

Reading Borough Council

188 Whitley Wood Lane

Respite Care

### Inspection report

188 Whitley Wood Lane  
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11 November 2015

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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

This inspection took place on 9 and 11 November 2015 and was announced. We gave the registered manager notice of our inspection as this is a small service and we needed to be sure staff would be available. We last inspected the service on 9 December 2013. At that inspection we found the service was compliant with the essential standards we inspected.

188 Whitley Wood Lane Respite Care is a care home without nursing that provides a respite care service to up to six people with learning disabilities or autistic spectrum disorder. People stay at the service for short periods, depending on an annual allocation of respite care nights. People and their carers are assessed for eligibility for respite care by Reading Borough Council. Once eligibility has been agreed, the number of nights per year are allocated depending on need. At the time of our inspection the service had 28 people in total who use the service for short term breaks throughout the year. Over the two days of our inspection there were 10 different people staying for a short respite break, six on each day.

The service had a registered manager who had been registered since 6 October 2014. 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.

People received support that was individualised to their personal preferences and needs. Health professionals told us they thought the service provided personalised care that was responsive to people's needs.

People told us they liked the food at the home and we saw they were given choices of what they wanted to do when not at their day services. People and their relatives said they were happy when they had a short term break and looked forward to returning.

People's wellbeing was protected and all interactions observed between staff and people staying at the service were caring, friendly and respectful. We saw staff respected people's privacy and dignity. Staff listened to them and acted on what they said. People's rights to make their own decisions, where possible, were protected.

People were protected from the risks of abuse and felt safe when staying at the service. Health and social care professionals felt risks to individuals were managed so that people were protected. People were protected from risks associated with their health and care provision and risks associated with the premises.

People could be confident that staff were checked for suitability before being allowed to work with them. They received effective care and support from staff who were well trained and knew how people liked things done.

People benefitted from staying at a service that had an open and friendly culture. People, relatives and health and social care professionals felt staff were happy working at the service. Staff told us they enjoyed their work. They said they were supported by the management and their colleagues in their role. They felt encouraged to make suggestions and told us the management took their suggestions seriously. Relatives told us the service was managed well and that they were asked their opinion on how things were at the service. Health and social care professionals thought the service demonstrated good management and leadership and worked well in partnership with them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People were protected from abuse because staff knew how to recognise abuse and knew what action to take when necessary. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Good 

### Is the service effective?

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and how to make a DoLS application if required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Good 

### Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful. People's dignity and privacy were promoted and respected.

Staff worked well with people, encouraging their independence where possible and supporting them in what they could not do.

Good 

### Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs.

Good 

People were provided with consistency during their stays, based on their known likes and preferences and usual daily activities. Staff knew them well and were quick to respond to people's changing needs.

People and their relatives knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

### **Is the service well-led?**

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Staff were happy working at the service and there was a good team spirit. They felt supported by the management and felt the support they received helped them to do their job well.

Health and social care professionals felt the service demonstrated good management and leadership. They felt staff delivered good quality care and worked well in partnership with them.

**Good** ●

# 188 Whitley Wood Lane

## Respite Care

### **Detailed findings**

## Background to this inspection

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

This inspection was carried out by one inspector on 9 and 11 November 2015 and was announced. We gave the registered manager notice of our inspection as this is a small service and we needed to be sure staff would be available.

We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed all the information held about the provider. This included previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with one visiting relative, one health and social care professional and all people staying at the service. People were not all able to give us details of what it was like when they stayed at the service. However, they were able to tell us their views on what was happening at the times we spoke with them. We also spoke with the team manager for learning disability services, the registered manager and four care workers. We observed people and staff working together during the two days of our inspection.

We looked at three people's care plan and medication administration records. We also looked at the recruitment files of the two staff employed since our last inspection, the staff rota and staff training records. We saw a number of documents relating to the management of the service. For example, utility safety certificates, equipment service records, health and safety check records, food safety checks and the concerns, complaints and compliments records. We looked round the building and grounds and checked

the facilities available and medication storage.

Following the inspection we sought and received feedback from five relatives and three health and social care professionals.

