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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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection was carried out on 10 and 15 February 2016. At our last inspection on 21 April 2015 the service was found to be meeting all regulatory requirements. At this inspection we found five breaches of regulations in relation to safe care and treatment, need for consent, staffing, good governance and person-centred care.

Take a Break with Choices provides respite care for a maximum of five people and also provides domiciliary care and support to people in their own home. The home and office are situated close to Bolton town centre. The service is a day centre for social and recreational purposes and also provides other social and recreational services such as cleaning, shopping and befriending to people living in the community.

People we spoke with told us they felt safe using the service. Staff demonstrated a good understanding of how to safeguard vulnerable people. The service had a safeguarding adult's policy in place but this was in need of updating. The service had a whistleblowing policy in place and staff told us they were aware of the policy and how to use it.

We looked at how the service managed people's medicines. We looked at the medicines administration record (MAR) charts for one person who used the domiciliary service and saw MAR charts were available and properly completed. We looked at the medicines records held for one person who used the respite service and found the service was unable to produce any documentary evidence of a best interest decision regarding the service taking control of administering the person's medicines.

There were risk assessments in people's files but these had not always been signed and dated and had not all been recently updated. There was no evidence to identify that the service had completed their own risk assessments for every person who used the service either on, or prior to admission.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment because the service had failed to assess the risks to the health and safety of people receiving the care or treatment and had failed to do all that is reasonably practicable to mitigate such risks. You can see what action we told the provider to take at the back of the full version of the report.

We found people were receiving care from care staff that were deployed consistently in a way that met people's needs. People who used the service told us they felt that staff had the right skills and training to do their job. We found there were suitable recruitment procedures in place and required checks were undertaken before staff began to work for the service. There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. There were gaps of several months between staff supervisions in some of the staff personnel files we looked at.

Some people who used the domiciliary service lived alone and staff required the use of a key to access their property which were appropriately stored in a 'key safe' outside the house.

We found that the premises were generally clean throughout but the service was unable to locate any records of cleaning schedules.

The service liaised with health and social care professionals involved in people's care and worked alongside other professionals and agencies in order to meet people's care requirements where required such as social workers.

People's care files had consent forms in them but these were not signed and dated which meant it was not clear if the person or their representative had consented to receiving care and treatment.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent, because care and treatment of people must only be provided with the consent of the relevant person. You can see what action we told the provider to take at the back of the full version of the report.

We saw one example of the service participating in a multi-agency best interest meeting involving a number of health and social care professionals.

The service did not have a staff training matrix that would enable them to identify what training staff had completed and what training was needed. Care staff told us they had not completed any training in MCA/DoLS and were unable to describe what this meant. The service was unable to locate the MCA/DoLS policy and told us a staff member may have taken a copy for personal training purposes

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing, because persons employed by the service had not received the appropriate training to enable them to carry out the duties they are employed to perform. You can see what action we told the provider to take at the back of the full version of the report.

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect. Staff were caring and affectionate to the people they supported. We heard laughter and saw people smiling as part of the interaction that took place. Staff were able to describe how they aimed to treat people with dignity and respect. There were appropriate supporting policies in place that would assist staff in carrying out their duties such as equality and diversity, autonomy and independence, confidentiality and equal opportunities.

People told us that should there be a need to complain they felt confident in talking to the manager directly. However the written complaints procedure was out of date and referenced a non-departmental public body of the Department of Health that is now closed.

The service sought the views of people regarding the quality of services provided through an annual questionnaire. There was a wide range of different activities available to people who used the respite service.

We found the organisation of the care plans was difficult to follow and there was no standard format that would assist staff to easily access information. Daily records that staff used to record information about care and support provided at each care and support visit were not always completed.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, person-centred care, because the service had failed to carry out an assessment of the needs and

preferences for care and treatment of the people who used the service. You can see what action we told the provider to take at the back of the full version of the report.

Although some audits had been carried out there was no process for the regular systematic auditing of people's care plans in place. There was evidence of care worker spot checks having taken place in 2015 but the 'action taken' section of the spot check reports were not always signed and dated.

