

Compassionate Care & Support LTD

Trafford Respite Service

Inspection report

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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

About the service

Trafford Respite Service is a residential care home providing personal care to up to 7 people. The service provides a 12-week assessment service for people with a learning disability, mental health need and autistic people who are supported to transition into the local community. Some people may also have a physical disability. At the time of our inspection there were 4 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Trafford Respite Service is located in a residential area, within easy reach of local amenities. There were enough staff to meet people's care and support needs and support people to take part in activities of their choice. Staff were safely recruited and completed the training required to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff knew how people communicated their needs and choices.

Right Care: People were supported to maintain their health and wellbeing. Staff did not always record when they had supported people with a modified diet. The registered manager said they would speak with staff in supervision meetings to ensure this was completed in future.

People received their medicines as prescribed. Not all 'as required' medicines had guidance for when staff should administer them. This was addressed by the registered manager during the inspection. The home was clean throughout and staff used personal protective equipment (PPE) appropriately.

People's needs were assessed before they moved to the service. Due to the nature of the service, information was sometimes limited prior to people moving in. People's needs and risks they may face were fully assessed as part of their 3-month stay. This assessment was made available to the provider who would be supporting the person when they moved on from the service.

Care records identified people's preferences, support needs and potential risks. Guidance was provided to manage these risks. People received kind and compassionate care. Staff respected people's privacy and dignity. They understood and responded to people's individual needs.

Right Culture: People were comfortable with the staff team supporting them. People's cultural needs were being met. A monthly meeting with people had started to be held to gather their thoughts on their care and support. Local authority social workers said there was good communication with the home. Staff enjoyed working at the service and felt listened to by the management team. A quality assurance system was in place. Actions were completed where any issues had been identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 3 April 2023, and this is the first inspection. The last rating for the service under the previous provider was Good (published on 1 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Trafford Respite Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector.

Service and service type

Trafford Respite Service is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Trafford Respite Service is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since being registered with the CQC. We sought

feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service. Some people using the service had limited verbal communication. We observed interactions between people and the support staff throughout our inspection.

We spoke with 8 members of staff including the registered manager, deputy manager, nominated individual, support workers and team leaders. We also spoke with 2 local authority professionals who worked with the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 3 people's care and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection under the previous provider, we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MARs) seen were fully completed. We saw where gaps in MARs had been identified previously, this was followed up with the staff team.
- Guidance for when 'as required' (PRN) medicines should be administered was in place for most PRNs. Two PRNs did not have this guidance. The registered manager addressed this during the inspection.
- Staff completed training in medicines management and were observed administering medicines to check their competency.

Assessing risk, safety monitoring and management

- Potential risks were identified, and guidance was in place to manage these risks. These were regularly reviewed. We saw one person's epilepsy care plan was not up to date. This was updated during our inspection. Staff were aware of the current guidance.
- Where people may become anxious, positive behaviour support (PBS) plans identified strategies to de-escalate a situation and to support people safely. Staff completed training in de-escalation and restraint.
- Due to the nature of the service as an emergency placement, some people moved in at short notice with limited information about their needs being available. As part of their 3-month stay additional information was gathered about potential risks and how to manage these risks, including de-escalation strategies in people's PBS plans.
- Regular health and safety checks were completed, and all equipment serviced in line with legal guidelines.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff knew how to report any safeguarding concerns. All staff completed training in safeguarding vulnerable adults. They were confident any concerns would be acted upon by the registered manager. A member of staff said, "I've not had to raise a safeguarding, but I know I can speak to a team leader, manager, or Trafford council. There's information on the noticeboard in the office and in [electronic care planning system] on who to contact."

Learning lessons when things go wrong

- A system was in place to review all incidents and identify any changes that could be made to reduce the likelihood of a reoccurrence.
- All incidents were recorded and reviewed by the team leader. The deputy manager and registered manager also reviewed the incidents and ensured appropriate actions had been taken and to establish if

there was an emerging pattern to the incidents.

- Staff said they discussed any incidents, including what had worked well and what could have been done differently. One member of staff said, "We have a debrief and talk as a team about what worked and what didn't."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Rotas changed depending on the support needs of the people living at the service at the time.
- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean throughout. Staff wore appropriate PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection under the previous provider, we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain their fluid and nutrition intake. People's nutritional needs were identified in their support plans.
- One person was assessed as needing a modified diet and thickened fluid to reduce the risk of choking. They chose not to follow this advice for their drinks, but this was not identified in their care plan. Staff did not always record when they had cut the person's food to the required size. The registered manager said they would update the care plan and hold supervision meetings for all staff to explain the need for accurate recording of the meals eaten.
- People were able to choose the meals they wanted. Staff prepared a meal from the weekly menu. However, people often chose to have an alternative and they were supported to prepare what they wanted to eat.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and support were delivered in line with current standards to achieve effective outcomes.
- Information about people's support needs was gathered from professionals working with the person, families where appropriate and any current care providers.
- The service was used as an emergency placement when people needed this. As much information was gathered as possible prior to the person moving in, although this was not always available. As part of the person's 12-week stay, a full assessment of their support needs was made for when they moved on from the service. A local authority social worker said, "The staff have been key in enabling me to get to know [Name] since they moved there."