## Is the service safe?

### Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe when they stayed at the service. Relatives told us they felt their family members were safe at the service, with one adding: "Yes, very safe. I never have to worry." Another relative told us: "I know [Name] is safe there. I can't fault them at all." The health and social care professionals felt risks to individuals were managed so that people were protected with one saying: "People are very safe. They take safeguarding seriously."

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reduced mobility or risks related to specific health conditions such as epilepsy or difficulty swallowing. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out weekly by the maintenance person. For example, fire safety and equipment checks, hot water temperature checks and weekly flushes of shower equipment as a legionella prevention measure. During our inspection we identified one shower that was producing water that was above the temperature considered safe by the Health and Safety Executive (44°C). The registered manager took immediate action and put the shower room in question out of service. On the day following our inspection the shower was replaced and put back into service. The registered manager decided to put a system in place to ensure water temperatures were measured prior to each person taking a bath or shower, rather than just once a week.

Other health and safety risk assessments of the premises were seen. The service had a fire risk assessment in place and the premise's legionella risk assessment had last been carried out on 21 January 2015. We saw any identified risks in those risk assessments had been dealt with. Fire systems and equipment had been serviced in April 2015. Other equipment such as freestanding and overhead hoists were up to date with their latest service checks. Staff said any maintenance issues were dealt with quickly when identified.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans and reported to us as required. The registered manager investigated accidents and incidents and took any actions needed to prevent a recurrence where possible. The manager was able to tell us what actions had been taken following each incident. However, details of investigations and actions were not always recorded at the service. The registered manager told us the head office reviewed all incidents and looked for any patterns or trends. After discussion, the registered manager decided to also keep a record of investigations carried out and actions taken at the service, as well as being recorded on the computer system where they could not be easily accessed.

People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all recruitment information required by the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. People's reasons for leaving previous employment with vulnerable adults had also been verified. The service used some agency staff to cover staff absence and shifts their own staff could not cover. They had a core of agency staff who knew and were known by people who use the service. The service obtained profiles of the agency staff used. The profiles contained information regarding the agency staff member and included confirmation that all recruitment checks required of the regulations had been carried out by the agency.

People told us staff were there when they needed them. There were three care workers allocated to the service during the day when people were present. In the evening there were three care workers and the night shift was covered by two waking night staff and one person sleeping in who was available in emergencies. We saw staff were available when people needed them and they did not need to wait. Staff told us there were usually enough staff on duty at all times. They confirmed they could have extra staff when needed, for example if someone was staying who required one-to-one support. Staff commented that the manager also helped at busy times. During our inspection we saw the registered manager and the team manager for learning disability services both helped by spending time reassuring one person who was anxious and upset.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We observed staff administering medicines. The service's policy was that two staff members administer medicines together. They carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

## Is the service effective?

### Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew how to support them and did things the way they wanted them done. Relatives told us they felt the staff had the training and skills they needed when looking after their family members.

The care staff team was made up of the registered manager, one senior care worker and ten care workers. Ancillary staff included one full time and two part time cleaners. Catering and laundry tasks were carried out by care workers.

New staff were provided with induction training which followed the Skills for Care new care certificate. Staff told us their induction was thorough and they had never been asked to do something they were not confident to do. Practical competencies were assessed for topics such as moving and handling and administration of medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised.

Ongoing staff training was monitored and overseen by a senior care worker. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire awareness, first aid, moving and handling and safeguarding adults training. Other mandatory training included medicine administration, food hygiene and health and safety. The training records showed staff were up to date with their training. Where staff were due to have refresher training, places had been booked. Staff felt they had the training they needed to deliver quality care and support to the people staying at the service. Relatives felt staff had the skills they needed when supporting their family members. One relative of someone whose family member had specific care needs told us: "They manage it well, they have all been trained." Health and social care professionals told us they felt staff had the knowledge and skills they needed to carry out their roles and responsibilities. Comments received included: "They have regular training updates." and "I know staff training is a high priority."

