

Cornwall Council

Lowena

Inspection report

Mitchell Hill
Truro
Cornwall
TR1 1JX

Tel: 01872270013
Website: www.cornwall.gov.uk






Date of inspection visit:
04 December 2017

Date of publication:
12 January 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 04 December 2017 and was announced. We told the provider of our inspection prior to the visit due to the nature of the service. Respite services are not always staffed during the day if nobody is occupying the service.

Lowena is a 'care home'. People in care homes receive accommodation and nursing care as single under one contractual agreement. CQC regulates both the premises and care provided. We looked at both during this inspection. Lowena provides respite personal care and support to younger adults and older people for up to 25 people. At the time of our inspection seven people were receiving respite care at Lowena. People used the service for various short term periods to provide respite for them and their families who were their main carers. However, one person had been resident at Lowena for several months due to an emergency situation and a suitable permanent placement was currently being arranged as the service was not designed for long term placements.

Lowena is situated close to the centre of the city of Truro with all amenities being a walk or short drive away. The service provides single room accommodation for up to 25 adults with a learning disability, physical disability and people living within the autistic spectrum, who need assistance with personal care. Occupancy levels vary each week due to the nature of the service. The service is a purpose built service on one site.

There were a range of aids and adaptations in place to support people with disabilities which impact on their mobility and movement. Each person had their own room. There are no en-suite facilities but there were two adapted baths and two walk in showers. There were additional toilets located at various points around the service. The service was divided into two wings, one for people who were mobile and one for people who required more equipment to support them. There was also a self-contained adapted flat for people to use who had a greater level of independence.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service Like registered providers; they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service environment was not being maintained to a satisfactory level which had the potential to have a negative impact on people using Lowena. The heating system was not providing consistent heat throughout the service. There were six rooms which were not occupied at the time of inspection where radiators were

not working. Some parts of the large lounges were cool to sit in. One room had a carpet which had a malodorous odour. Two specialist baths were not working, one had been de commissioned and required replacement another was waiting for parts. There were two adapted showers which were being used by people until the baths were replaced and repaired. The general decoration of the service was not satisfactory. Walls were damaged and marked as was some woodwork surrounding peoples sinks in some rooms. Survey feedback had highlighted some mattresses were hard and needed replacing. This was also highlighted by staff during the inspection. No action had been taken to address this. The quality of towels being used was poor. White towels were grey and coarse. Two were frayed and not fit for purpose.

External areas of the service were not being maintained. A rear garden area could not be used due to the grass not being cut and therefore too long to play ball games, which people had always enjoyed in good weather.

Governance systems were not effective. Oversight of the services environment had not identified and acted upon malfunctions in a timely way. The decoration and overall general maintenance of the service was not being managed or reviewed effectively.

The views of people were not regularly formally sought and acted upon. A recent negative comment about mattresses had not been investigated and acted upon.

Staffing levels were based around the needs of people using the service. Due to fluctuating occupancy levels, staffing the service needed to be flexible. Staff were responding to this and proposed changes in staffing shift patterns were currently in consultation with the provider and unions.

Staff had been recruited safely, received on-going training relevant to their role and supported by the registered manager and team leaders. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who used the respite service.

Care records were person centred and focused around the needs of the person. They were regularly updated and reviewed and where possible included information from people and their families. Some staff had recently received training to support people using easy read formats which were beginning to be adapted to peoples care plans. This supported people to have a better understanding of what their care plan meant to them.

Care and support plans included person centred daily observation records that identified the care and support interventions that had been provided around care and support for the person being supported.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. There was a strong focus on protecting people's human rights.

Accidents and incidents were being recorded and reported and any lessons learned were shared with staff.

The service learned by any mistakes and used this as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

There were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 regulations. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to recognise and report signs of abuse or mistreatment.

People were supported safely with their medicines.

People were supported by staff who had been safely recruited.

People had a range of risk assessments in place covering various aspects of their daily lives

Is the service effective?

Requires Improvement ●

The service was not entirely effective.

The environment was not being maintained sufficiently. Heating was not working throughout the building, decorations and some equipment was not being satisfactorily maintained.

People were supported by staff who had undergone training to carry out their role effectively.

People were supported to access health and social care professionals as required.

People were supported to have enough to eat and drink.

Staff worked within the principles of the Mental Capacity Act (MCA).

