

Medway Council

36a Birling Avenue

Inspection report

Rainham
Gillingham
Kent
ME8 7EY

Date of inspection visit:
10 January 2018

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26 February 2018

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

The inspection took place on 10 January 2018. The inspection was announced.

36a Birling Avenue is a residential care home providing respite care for up to seven people with a learning disability or autistic spectrum disorder. A respite care service provides care and support for people who do not require a permanent stay in a care home. For example, people stayed at 36a Birling Avenue where they could receive the care and support they required when their families or carers (carers) planned time to go on holiday or a weekend away. Many people saw their stay in respite care as their holiday too. Bedrooms were available on the ground and the first floor. People who were able to use the stairs independently could use the upstairs bedrooms. One double bedroom was available if two people chose to share, such as siblings or friends, but was also used for emergency accommodation at times. The service was in a residential location with easy access to shops and public transport so that people who were able to go out into the community independently could continue to do so while staying at the service. Due to the nature of the support needs of people, two members of staff slept at the premises each night and a bedroom was set aside for this purpose. Three people were staying for respite care at the time of our inspection.

At the last inspection on 18 November 2015 the service was rated Good. However, we did find one breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have systems and processes in place to ensure they could identify, assess and monitor quality and safety within the service.

At this inspection we found the service remained Good and improvements had been made to the quality auditing systems.

A registered manager was employed at the service and had been in the position since before the last inspection. 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.

Staff continued to be aware of their responsibilities in keeping people safe and reporting any suspicions of abuse. Staff knew what the reporting procedures were and were confident their concerns would be listened to.

Individual risks were identified and steps continued to be taken to reduce and control risk, making sure people and staff had the guidance they needed to prevent harm while at the same time supporting independence. Accidents and incidents were recorded by staff, action was taken and followed up by the registered manager.

The processes for the administration of people's prescribed medicines was still managed and recorded well

so people received their medicines as intended. Regular audits of medicines were now undertaken to ensure safe procedures were followed and action was taken when errors were made.

The registered manager continued to undertake a comprehensive initial assessment with people when they applied for a respite care service which fully included the involvement of the person and their carer's. Care plans were developed and regularly updated and reviewed to take into account people's changing needs between visits to the service. People's specific needs were taken account of and addressed in care planning and in planning people's respite care visits to ensure equality of access to services.

People were supported to make their own choices and decisions. The registered manager and staff continued to have a good understanding of the basic principles of the Mental Capacity Act 2005 (MCA) and promoted people's rights.

People were given plenty of choice at mealtimes and staff were flexible, often planning meals around the food they knew people liked. Staff were aware of people's specific dietary needs and planned for this before people arrived for their respite visit.

Although people's carers supported them with their health needs, staff were kept fully informed and knew what help people needed if the circumstances arose.

People had access to many different activities of their choice outside of the service and were supported to pursue and maintain these if they wished while staying at the service. Within the service, people could take part in activities they wanted to do individually or together. People and their carer's were asked their views of the service and action was taken to make improvements where necessary.

There continued to be clear evidence of the caring approach of staff. People and their carer's were positive about the staff who supported them, describing them as caring and saying they were very happy staying at the service. Staff knew people well and were able to respond to people's needs on an individual basis. Support to maintain independence was a key theme in the service.

Suitable numbers of staff were available to provide the support individual people required during their stay. The provider continued to make sure safe recruitment practices were followed so only suitable staff were employed to work with people who required respite care and support.

Staff were still supported well by the management team. Staff told us they were approachable and listened to their views and suggestions. Training was up to date and staff were encouraged to pursue their personal development. Staff continued to have the opportunity to take part in one to one supervision meetings to support their success in their role. Regular staff meetings were held to aid communication within the team and to provide updates and feedback.

Quality auditing processes were now in place to check the safety and quality of the service provided. A senior manager now checked the completed audits and countersigned them to show they had done this.

The carers we spoke with thought the respite care service was well run and their loved ones were very happy with the service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service was Well Led.

Quality auditing systems were now in place to make sure the service provided was safe and a good standard.

Positive comments were made about the management team and their approachability.

Staff were supported well and had the opportunity to raise their ideas and concerns.

The views of people, their families and carers were listened to and acted on to further improve the service provided.

36a Birling Avenue

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 took place on 10 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a small respite care service and people are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, we asked 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. We looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with three people who were staying for respite care at the service and two carers, to gain their views and experience of the service provided. We also spoke to the registered manager, the deputy manager and three staff. We received feedback from two health and social care professionals.

We spent time observing the support provided and the interaction between staff and people in the communal areas. We looked at four people's care files and medicine administration records. We looked at three staff files to check recruitment and training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

Is the service safe?