People benefitted from staff who were well supervised. Staff told us they had one to one meetings (supervision) with either the registered manager or the senior care worker every four to six weeks. Staff also confirmed they had yearly performance appraisals of their work carried out. We saw that all staff annual appraisals had been carried out between January and April 2015.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had a good understanding of their responsibilities to ensure people's rights to make their own decisions were promoted. The registered manager was aware of their responsibilities regarding DoLS and knew how to apply for a DoLS authorisation. At the time of our inspection no people using the service were being deprived of their liberty.

People were able to choose their meals either from the menu for the day or from alternatives in the freezer. Staff supported people to make choices from their known preferences where necessary. Where there were known issues with a person's nutritional intake, this was detailed in care plans. Staff knew people's preferences and likes and dislikes. They were also knowledgeable about any meal supplements or special dietary needs people had. People told us they were enjoying their supper and enjoyed the food at the home. They confirmed there were enough staff available to help them where needed.

When people arrived for their respite stay, relatives would provide information regarding any health or medicine changes. Staff would then make sure any instructions from health care professionals were added to people's care plans. In this way the service was able to ensure people's changing health needs were met in line with professional guidance.

One health professional commented: "Many people who go here have complex health needs, that are managed appropriately." Another felt the service provided effective care and told us: "They are very proactive, if they have someone new that needs equipment they contact me straight away."

## Is the service caring?

### Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. Staff were quick to identify if someone was upset and dealt with any concerns promptly and calmly. Individual care plans included guidance to staff on what worked well if the person was distressed or unsettled. We saw staff successfully following the guidelines from the care plans. A relative told us: "Sometimes [Name] gets upset and misses me. They phone so [Name] can chat with me. They know that's all that's needed." Other comments from relatives included: "She loves going.", "They are lovely down there." and: "Every time [Name] comes home he wants to go back!"

People's likes, dislikes and how they liked things done were set out in their care plans, which covered most areas of their lives. Care plans were geared towards what people could do and how staff could help them to maintain their independence safely and wherever possible. The care plans were drawn up with people, using input from their relatives and from the care manager's support assessment and review document. Health and social care professionals felt staff were successful in developing positive, caring relationships with people using the service. One professional told us: "People look forward to going there."

We saw staff working with people encouraging their independence and supporting them in what they could do. At supper time staff provided assistance only where needed. For example, cutting up food for people who could not manage. Where people were not able to manage, or asked for help, assistance was given quietly and respectfully.

People's wellbeing was protected and all interactions observed between staff and people staying at the service were caring, friendly and respectful. We saw staff respected people's privacy and dignity. Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives were involved in making sure the service knew about any changes in people's lives and participated in annual reviews. They told us staff knew how people liked things done and treated their family members with respect and dignity. One relative commented: "Oh yes, they know [Name] well." One relative told us about the support they had received from the service when the person's main carer had been admitted to hospital. They told us how grateful they had been that the service had been able to help them by providing emergency respite support while the relative had been in hospital. They added: "If it hadn't been for them I would have been at breaking point."

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. We observed staff protected people's rights to privacy and dignity as they supported them during the inspection and any personal care was carried out behind closed doors.

## Is the service responsive?

### Our findings

People received support that was individualised to their personal preferences and needs. Health and social care professionals told us they thought the service provided personalised care that was responsive to people's needs. One professional commented that the service was very responsive, especially in emergencies.

People's likes, dislikes and how they liked things done were known and incorporated into their care plans. The care plans were detailed and written in a way that gave staff a clear idea of the person as an individual. People's abilities were kept under review and any changes or increased dependence was noted in the daily records and added to the care plans. Any changes would also be discussed with the person's relative to ensure the change was known about. This meant all people's needs and the care plans were kept up to date and any changes were verified. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals.

The service had a good relationship with the local learning disability team and staff had a good knowledge of how to care for people's specific needs, such as epilepsy or tube feeding. This meant people were looked after by staff who understood and responded appropriately when working with them. One relative commented: "They know [Name] well."

The majority of people who use the service continued with their usual daily activities attending their usual day centres during the week. One person did not usually attend a day centre so they remained at the service with additional staff during the day. People we spoke with enjoyed being at the service. Relatives we spoke with confirmed the service made sure people had consistency with their usual daily routine. One relative mentioned that their family member would enjoy the opportunity to go out, even if just to the shops, when they stayed at weekends. We passed this information on to the registered manager, with the relative's permission. Another relative told us how their family member enjoyed singing and speaking with others when they stayed at the service.