Is the service caring?

Good ●

The service was caring.

People were supported to maintain their independence in their home and in the community.

People's support was personalised to their individual needs.

Staff understood how to ensure people's human rights were

protected ensuring they did not experience discrimination in any form.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's needs. Care was planned and delivered to meet people's individual needs.

The service was flexible and adaptable to meet changes in people's needs and requirements.

There were systems in place for receiving and handling complaints.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Governance systems were not operating effectively by not taking action to ensure the environment was suitably maintained.

The system to gain people's views and act on them was limited.

There was a clear management structure within the service.

Staff told us they were able to put their views across to their manager, and felt they were listened to.

Lowena

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 December 2017 and was announced. The inspection was undertaken by one adult social care inspector.

We gave the service 72 hours' notice of the inspection visit because the service provides respite care which means there is not always staff and people using the service available during the day. We needed to be sure staff and people using the service would be available to support the inspection visit.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

During the inspection we used a range of methods to help us make our judgements. This included talking with people using the service, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), carrying out observations of care and reviewed other records about how the service was managed.

We spoke with the registered manager, and four senior support workers.

Following the inspection we contacted nine relatives of people who used the service and during the inspection we spoke with two people using the service. We also contacted four professionals who were external to the service.

We looked at a range of records including three care plans, records about the operation of the medicines

system, three staff personnel files, and other records about the management of the service.

Is the service safe?

Our findings

We asked people using Lowena short break services and their relatives if they felt safe when using the service. Comments received included, "My [relative] has epilepsy and requires two staff which [the person] always has. The room has protection mat on the walls and the tables were removed from [the person's] room for their safety just in case [the person] had a seizure." "We know it's a safe place for our [relative] because [the person] loves going there and he is well looked after." This showed there were systems in place to protect people while supporting independence.

There were systems and arrangements in place to protect people from abuse and potential harm. Staff told us that they had undertaken training in safeguarding procedures and were clear about what was abuse and understood the need to report concerns. Staff told us that that they were confident that if they raised concerns with the services management they would be addressed. Staff understood their responsibilities to report concerns. There were body maps in place to record any injuries or wounds should they occur, with an explanation as to how they had been acquired. This provided a clear record to demonstrate any patterns or concerns. Most staff had received updates about safeguarding as per organisation policy. Others were booked onto an update and seven still had to have the training dates arranged. A staff member said, "Training is more difficult to arrange now, the council training department is no longer operating." The registered manager told us this training was being sourced and everybody working in the service had all completed training through formal courses and/or induction and understood the safeguarding procedures to protect people.

The nature of the service meant occupancy levels could fluctuate on a day to day basis. This was because people were booked in for short periods of time. Because of this staffing levels were maintained to safely support the level of need being presented at any time. There was an on-going consultation process to agree proposed changes to shift patterns and rotas. The service had made some changes to the availability of respite places as part of an operational review of the service. Staff told us it was a difficult and anxious time but that people's needs were always met. They said, "There are enough of us [staff] to support guests, but it's difficult for us all when things change" and "It doesn't happen often but if we know there won't be enough of us available to safely staff the home we close for the weekend."

Due to the service providing short breaks for people medicine procedures had been adapted to safely manage them in and out of the service on a regular basis. Medicines were only managed by staff who had received an appropriate level of training. Two staff had dedicated time to check in medicines when people were arriving for a respite break. Two staff also checked the medicines back out again. One staff member said, "This is a really good and safe system." It also showed a record of prescribed medicines being administered at the correct times. Storage facilities were suitable to ensure medicines were safe. There were additional safe storage for medicines which required stricter controls and a fridge used only to store medicines. There were daily checks to monitor the temperature so medicines requiring colder storage conditions were safe. Records for recording medicines administered by staff were accurate and up to date.

There were systems in place to identify people's individual risks and how those risks would support people's

health and welfare in the least restrictive way possible. For example, having a safe area for people to move around as they chose, but in a safe environment. Also, to safely support a person who required percutaneous endoscopic gastrostomy (PEG). A procedure in which a feeding tube is used for the person's nutritional needs. Information guided staff to follow personal care guidelines in conjunction with clinical guidance. All staff supporting these people had received specific training so the practice was safe. Risk assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe.