There was a buildings checklist file in use which covered areas such as a weekly fire alarm test and weekly fridge/freezer temperature monitoring charts.

There were a range of policies and procedures that would support staff in carrying out their duties but some were several years old and in need of review to ensure they were fit for purpose.

The service had a statement of purpose in place but this was out of date, contained information that was no longer valid and was in need of updating. The service had a business continuity plan in place but it was limited in the range of scenarios it considered and needed updating.

Although some audits had been carried out there was no process for the regular systematic auditing of people's care plans in place. This meant that the process of audit had failed to identify the issues regarding care plan information that we found during the inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to maintain accurate contemporaneous records for each person using the service, had not established and operated effectively systems and processes to ensure compliance with the requirements of this Part and had failed to assess, monitor and improve the quality of the services provided. You can see what action we told the provider to take at the back of the full version of the report.

There was a registered manager at the home. 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. An up to date registered manager's registration certificate was on display.

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.

The service was unable to produce any documentary evidence of a best interest decision for one person in relation to the administration of their medication.

People's risk assessments had not always been signed and dated and had not all been recently updated.

The safeguarding adult's policy was in need of updating to reflect the local safeguarding adults arrangements and relevant contact details.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff supervision was not regular and in contradiction to the timescales identified in the supervision policy.

People's care files had consent forms in them but these were not always signed and dated which meant it was not clear if the person or their representative had consented to receiving care and treatment.

Staff told us they had not completed training in MCA/DoLS and the service could not locate staff training records to identify if this training had been completed.

Is the service caring?

Good ●

The service was caring.

Staff we spoke with demonstrated a good understanding of the people they supported, their care needs and their wishes.

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Risk assessments were not always completed and up to date.

The complaints procedure was out of date and referenced a non-departmental public body of the department of health that is now closed.

The organisation of the care plans to be difficult to follow and there was no standard format that would assist staff to easily access information.

Is the service well-led?

The service was not consistently well-led.

There was no process for the regular systematic auditing of people's care plans.

Some policies and procedures were several years old and in need of review to ensure they were fit for purpose.

The service had a statement of purpose in place but this was out of date, contained information that was no longer valid and was in need of updating.

Requires Improvement 

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 provider was given 48 hours' notice because the location provides a domiciliary care service and respite care for younger adults who may be out during the day; we needed to be sure that someone would be in. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service such as accidents and incidents. We did not request a provider information return prior to the date of the inspection. We also liaised with external agencies including the contract monitoring team from the local authority.

During the inspection, we spent time at the home and looked at a variety of documentation and records held by the service including six care files and four staff personnel files. We spoke with four people who used the service, and seven members of staff including care staff, the registered manager and two deputy managers. We also spoke to a social health care professional on behalf of a person who used the service.

As part of this inspection we 'case tracked' care records for people who used the service. This is a method we use to establish if people are receiving the care and support they need and that risks to people's health and wellbeing were being appropriately managed by the service.

On the date of the inspection the service provided respite care for four people and domiciliary care in people's own homes for four people in the Bolton area. The service was able to support a maximum of five people for short term respite care. The service also provided social and recreational support to a number of people living in the community.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. A person who used the domiciliary support service told us: "I'm happy with my care and feel safe." The relative of a person using the respite service said: "I think (my relative) is safe here and staff have helped (my relative) with their behaviour."

During the inspection we checked to see how the service protected vulnerable people against abuse. We looked at staff training records that were held in their personnel files and found that staff had completed training in safeguarding vulnerable adults. Staff told us they knew the safeguarding policy and procedures and what action to take if they had any concerns about a person or a staff member. A staff member said: "If I had any concerns I would report it to the office and if I had concerns about a manager I would tell the local authority or the Care Quality Commission."

The service had a safeguarding adult's policy in place but this was in need of updating to reflect the local safeguarding adults arrangements and relevant contact details. Staff we spoke with told us they had received a copy of the safeguarding policy and demonstrated a good understanding of how to safeguard vulnerable people.