Our findings

Although some people using the service at the time of the inspection were able to chat to us, it was difficult for them to tell us if they felt safe whenever they visited for respite care. We observed that people were at ease with staff and in their surroundings during the inspection which indicated they felt safe. People's families and carers told us they had no reason to think the people they cared for who used 36a Birling Avenue for their respite care were not safe. One carer told us, "Yes, their behaviour just before and just after their stay would suggest they feel safe with the staff". Another carer said, "Definitely safe". Carers said they would have no problem speaking to the registered manager if they had any concerns.

The registered manager continued to promote an environment where people were safe. Staff had a good understanding of their responsibilities in protecting the people in their care from any form of abuse. They told us they would record everything and report to the registered manager. Although they were very confident the registered manager would deal quickly and appropriately with any concerns raised, staff were aware they could report outside of the service if their concerns were not dealt with. One staff member said, "I know where to find the policies and procedures to look things up if I needed to check". A health and social care professional told us, "They will always phone/email to let us know about any concerns or incidents".

The administration of people's medicines were still managed well, keeping people safe from the risks associated with prescribed medicines. People and their carer's were advised the service could only accept medicines that were in the original packaging with current pharmacy prescription labels to ensure safe administration by staff. Two members of staff counted and recorded people's medicines when they arrived for a respite stay. When people were discharged at the end of their stay, medicines remaining were counted by two staff to ensure the correct amount of medicines were left. Medicines administration records (MAR) were neat and legible which meant errors were more easily identified. People had an individual care plan and a risk assessment to address the support required with the administration of their medicines. The care plan included the medicines people were taking and any precautions staff needed to be aware of. This meant staff were provided with the information necessary to support people with their individual requirements when administering their medicines.

The registered manager had continued to make sure individual risks were identified while people were staying for respite care. Relevant and appropriate risk assessments helped to keep people safe. Control measures to detail the steps required to prevent harm were documented. Staff had identified risks relating to choking for one person as they had difficulty swallowing at times. The measures in place to prevent choking included; the person to have a soft diet, to be supervised by a member of staff who was first aid trained, staff to prompt the person to chew slowly finishing each mouthful and to encourage sips of drinks. Another person went out independently, using public transport. A risk assessment showed the steps staff took to help the person to stay safe while maintaining their independence. Safety measures included; taking their mobile phone fully charged, letting staff know where they were going and the time they intended to be back. This meant people were encouraged and supported to maintain their independence with measures in place to keep safe and prevent harm.

The provider had an on call system so staff had a senior member of the management team to contact at any time if an emergency situation arose that they could not manage alone.

The registered manager continued to make sure accidents and incidents were fully reported and recorded. The detail of the incident was captured and the action taken. The registered manager monitored all incidents and a record was sent to the provider's health and safety department who looked for trends and concerns and reported back if further action needed to be taken.

The provider had continued to employ a suitable number of staff to provide the care and support people required when they stayed at 36a Birling Avenue for respite care. Staff confirmed they were not short staffed. Staff told us they covered most absences such as annual leave and sickness between themselves. When this was not possible, the registered manager would use agency staff to make sure people received the care and support they required. The registered manager confirmed they always used the same agency and the same staff from the agency so the agency staff knew the service, providing consistency for people and permanent staff.

The provider continued to follow safe recruitment practices to ensure that staff were suitable to work with people living in the service. Checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding. Application forms were completed by potential new staff. The provider had made sure that at least two references were checked before new staff could commence employment. The provider was still following safe recruitment policies and guidance when employing new staff to the service.

The provider had considered the risks associated with the premises and the environment. Risk assessments were in place with the steps required to prevent harm to people, staff and visitors to the service. Environmental risk assessments included for example; Infectious diseases, manual handling heavy loads, cooking meals and assessments associated with fire risks. Personal protective equipment (PPE) such as disposable gloves and aprons was available for staff to use when providing personal care. This helped to prevent the spread of infection. The service was very clean and smelled fresh.

The registered manager continued to make sure that people, staff and visitors were protected from the risks of a fire breaking out. Fire alarms were tested every week and the results recorded. A fire evacuation drill was undertaken once a month and staff detailed how people and staff responded and the time of day the drill took place. Where improvements were required to the response, the action taken was recorded to increase people's safety. Where people required assistance to evacuate the building, an individual personal emergency evacuation plan (PEEP) was in place. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire.

All essential maintenance and servicing of equipment continued to be carried out at the appropriate times and without delay. The provider used a maintenance company to organise and respond to all requests from the registered manager and staff.

Is the service effective?