There were systems and arrangements in place to ensure the service was kept clean. Staff had received suitable training about infection control; however this had not been updated since 2015. The registered manager was actively seeking training updates from an external source to ensure all staff had current knowledge and guidance. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. There were aprons and gloves available to staff throughout the service.

All staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance.

The registered manager and staff team understood their responsibilities to raise concerns, record safety incidents and near misses. How to report these internally and externally as necessary and to whom. Staff told us if they had concerns management would listen and take suitable action. If the registered manager had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. This included a de-brief sessions for staff to ensure lessons were learnt and plans put in place to reduce the risk of it occurring again.

Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk. This helped ensure the service was safe for people to live in. Equipment used in the service such as moving and handling equipment and wheelchairs etc were regularly checked and serviced by professionals to ensure they were always safe to use. Although both baths were not operational, service certificates showed they had received regular service checks. All the necessary safety checks and tests had been completed by appropriately skilled contractors. Firefighting equipment had been regularly serviced and a new fire system recently installed. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

There were personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency situation which required evacuation. Staff understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. These were being stored on individual files and the registered manager said a decision had been made for them to be collated together in one accessible file so they could be accessed quickly in an emergency situation.

Is the service effective?

Our findings

The service's overall environment was not operating in a satisfactory way to ensure people were comfortable while receiving respite care at Lowena. We identified six rooms where the heating was not operating. We checked these rooms twice during the inspection. On both occasions radiators were not working and the rooms were cold. There were no people staying in these rooms at the time of the inspection, however by not ensuring all areas of the service were being adequately heated meant it was not a comfortable environment to be supported in. There were fluctuating temperatures in lounge and dining areas. Staff told us there were regular problems with the heating system. Maintenance records showed there had been eight reports of heating failures since November 2016. New boilers had been installed in March 2016; however five water and heating faults had occurred since that time. This demonstrated the heating system was not effective in providing a suitably heated environment which was comfortable for people to use and work in.

In one room we identified a malodorous odour. Staff told us it was "embedded in the carpet" and needed to be replaced with laminate flooring which was in most other rooms. General decoration and the condition of woodwork in some rooms was damaged. For example walls in people's rooms and in communal areas were marked. Some repair work had been carried out but this had not been painted so looked unsightly. Woodwork around some sinks was damaged and looked unsightly.

A rear garden area was no longer maintained due to the cancellation of gardening maintenance contracts. This meant grass had become overgrown during the summer months and could not be used by people. By not maintaining the environment to a satisfactory standard meant people using the service were not having a positive experience. A staff member said, "We [staff and people using the service] really miss being able to go out and use that part of the grounds. It was a real loss to everyone this summer."

Survey feedback had highlighted some mattresses were hard and needed replacing. This was also highlighted by staff during the inspection. No action had been taken to address this. The quality of towels being used was poor. White towels were grey and coarse. Two were frayed and not fit for purpose. These issues demonstrated the impact of the registered provider's budgetary cuts.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were a range of lounge and dining areas people could choose from. In addition if people wanted a quiet space there were enough communal spaces available for them to be on their own.

There were a range of aids and adaptations for people who required support in moving around the service, for example, adapted bathrooms and toilets. Two baths were not operational due to a recent mechanical breakdown and were waiting to be replaced or repaired. Additional shower facilities were available and were sufficient to support people. Staff had received the necessary training to enable them to support people who required equipment.

There was a sensory room in Lowena. A sensory room is a therapy space for people with limited communication ability, designed to develop a person's sense, usually through special lighting, music and objects. Staff told us this was a well-used resource for some people who gained a positive outcome by using the sensory equipment.

Staff knew the people they were supporting because they had used the service for some time. There were consistent care planning systems in place which ensured people's individual needs, aspirations and goals were met. People were asked how they would like their care to be provided. In instances where people had limited communication staff understood how to support them effectively. For example some staff were qualified in using 'sign language'. Some people used Makaton [A language programme using signs and symbols to help people communicate] which staff supported them with. This demonstrated staff had the knowledge and skills to support people so they were not disadvantaged. Some staff had recently received training to support people using easy read formats. This supported people to have a better understanding of what their care plan meant to them.

Nobody we spoke with said they felt they or their family member had been subject to any discriminatory practice for example on the grounds of their gender, race, sexual orientation, disability or age.

The registered manager and staff told us they received training to carry out their role. However the organisations training department had been disestablished meaning the service was out sourcing training and updates. This was to make sure staff retained and continued to develop their knowledge and skills required to support people using the service and they were familiar with current good practice and guidance. Specific training was available to staff where certain conditions required specific knowledge in how to manage a health event. For example, epilepsy and clinical nutrition. A family member told us they had confidence in the staff team and their ability to understand and deliver care to their relatives effectively. They said, "I know most staff had training in physical handling and various other training to keep the clients safe."

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. The registered manager and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff. Staff were knowledgeable about how the Act applied to their role and what restrictive practice meant. Some people who used the service lacked capacity to make decisions about t. Staff were aware of what this meant for the people they supported. Staff had attended best interest meetings where decisions were being made on behalf of people who lacked capacity. A number of families told us they had a Court of Protection [COP] orders in place, so they had the legal right to make decisions on behalf of their relatives personal welfare needs.

The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Care plans had relevant information documented on how best to support people during their respite stay at Lowena. The service had identified any specific training or equipment needed to support people during their stay. For example, a bespoke bed frame to support a person who regularly stood up and moved around the bed. This equipment mirrored one they had at home so it was familiar to the person and kept them safe when in bed.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records showed where other health professionals had been contacted or visited. For example a person had been supported to lose weight by staff supporting them with nutritional guidance and regular health checks. The person wanted to share this news with us and were very focused on continuing with the healthy eating plan.

The approach to meal planning was very flexible. Staff told us, people using the service were encouraged to make their own decisions around meals and meal planning. A staff member told us that due to the short stays a 'fixed' meal plan would not be appropriate because it would restrict choice. A pictorial meal board supported people to make choices. This supported people so they were not disadvantaged where written language was limited. On the day of the inspection people were being supported to make choices for the evening meal. Some people had main meals at various day centres or at home and chose more of a snack in the evening, some people preferred a main meal in the evening and this was delivered as requested. Staff were aware of where food allergies or soft diets were required so people's nutritional needs were safely met. This demonstrated the service took account of people's wishes, choices and dietary needs when decisions were being made about meals and meal planning. Families told us they felt the service met their relative's nutritional needs. They said, "My [relative] has complex needs and eats really well. [The person] has to be supported pretty quickly, which most who know her will do. It's a good thing that there is regular staff most of the time."

Is the service caring?

Our findings

People were not using the service until later in the day when they returned from various daytime activities either attending day centres or from home. Families and people using the service told us they felt very cared for by staff who understood their needs and how they wanted care to be delivered to them. They said, "Staff are very caring, friendly, approachable very easy to talk to, they aren't too official about everything, which is good, it's like normal," "When my [relative] goes there, only staff who know [the person] well are on duty all the time," "I feel our [relative] is treated with respect and dignity," "I told staff, my [relative] will not tolerate things if you don't do it their way. If anything changes, I discuss it with staff, and then it is in the care plan straight away," "The service is wonderful, staff are lovely and I'm so grateful to them" and "Staff meet my [relatives] needs really well. Really happy to go there. If [the person] didn't like it there they will soon let us know and wouldn't go back there. It's like a second home for [the person]."

An equality, diversity and human rights approach to supporting people was embedded at the service. For example assessments took account of people's disability, gender, sexuality and right to make decisions. It demonstrated staff had a good understanding of protecting and respecting people's human rights.

There was access to advocacy services should people require independent guidance and support. The service had information for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. Some families had the legal authority to act on behalf of a person's best interest by being the appointee for Lasting Power of Attorney [LPA] or Court of Protection [COP] to help people make decisions or make decisions on the person's behalf. The service was working to support families where they were going through this process so they had the necessary information.

Most people had limitations in understanding the information in their care plan due to reduced mental capacity. Staff told us they always went through the information with people in a meaningful way, such as reading to them, so they understood what was being recorded. Two staff members had recently been training in delivering easy read formats so people with a learning disability were able to better understand the information in a format which supported their needs.

When people arrived at the service they were greeted personally by staff members. People were seen to respond to this positively by laughing and expressing themselves with hand gestures. It was clear staff and people understood each other. There was a relaxed atmosphere and staff engaged with people in a meaningful way. For example discussing what people wanted to do that evening and who else was staying at Lowena that night. Staff had time to sit and chat with people. One person became anxious, staff quickly responded in a calm and caring way which the person immediately responded to and the event was quickly resolved without fuss and lots of patience.

People's dignity and privacy was respected. For example one person was described as having potential to demonstrate behaviour which challenged in the service and community. It was clearly documented and staff said they used distraction and verbal prompts to diffuse such situations to protect the person dignity.

Staff recognised the importance of protecting people's privacy during personal care and support by ensuring doors and curtains were closed. Staff were observed providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

People were engaging with all levels of staff including the registered manager. One person liked to sit with the registered manager to chat with them and discuss what had happened during the day. The registered manager took the time to ask if they wanted a drink making before they had their usual chat. It was clear this was a regular event and the registered manager made the time to actively listen to the person. It showed people were being treated with kindness, respect and compassion.

Staff told us it was important that people made as many decisions as possible about their care and choices. For example, what they wanted to eat and how they wanted to spend their time, times they might want to go to bed or get up. A staff member said, "It's so important we listen to guests to make sure we are doing what they want. We make the time to listen to them and respect their wishes and choices" and "Trying to maintain guest's independence is really important. It can be the little things that matter, like making sure guests have the equipment they need to support them." Where possible staff involved people in their own care plans and reviews. However due to people's capacity involvement this was often limited, and consultation could only occur with people's representatives such as their relatives.

Is the service responsive?

Our findings

Families and people staying at Lowena told us staff were responsive to their or their relatives care needs and were always available when they needed them. They told us care people received was focussed on them or their relative and they were encouraged to make their views known about how they wanted their care and support provided. Comments included, "Communication between, service, staff and the manager is very good. There is a communication book between the service and the family, which is well used" and "[The staff] help me a lot to do the thing I want to."

Care plans showed all relevant information had been obtained to support staff to respond to people's individual needs, requirements and wishes. The service worked closely with people who used the service, their relatives, carers and other professionals involved with the person. This ensured there was an inclusive approach in delivering person centred care. Any identified training or equipment had been sought to ensure staff had relevant knowledge and skills to be able support people. For example, specialist equipment to support a person safely when in bed. Liaising with a dietician for nutritional support. Providing guidance for a health professional to support staff providing a person with clinical nutrition.

Care records seen were person centred and continually updated. For example following each stay there was a review of risk and any changes updated at the point of the following admission so that staff had the current information to be able to respond to people's individual needs. Any changes were recorded on the master copy used by staff and on the computer system so that information was available to all those people who required it.

Care plans contained information about people's backgrounds, preferences, and support needs. Care plans were regularly reviewed and showed they had been updated where changes had occurred. Each care record included important information about the person including emergency contact details, disability, allergies and contact details for health care professionals involved in reviewing the person's care needs. Staff told us this was important to them so they knew who to contact if they needed to and at short notice.

The service used a variety of ways to establish and maintain effective communication and meet the support needs of people with a disability, impairment or sensory loss. Care plans identified the specific methods of communication for each person so it was individual and tailored to meet individual needs. The service used a range of pictorial signs to communicate with people who were none verbal. For example clear signage throughout the service to support people to navigate around the service, pictorial communication cards to support communication about food and activities. Care plans were person centred and were in the process of moving towards an easy read format to support people to understand aspects of their care and how support would be delivered to them. Communication passports were used in some instances. These supported staff to identify types of body movement which would indicate a certain mood pattern and would help staff to respond to people at a time and in a way which was accepted by them. This showed the service had taken steps to meet people's information and communication needs.

There were a large range of games and activities designed for people with disabilities such as board games,

large print books and activities which were educational or creative. Most people had used a day centre before they arrived at Lowena. People generally participated in house activities during the evening. Staff said this was different at weekends when people engaged in more activities such as baking, quizzes and listening to music. There was transport available to go out and use community facilities. Staff said this had recently been reduced and there were some limitations to engage in community activities at weekends. This was due to the various level of need of people using the service. Some people needed more staff support than others. The registered manager said the mobility component of Disability Living Allowance [DLA] was available to most people and they were encouraged to use this to support them in any travel needs.