There was an accidents/incidents book in place but this did not contain any information. The deputy manager told us that there had been no recent accidents or incidents but there may be historical records in people's care files. We saw that one office chair was broken and unsafe for use. We pointed this out to the deputy manager because people who used the service would often come into the office to discuss matters concerning their support. The deputy manager then removed the chair and told us a replacement would be ordered.

The service had a whistleblowing policy in place which enabled staff to raise any concerns about abuse or poor practice. Staff told us they were aware of the policy and how to use it. One staff member said: "If I had a concern about my employer I would tell the local authority or Care Quality Commission."

We looked at how the service managed people's medicines. We looked at the medicines administration record (MAR) charts for one person who used the domiciliary service. We saw that MAR charts were available and properly completed. We saw that this person's medicines were being given appropriately and at the right time. For example, one tablet needed to be given 30 minutes before food and the staff member who was supporting this person gave a good explanation of how they ensured this medicine was given on time.

We looked at the medicines records held for one person who used the respite service. This person was previously self-medicating but were not taking their medicines appropriately. We were told that a review of the person's care was carried out on 08 February 2016 which involved family members and a Community Psychiatric Nurse and that best interest discussions took place about the service taking control of the administration of the person's medicines. However, the service was unable to produce any documentary evidence of this when requested. This meant that staff may not be aware of or have the most up to date information regarding medicines administration for this person.

We looked at a sample of six care files for people who used the respite service and domiciliary service, to understand how the service managed risk. There were risk assessments in people's files that covered areas such as the living environment and personal risks but these had not always been signed and dated and had not all been recently updated. For example one person started using the domiciliary service in September 2014 but the risk assessments had not been updated since they started. Another person who started using the domiciliary service in July 2014 had an initial assessment completed by social services in July 2014 but there was no initial assessment documentation completed by the service.

We looked at care records held for people who used the respite service and found that one person who started using the service in December 2015 had an initial needs assessment completed by the referring professional which described a history of behaviours that challenge. There was no evidence to identify that the service had completed their own risk assessment on admission.

We asked the deputy manager about the circumstances in which the service had accepted this referral and they told us that the service often felt under pressure from referring professionals to accept all new referrals, though they had refused some. We asked the deputy manager what pre-admission information the service had obtained prior to accepting this referral and they told us that the only documentation available was the needs assessment completed by the referring professional.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment because the service had failed to assess the risks to the health and safety of people receiving the care or treatment and had failed to do all that is reasonably practicable to mitigate such risks.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs. We found people were receiving care from care staff that were deployed consistently in a way that met people's needs. In addition, the registered manager and two deputy managers were present to support both the respite and domiciliary service each day. One person who used the respite service told us: "I think staff are very trustworthy, punctual, caring and reliable." A person who used the domiciliary service said: "I worry sometimes when my carers don't turn up but this doesn't happen very often." We found that the service had made every effort to ensure this person received care and support from the same two or three staff members.

Some people who used the domiciliary service lived alone and staff required the use of a key to access their property which were appropriately stored in a 'key safe' outside the house. This required staff to enter a pin code before gaining access to the key so they could go in and deliver care safely. The bedrooms of people who used the respite service all had key code access which would help to ensure their privacy.

We found there were suitable recruitment procedures in place and required checks were undertaken before staff began to work for the service. During the inspection we looked at four staff personnel files. Each file we looked at contained Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff have a criminal record or were barred from working with children or vulnerable people. There was evidence in staff files that at least two references had been sought from previous employers and these had been obtained before staff started working for the service. Identity checks were also made. This showed us that staff had been recruited safely.

The service had an infection control policy in place which provided staff with advice on how to minimise the potential spread of infections.

Is the service effective?

Our findings

People who used the service told us they felt that staff had the right skills and training to do their job. A relative said they were always informed if care staff had any concerns about the people they supported. A visiting professional who supported a person who used the respite service told us:

"The service is good at communicating with me." The relative of a person who used the respite service told us: "(My relative) has tried different foods since being here, which is good, so they get the food they want to eat."

We found there was a staff induction programme in place, which staff were expected to complete when they first began working for the service. Induction training was linked to the 'skills for care common induction standards'. We saw training certificates in staff personnel files that confirmed they had completed training in the 2010 refreshed common induction standards.