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their role. The whole staff team was new since the provider took over the service. Staff completed an induction when they started, completed training, and shadowed more experienced members of staff to get to know people, how they communicated and their support needs.
- Training was completed to meet people's individual needs, for example epilepsy rescue medication and positive behavioural support (PBS). The provider had employed a PBS specialist, who supported the staff team in devising PBS plans and strategies to reduce people's anxieties where needed.
- Regular staff supervisions and team meetings were held. Staff said they were able to voice any ideas or concerns they had and felt they were listened to.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health. People's health needs were identified in their support plans.
- People were registered with a local GP and were supported to access local medical services. People were supported to attend appointments where needed.
- Information about people's diagnosis, and any specialist advice in place prior to the person moving to the service was obtained and followed during the person's stay at Trafford Respite Service.
- A 'hospital passport' document was used to provide a brief overview of people's support needs in the event they were admitted to hospital.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The service worked with a range of professionals, including local authority social workers and medical professionals where required.
- Support staff from another agency worked alongside the service's own staff to provide support to some people. This enabled some continuity for the person, and their family, from the support agency who was working with the person before they moved to Trafford Respite service. A local authority social worker said, "They have been flexible with [another agency] care staff so they can be a 2nd staff to aid [Name's] transition as they knew them."

Adapting service, design, decoration to meet people's needs

- The property had been designed so the service could support people with a range of complex needs if required. For example, track hoists were in place in bedrooms and communal areas and adaptive bathing facilities were available.
- The people living at the service at the time of our inspection did not need any specific adaptations. People had personalised their rooms.
- The provider had plans, working with the local authority who owned the building, to refurbish parts of the home, including replacing the kitchen, buying new furniture and repainting communal areas, which looked tired at the time of our inspection.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Where needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Best interest decisions were recorded and involved relevant professionals and people's family where appropriate.
- Support workers offered people choices in their day to day lives. Care plans identified how people would communicate their preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection under the previous provider, we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported. Staff knew people and their needs. We observed and heard positive interactions between people and support staff. People were relaxed with the staff members, who spoke positively about the people they supported.
- People's cultural and religious needs and wishes were recorded. People were supported with any cultural dietary needs they had. Staff were working with 1 family to learn the culturally appropriate meals the person liked.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care. People were supported to make choices about their daily activities and routines.
- The provider had recently introduced a monthly 'My Voice Matters' meeting for each person. This supported people to express what they liked and disliked about the service.
- Some people had an advocate to represent their views around specific decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Support workers explained how they maintained people's privacy and dignity whilst supporting them. When people wanted some time on their own, this was respected.
- Care records included what people were able to do for themselves and where they needed some support. Support workers encouraged people to be involved in their own care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection under the previous provider, we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs.
- The service was working with the local authority social worker and 1 person's family to agree the support staff would provide for the person.
- Due to the nature of the service, some people moved in at short notice with little detailed information about their support needs. Initial support plans were written, and these were developed as the staff team got to know the person.
- When people moved from the service, all care and support plans were made available to the new provider who was going to support the person in their permanent home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood and supported. Care records contained information about how people communicated, and the support they needed to do so.
- Easy read documents had been developed to support people to understand information, for example the service user guide and an explanation about CQC's inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. People were supported to maintain the activities they participated in prior to moving to the service where appropriate, for example attending college.
- Staff were available to support people to go out locally. The service did not have access to a vehicle, so public transport was used where appropriate. A local authority social worker said, "[Name] has settled really well. They didn't do anything apart from going to college before; now they're regularly going out."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. No formal complaints had been received since the service was registered with the CQC.

End of life care and support

- The service was for short term support and did not support people who were approaching the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection under the previous provider, we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- A quality assurance system was in place, including regular audits for medicines, health and safety, care plans and reviews of any incidents. Issues were identified and actions completed.
- The registered manager compiled a monthly overview of the service for the central quality team. This included any incidents or accidents, audit outcomes, staff training and supervisions completed. The central quality team supported services to share learning between each other through regular managers meetings.
- The provider's central quality team completed an annual inspection of the service. This was done in August 2023 for Trafford Respite Service, the outcomes being positive. Where issues were found an action plan was written. We saw all actions had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service. People and staff were involved in the running of the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- People were comfortable with the staff team supporting them. A monthly meeting with each person had been started to gain feedback from people about their support.
- Staff were positive about working at the service. They felt there was good communication and teamwork. Regular staff meetings were held, and staff were asked for their input.
- Staff felt well supported by the management team and said the registered and deputy managers were approachable. A support worker said, "If I have an issue or concern I'd speak with a team leader or manager. I'm very confident to approach them if I needed to."
- Local authority social workers were positive about people's development and outcomes when living at Trafford Respite Services. One said, "The difference is unbelievable. There were a lot of incidents when [Name] was at home, but there's been none since they moved to the service."
- We saw evidence people had been able to move, either back to their home or to a new placement, after their 3-month stay at the service.

Working in partnership with others

- The staff team worked in partnership with a range of professionals, including medical professionals and local authority social workers. A social worker said, "We have very positive interactions with the staff team. They keep me updated and manage [Name's] needs very well."
- When people moved from the service the new support provider was able to meet the person and spend

time with them to get to know them. The new staff team could shadow and work alongside the Trafford Respite Service support workers to understand people's support needs prior to their move.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The structure had recently been strengthened with the formation of a central quality team, positive behavioural support specialist and central recruitment team.
- The provider had developed a training programme for registered managers. The deputy manager told us they were currently being supported to learn about the registered manager role.
- The service was recruiting an additional team leader to support the deputy manager. Clear roles had been developed to ensure all staff knew what was expected.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong.