one person was described as being forgetful at times. Staff had MCA and DoLS training on induction and the training matrix evidenced it had been done a year ago. Staff demonstrated a good knowledge of the decision-making process and how to support someone in this area. No one currently residing at the service was subject to a DoLS authorization, but the registered manager was aware of the process if required.

Is the service caring?

Our findings

People we spoke with told us they were happy at the service. One person said they were happy and felt safe and well cared for. A relative we spoke with told us they were happy with this new placement. The staff had more time to spend with [relative] at this service as it was much smaller than the place they had been at before.

We observed people being cared for at the service and saw that this was done with kindness and compassion. Staff told us they were happy working at the service. One person told us, "I enjoy it. I love my job. People I look after are fantastic and there are no hassles. Everything is perfect; if I wasn't happy I wouldn't be here." Another said, "I like it here. I have worked here for ten years and with any luck will be here for another ten."

We asked staff how they respected people's privacy and dignity and they were able to give good examples of how this was done. Comments included; "Make sure people are covered at all times"; "Keep the door and curtains shut. Approach people in a kind way and talk them through what you are doing."

There was a service user guide available for people who used the service. This included a welcome to the service, staff and manager profile, statement of purpose, standards, service offered, key policies and procedures, service contract and CCTV policy and procedure.

The service ensured they worked within the requirements of confidentiality and data protection. People who used the service signed to say they agreed to sharing information in certain circumstances. A staff member we spoke with told us, "You have to learn that confidentiality is very important and not share information."

People at the service were treated with equal respect and there was no discrimination observed. People's diverse needs were met with due regard to their human rights.

We saw that people were involved in planning their own support. The care files included action plans that had been agreed with the person who used the service. These were around people's goals and progress towards these goals was supported by the service and recorded within the support plans.

We saw evidence that people were being encouraged to reach their full potential, via the input of other relevant agencies. The service was working in partnership with these agencies to help ensure progress was made. A visiting professional told us they were very pleased and impressed with the progress made by an individual they were involved with who resided at the service.

Is the service responsive?

Our findings

Support plans were person-centred and included a form with information to be sent with an individual if they were admitted to hospital, to help keep them safe and calm. There was information held by the service to be used to help locate an individual if the person went missing.

There was information about people's likes, dislikes, interests and backgrounds. We saw that people were supported to access their pastimes and interests by staff. People who used the service were supported to attend local college courses or in employment. Activities scrapbooks were being used for people to record pastimes they had been involved in and outings they had gone on.

People were given choices as to how they furnished their bedrooms, what time they got up or went to bed, the interests they pursued and what they wanted to eat and drink. People's changing needs were responded to promptly, for example, by involving other professionals or agencies. We saw that people were accompanied to health appointments to offer support with health needs.

Information was available in different formats as required by the Accessible Information Standard. The Accessible Information Standard applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss. Many of the documents within the care files were produced in easy read format, with pictorial representations, to help with understanding.

Residents' meetings were held regularly and we saw minutes of the most recent one. These gave people who used the service an opportunity to raise any issues or concerns or make suggestions.

There was an appropriate complaints policy in place and complaints were responded to in a timely way. However, we saw that the consultant occupational therapist, who was also responsible for delivering some training at the home, had responded to a concern raised by a person who used the service. Although the concern may have been raised to this person, it should have been responded to by the management team of the service. We saw that there was a complaints log so that the provider could analyse any recurring themes and address them. There was a comments/suggestions box near the back door for people who used the service to use as required.

Is the service well-led?

Our findings

We saw audits and quality assurance checks in place at the service. For example, there were a number of fire safety and health and safety audits undertaken regularly. Records of these were complete and up to date. Medicines audits were carried out weekly and were complete. We saw evidence of monthly documentation audits, monthly home inspection and weekly food hygiene checks.

However, a number of audits had been completed for dates in the future and therefore could not have been verified as correct. The date of the inspection was 31 January 2019, yet weekly water temperatures had been completed for weeks commencing 4 February 2019 and 11 February 2019. Weekly environmental cleanliness checks had been completed for week commencing 4 February 2019 and daily fridge freezer temperatures had been completed for 1 February 2019, 2 February 2019 and 3 February 2019. This meant that quality checks were not being completed truthfully at the service and called into question other audits which may not have been accurate. The service was not using systems to learn lessons and inform continual improvement to service delivery. We brought this to the attention of the registered manager who, immediately following the inspection, took action to ensure this would not happen again.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

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 had an up to date statement of purpose, which set out the aims and objectives of the service, client group, services offered, staff qualifications and quality assurance. It included details of the complaints procedure and advocacy services.

We asked staff if they felt supported by the management at the home. One staff member said, "We are well supported by management. You can go to them with a problem." Another told us, "I am supported in my job. Management are brilliant." A third commented, "No problem with support. Anything I ask for I get." Staff meetings were held regularly and gave staff the opportunity to raise any issues or concerns.

We saw that the service worked well in partnership with other agencies and professionals. There was evidence of improvement to people's health and welfare due to efforts made by the service to work in a joined-up way.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular: Some audits had been completed in advance.</p>