The induction process also covered areas such as health and safety, infection control, safeguarding, moving and handling, protection of vulnerable adults, food hygiene, confidentiality and medication. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. Staff told us that as part of the induction process they had 'shadowed' more experienced staff until they were deemed competent to work independently.

We found from looking at people's care records that the service liaised with health and social care professionals involved in people's care and worked alongside other professionals and agencies in order to meet people's care requirements where required such as social workers. This demonstrated that the service worked in partnership with other health and social care professionals as appropriate.

We looked at the way the service sought consent for any care and support provided. We asked one member of staff how they would ensure a person had provided consent to care. They told us: "I know what I have to do when supporting people but I talk to them about it first before I do it."

Another staff member said: "It's about speaking to the person first and describing to them what I will be doing." Whilst visiting people in their own homes we saw staff seeking consent before delivering support such as assistance with medicines.

People's care files had consent forms in them but these were not signed and dated which meant it was not clear if the person or their representative had consented to receiving care and treatment. The deputy manager told us that they were aware that care plans and records were of a poor quality and that they had spoken to the registered manager about this issue on several occasions.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent, because care and treatment of people must only be provided with the consent of the relevant person.

We spoke with staff to ascertain their understanding of the Mental Capacity Act (MCA) and Deprivation of

Liberty Safeguards (DoLS). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care settings are called the Deprivation of Liberty Safeguards (DoLS) and can be legally authorised by the local authority. People who used the respite service at Take a Break with Choices are considered 'tenants' within supported living accommodation. This means any decision to deprive a person of their liberty within supported living accommodation must be legally authorised by the Court of Protection. Where people who used the service were the subject of a DoLS, or other forms of restrictive practice, we found the service had discussed matters relating to restrictive practices with the local authority and had completed all the paperwork required by law.

We saw one example of the service participating in a multi-agency best interest meeting involving a number of health and social care professionals. This was to discuss techniques to address an individual living within one of the properties who displayed behaviours that challenged the service. It was clear from the documentation that the service had made every effort to ensure decisions were made with as much involvement as possible of the individual, and in the person's best interests.

Staff received supervision and appraisal from their manager in addition to an annual appraisal. These processes gave staff an opportunity to discuss their performance and identify any further training they required. The supervision policy identified that supervisions should take place every four to six weeks, however staff supervision records showed that these meetings had not taken place in accordance with this frequency and there were gaps between supervisions in some of the staff personnel files we looked at. Staff supervision notes that were available contained very little information. We raised this with the manager who told us that supervisions had been planned for January and February 2016 which we saw in the staff supervision file.

The care staff we spoke with told us they had not completed any training in MCA/DoLS. We looked at four staff personnel files and there were no records that would identify that they had completed this training. The deputy manager told us that eight out of 17 staff had completed MCA/DoLS training but were unable to locate any training records on the day of the inspection.

The service did not have a staff training matrix that would enable them to identify what training staff had completed and what training was needed. Therefore we could not determine whether the provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general. We asked the deputy manager about the absence of a formal staff training matrix and they said: "We rely on memory to be honest."

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing, because persons employed by the service had not received the appropriate training and supervision to enable them to carry out the duties they are employed to perform.

We asked to look at the MCA/DoLS policy but the service was unable to find this and told us a staff member may have taken a copy for personal training purposes. We asked the service to send us a copy of this policy but this was not provided. At the time of the inspection no-one was being deprived of their liberty.

When we arrived at the premises people who used the respite service were seated in a quiet, homely lounge area eating their breakfast. A member of staff who was preparing food in the kitchen told us that people were asked each day about what they wanted to eat and had a choice about what was available to them.

There were records in the kitchen of people's choices and preferences. At the date of the inspection no special diets (such as a soft diet) were required. There were adequate supplies of fresh and dried food products in the kitchen. People who used the service told us they had been involved in baking and cooking where it was their wish to do so.

The respite service was comfortably furnished with a variety of comfortable seating types. There was disabled access into the building and a new heating system was due to be installed to enable zoned areas to be individually controlled according to the wishes of people who used the service.