Families told us they were happy with the level of activities available to their relatives. They said, "My [relative] needs two staff all the time, staff still take [the person] out to the local park, on the bus, going out to eat. [The person] loves eating "Cornish pastry" staff accommodate this whenever they can," "My [relative] went to see the Christmas lights recently, [the person] goes on trains, minibus, gateway club, bowling and has a key worker [to support them in these activities]," "Even though my [relative] has very complex needs staff still take [the person] out shopping, garden centres, into town/park and recently to the theatre," "Staff have taken my [relative] swimming, shopping, to the pub which [the person] really likes but doesn't too noisy places. Staff do in house parties and BBQ's. My [relative] also enjoys the sensory room too" and "My son has been to town, for coffee and walk in the parks."

Lowena is a respite service and would not normally be involved in providing end of life care. We discussed this with the registered manager who told us if the service was approached about an end of life situation they would liaise with appropriate healthcare professionals in such circumstances.

The service had a complaints system in place which was based on local authority protocol and guidance. People told us they had never felt the need to raise a complaint but would know who to speak with if they had any concerns. They told us any minor concerns were shared with the manager and dealt with immediately. There was no evidence of people having the contact details of independent organisations including the Care Quality Commission to report concerns. The registered manager acknowledged the need to make sure this information was available and agreed to add this to the information at the entrance of the service so it was available to everyone and also display it in an easy read format so information was accessible to people who had limited reading skills.

Is the service well-led?

Our findings

Not all monitoring systems were effective or being carried out. This included governance maintenance systems. For example we found problems with the heating, decoration and general maintenance. These issues were not being addressed in a timely manner.

Surveys to gain the views of people using the service and their families were sporadic and information not collated and reflected upon. For example four 'Have your say' surveys in easy read format had been returned after being given to people in June. One of them included negative comments about the standard of mattresses. It said, "The beds are hard and need replacing." Staff had told us the same thing during the inspection. There was no evidence to show how this information had been responded to or acted upon.

These issues were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no longer a maintenance employee on site, for the general oversight and auditing of the premises. Requests were made formally to the estates team to make any basic repairs. Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use.

There were regular audits to review the services operational procedures including, infection control, staffing levels and medicines to ensure they were safe.

The service is required to have a registered manager. 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. The service had a registered manager in post.

There were clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided consistent service.

Overall staff morale was mixed due to recent changes and potential changes to shift patterns and rotas. Information was shared through the registered manager and team leaders during one to one staff discussions and regular meetings. Staff said they generally felt supported at a local level during the transition period from managers who they felt understood their anxieties. However they did not feel senior managers were open and transparent in sharing information in a timely way. For example they had only realised the service would be closed for a weekend when they wanted to plan a diary of events. They did not feel valued by not having the information and reasons shared with them. Staff comments included, "We know there are changes and we understand that but information isn't always being shared with us that's important. Especially if there are going to be changes in when it's open" and "It's a difficult period but we are

a strong team and support each other." Besides these issues, staff were observed to be positive and the atmosphere observed to be warm and supportive.

We recommend the service ensures there is a clear and transparent system in place to listen to people's views. The potential impact on changes to the service they receive and to ensure there is an open channel of communication available to people.

The service was managed by the local authority and a senior management team which oversaw its operation. Any decisions about the development of the service location were made at senior management level. The registered manager worked closely with the senior management team to share information about its operations and performance.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included physiotherapists and occupational therapists to ensure people had the correct equipment and aids to enable safe transfers. Dieticians were consulted on to support people's healthy diet plans and where necessary specialist clinical nutritional support systems.

The registered provider and registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were also policies in relation to grievance and disciplinary processes.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There was an effective handover process between shifts so information about people's care could be shared. It meant there was consistency of care and support provided could be maintained.

People, relatives and staff told us the registered manager was approachable and friendly. They were visible around the service each day and supported staff well. The registered manager spent time within the service so was aware of day to day issues. The registered manager said it was important to spend time listening to staff and enabling them to share ideas about people's care. Families told us the service tried to engage parents and families as much as they could. A few relatives said "The service had a Christmas fare recently, where service users and staff made cakes, sweets, decorations, it was such a lovely event." The registered manager believed it was important to make themselves available so staff and people using the service could talk with them, and to be accessible to them. This was clearly evidence during the inspection when the registered manager took time to talk with a person. They invited them to the office and made them a drink. The person said "[Registered manager] always has time for a chat when I come back every day."

Records were kept securely and could be located when needed. This ensured people's personal information could only be viewed by those who were authorised to look at records.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsuitable premises because of inadequate maintenance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lack of monitoring meant the registered manager had not identified the potential impact of the lack of heating on people's comfort and privacy.