During our inspection no one stayed at the service during the day. We were able to observe activities and speak with people after they returned late afternoon on both days. At all times people were at the service they were busy and engaged in activities that were meaningful to them. Staff were aware of which bedrooms people liked when they stayed and what they liked to be in their rooms. Where possible we saw staff had been able to provide people with the room they wanted. We also saw staff were aware of relationships between the different people who use the service. This meant they could make sure scheduled visits were not made at the same time for people who did not get on with each other. Staff knew which people had particular friends and where possible visits were booked so those people could be at the service together and maintain their friendship.

Relatives knew how to raise concerns and confirmed they were listened to and taken seriously if they did. Staff recognised early signs of concern or distress from people staying at the service and took prompt and appropriate action to reassure people when needed. Complaints were dealt with quickly and resolutions

were recorded along with actions taken.

## Is the service well-led?

### Our findings

People benefitted from staying at a service that had an open and friendly culture. People, relatives and health and social care professionals felt staff were happy working at the service. One relative said: "They seem to be happy." Another relative commented: "They are always chirpy." Staff comments included: "Here is a nice place to work. Everyone, service users, staff and management work as a team.", "I love the relationship with service users. I feel [management] appreciates my skills." and "It's good working here, if there's an issue it will be resolved."

Since our last inspection the service had seen a number of changes, and improvements had been made to the service provided. Changes had been made to the staffing structure within the provider's organisation. This meant there was a new overall manager for some of the provider's services, the team manager for learning disability services, including 188 Whitley Wood Lane Respite Care. The registered manager had also changed since our last inspection. Staff told us the new structure worked and they were supportive of changes being introduced by the new management team. Staff felt included in the changes at service level and told us they were asked for their suggestions. The improvements were ongoing and the registered manager had clear plans in place to complete the work. For example, current plans included making changes to the current care planning system, in line with the latest best practice guidelines.

Staff told us the management was open with them and communicated what was happening at the service and with the people staying there. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff said they got on well together and that management worked with them as a team. Staff had the opportunity to talk with their managers informally anytime they wanted and formally in their supervision meetings. Staff meetings took place every six weeks. The staff meeting had a standing agenda with items covered at each staff meeting including: any health and safety issues; safeguarding people who use the service; training; service user issues; sharing good working ideas and good practice/positive stories. Staff confirmed ongoing plans for the service were discussed and shared in those meetings.

The provider had a number of quality assurance and health and safety checks in place. Those systems included management audits covering different areas of the management and running of the service. For example, checks on health and safety, concerns and complaints and maintenance issues related to the premises. Other regular audits included a representative of the provider checking that building and premises checks had been done by the maintenance team. Food safety and kitchen checks were carried out by the staff. We identified there had been 10 occasions in October when hot food temperatures had not been recorded. The manager told us she would develop and implement a system to monitor that required safety checks were carried out. The home had been awarded a food hygiene rating of 5 (very good) by Reading Borough Council in February 2014.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues in their role. They felt encouraged to make suggestions and felt the management took their suggestions seriously. Comments from staff included:

"We are a close knit staff team. It is nice to deliver acceptable care.", "We are quite a small team, we support each other." and "The managers and seniors are really good." Relatives told us the service was managed well and confirmed they were asked their opinion on how things were at the service. They thought there was a good atmosphere at the home and commented: "There is nearly always the same staff and communication is good.", "The staff are always most helpful and there are a couple [Name] adores." and another added: "We know we don't have to worry while [Name] is there. It's a lifeline."

The service had a registered manager in place and all other registration requirements were being met. The service had notified us of incidents they were required to in a timely manner. Notifications are events that the registered person is required by law to inform us of. Management records were up to date and kept confidential where required. Health and social care professionals thought the service demonstrated good management and leadership and worked well in partnership with them. One professional said they felt the management was: "very positive, the registered manager particularly. She has a vision of where she wants to go. She has made it a lot more homely."