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect. A relative said: "Staff are all lovely and (my relative) has always been well dressed and clean when I visit several times each week." A person who used the respite service told us: "If I need anything staff are always there to help." A person who used the domiciliary service told us: "I'm happy with my care."

During our visits to people's homes and at the respite service we observed the interaction between staff and people who used the service. Staff were caring and affectionate to the people they supported. We heard laughter and saw people smiling as part of the interaction that took place.

It was clear that staff knew the people they supported and their individual needs and had developed an affectionate professional relationship with them. For example staff had noticed a change in the demeanour of one person who used the domiciliary service and had requested a GP visit. The GP was present when we arrived in the person's property and a diagnosis was made and appropriate support provided.

We asked staff how they aimed to treat people with dignity and respect when providing care and how they encouraged people's independence. One member of staff said: "If I was helping someone to bathe I would ensure the doors and curtains were closed and cover up the parts of the body not being washed. If the person could use their upper body I would encourage them to wash themselves as much as they could with my help." Another staff member told us: "When helping someone with personal care it should be done in a private room away from other people and doors and curtains need to be closed. By talking to the person we decide what the person can do for themselves and what I need to do to assist."

The staff we spoke with demonstrated a good understanding of the people they supported, their care needs and their wishes. They were able to tell us about people's preferences and how they endeavoured to ensure care and support provided was tailored to each person's individual needs.

There were appropriate supporting policies in place that would assist staff in carrying out their duties such as equality and diversity, autonomy and independence, confidentiality and equal opportunities. A visiting professional told us: "The service is very mindful of breaking confidentiality when discussing people and their issues."

Is the service responsive?

Our findings

A person who used the domiciliary support service said: "The carers are nice and I prefer to have the same carers each day rather than different people. I worry sometimes when my carers don't turn up but this doesn't happen very often." We saw from care records that the service made every effort to ensure the person received support from the same staff. A visiting social care professional who was supporting a person with complex needs told us that the person they supported had developed well since being at the service and the service had communicated with them regarding the person's request to access a particular community barber service, which was their choice.

People told us that should there be a need to complain they felt confident in talking to the manager directly. The service had a complaints policy and procedure and details of how to make a complaint were given to people and their relatives. There was pictorial information titled 'how to speak up if you are unhappy with your service.'

However the written complaints procedure was out of date and referenced a non-departmental public body of the Department of Health that is now closed. Additionally the complaints policy did not contain any telephone contact numbers that would enable a person or their relative to make a complaint directly to another body such as the local authority or Care Quality Commission if they so wished. We spoke with the deputy manager about the complaints procedure and they agreed that it needed to be updated and made more person-friendly so that it could be more easily understood by people who used the service.

The service sought the views of people regarding the quality of services provided through an annual questionnaire. People who used the service were sent a questionnaire, which was available in pictorial format for people who could not easily communicate verbally.

We looked at four care records that were held for people who used the domiciliary service and two care files for people who used the respite service. We found the organisation of the care plans to be difficult to follow and there was no standard format that would assist staff to easily access information. There was no evidence in the domiciliary care files that would identify they had been regularly reviewed and updated. We raised this with the deputy manager who told us they were aware that the care plan information was of poor quality.

Daily records that staff used to record information about care and support provided at each care and support visit were not always completed. For example one person's daily sheets dated from 28 December 2015 to 19 January 2016 were all on loose pieces of note paper and some entries were illegible. In other care files daily entries were missing which meant it was difficult to determine if care and support had been provided appropriately. For another person, an initial assessment had been completed by the referring professional dated 21 July 2014 and this was present in the care plan but no initial assessment documentation had been completed by the service.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014, person-centred care, because the service had failed to carry out an assessment of the needs and preferences for care and treatment of the person.

We looked at what activities were on offer to people who used the respite service. There was a large hot-tub type bath, which could be taken outside into the enclosed and secure garden area during the summer months as a fun activity. People who used the respite service told us they regularly visited a local swimming pool which they enjoyed.

There was a table tennis table available for use and the deputy manager told us that a professional table tennis coach visited weekly to provide guidance to people taking part in this activity. Table pool was also available in addition to watching television or listening to music. There was a wide variety of books, magazines, games and puzzles on offer, a karaoke machine with a variety of CD's and a home cycling machine.

We saw that one person who used the respite service had a large music speaker in their bedroom which was their wish. Throughout the course of the inspection we heard a variety of music playing in the communal area where activities took place.

Is the service well-led?

Our findings

A member of staff told us: "I would say the managers are approachable and I feel supported and valued in my role." Another staff member said: "I would say that management are supportive." A visiting professional told us: "The service lets me visit at any time and also invite me into the office." A relative said: "When the service charge increased the service wrote to me in advance." Another relative said: "I know who the manager is but I don't remember seeing any paperwork related to (my relative)." A person who used the respite service told us: "The manager is always willing to help."

We looked for evidence of service audits and found that although some audits had been carried out there was no process for the regular systematic auditing of people's care plans in place. There was evidence of care worker spot checks having taken place in 2015 but the 'action taken' section of the spot check reports were not always signed and dated. The deputy manager told us that spot checks were carried out, including medicines, but information would only be recorded if there was an issue to address. This meant that the process of audit had failed to identify the issues regarding care plan information that we found during the inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance, because the service had failed to maintain accurate contemporaneous records for each person using the service, had not established and operated effectively systems and processes to ensure compliance with the requirements of this Part and had failed to assess, monitor and improve the quality of the services provided.

There was a buildings checklist file in use which covered areas such as a weekly fire alarm test and weekly fridge/freezer temperature monitoring charts. There was also a weekly health and safety checklist sheet being used which included areas such as the physical environment, appliances and equipment, and personal protective equipment (PPE).

We found that the premises were generally clean throughout but the service was unable to locate any records of cleaning schedules or audits of cleaning practice.

There were a range of policies and procedures that would support staff in carrying out their duties but some were several years old and in need of review to ensure they were fit for purpose. For example the internet use policy was dated 2010 and the lone working policy was dated 2011.

Some team meeting had taken place in 2015 but there was no regular and systematic schedule of team meetings in place that would identify team meeting dates in advance.

The deputy manager told us that the main desktop computer in the office was in need of updating to enable the management team to carry out the full range of duties related to IT usage. Two lap-top computers were being used which were the personal possessions of the deputy managers. No information was stored on the lap-top computers, which required password access, and encrypted memory sticks were being used which

were kept permanently and securely at the premises. We saw that a new lap-top had been sourced which was ready for installation and use and the deputy manager told us that the desktop computer was due to be upgraded.

There was a registered manager at the home. 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. An up to date registered manager's registration certificate was on display.

The service had a statement of purpose in place but this was out of date, contained information that was no longer valid and was in need of updating. The deputy manager said they would update this as soon as possible.

The service is a member of the Bolton Social Care and Health Partnership and we saw minutes of meetings where information was shared between different social care providers and discussions regarding training were held.

People who used the respite service regularly accessed a number of local day centres in liaison with the respite service. People told us they regularly accessed community services for recreational purposes which

The service had a business continuity plan in place but it was limited in the range of scenarios it considered and needed updating to include areas such as loss of utility supplies, heating, IT, flu pandemic etc. The plan also referenced health and social care regulations that are now out of date. We spoke with the deputy manager who agreed that the plan needed updating

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 Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service had failed to carry out an assessment of the needs and preferences for care and treatment of people who used the service.Regulation 9(3)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment of people must only be provided with the consent of the relevant person. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had failed to assess the risks to the health and safety of people receiving the care or treatment and had failed to do all that is reasonably practicable to mitigate such risks. Regulation 12(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had failed to maintain accurate contemporaneous records for each person using the service, had not established and

operated effectively systems and processes to ensure compliance with the requirements of this Part and had failed to assess, monitor and improve the quality of the services provided. Regulation 17(1)(2)(a)(c)

Regulated activity

Accommodation for persons who require nursing or personal care

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed by the service had not received the appropriate training to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)