Our findings

People told us they liked the food at 36a Birling Avenue. One person said, "Yes I like the food", and checked with a staff member what their favourite was. We saw staff asking people what they wanted for their evening meal and checking this suited others. Carers confirmed that people seemed happy with the food provided after their respite visit and they had no concerns.

A menu was in place for people to choose the meal they wanted. The menu was in easy read format with pictures for those who needed help to understand written words. A vegetarian option was available for every meal time. If people did not want any of the meal options available they could choose something else from the fridge or freezer. Staff knew people well and when they knew who and when people were visiting they made sure they bought their favourite foods and snacks. One person was known to like popular snack pots, brown bread and sausages so staff made sure they had a supply of all these when they were due to stay. People's dietary requirements were planned in the same way, staff made sure the correct foods were available for people before their stay. For example, when people were diabetic or had specific diets such as low fat or a soft diet. A full bowl of fresh fruit was available in the communal lounge area for people to help themselves to. Fresh vegetables were on the menu for most meals through the week. Snacks were evident for people to have when they wished. This helped people to maintain a healthy diet when staying away from their home environment as well as having treats to look forward to.

The registered manager and the deputy manager continued to undertake initial assessments with people before they were offered respite care at 36a Birling Avenue. A health and social care professional completed an initial assessment with people and this was sent to the registered manager to begin the referral process for respite care. The next step included people's carers completing an assessment pack with their loved one. This stage gathered the important individual and person centred information about the person. Following receipt of the assessments, arrangements were made for an informal look around the service. A series of visits followed, including staying for tea, an overnight stay and then a weekend. This helped people decide if they wanted to stay again for respite care as well as being able to familiarise themselves with the staff and the service. The registered manager was able to carry out their own assessment process during the visits in order to make sure staff had the skills and experience required to support people during their stay.

Staff understood the assessment and care planning process and described how they used that information. Staff told us how they continued to gather information about each person once they came to stay regularly and staff got to know them. Staff found that people were often different when not in their home environment and could sometimes do more for themselves than first thought. Staff added new or revised details to the care plan to keep it up to date. One member of staff said, "We build a picture of people as time goes on during each visit. The person centred information, for example small but very important things such as how they put the toothpaste on their toothbrush. That could mean the difference between people cleaning their teeth well or not". A health and social care professional said, "Records have always reflected the individual's needs in an enabling way".

Care plans continued to cover all the areas where people required care and support while staying at the

service for respite care. The areas covered included; My Medicines, communication, personal care, my money, moving around, my religion; my health, managing risk and social interaction including sexuality and relationships. People's cultural needs were identified and the support each person required was recorded, for example, if they needed support to attend a place of worship. One person described themselves as practising a Christian denomination. Their care plan showed they liked to go to church each week but could do this independently. Care plans explored people's relationships and if they had an important person in their lives who they needed support to continue to see while staying at the service.

People usually had the support of their carers to maintain their health and well-being. Support to access the appropriate health care professionals was also provided by carers. However, staff made sure they contacted the relevant health care professionals if they required specific advice in order to support people to maintain their health or comfort during their stay. For example, one person had a comprehensive assessment with a speech and language therapist (SaLT). A copy of the report was available to staff and the registered manager had used this to inform the care planning process. Each person had a hospital passport which was detailed and up to date. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. The hospital passport was kept in case of an emergency admission to hospital or deterioration in health meaning people needed to be admitted to hospital for tests or treatment during their stay.

The MCA 2005 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. Mental capacity assessments had been undertaken where it was understood people may not have the capacity to make particular decisions. The decisions considered for example included, consent to receive help with their personal care, for staff to administer people's medicines or assisting them to eat their meals. The registered manager made sure decisions were only made in people's best interests, including their carer's and others who knew them well.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities in making sure people's rights were upheld. They continued to make sure appropriate applications were made to the supervising authority and kept these under review.

Staff continued to have a good understanding of the MCA 2005 and how to apply it in their role to make sure they supported people to maintain their basic rights under the Act. Staff were aware of the people who had a DoLS authorisation in place and what this meant when they were staying at 36a Birling Avenue. Staff told us how they used different techniques to help people make choices based on their individual understanding and needs. For example, they said they would show people pictures or use simple words and sentences and check people's understanding.

The provider had introduced some online learning for staff to update and refresh their training, including equality and diversity and safeguarding vulnerable adults. Staff told us they found this to work well. Face to face training in a classroom setting was still provided for key training courses such as moving and handling and first aid. The registered manager was able to access extra or specialist training for staff when required. All staff were attending diabetes training which had been booked for two weeks after the inspection. Staff continued to receive the training they required to carry out their role. A health and social care professional

said, "All staff at Birling have a high level of experience and are very aware of the needs to all individuals that stay in their care".

Staff continued to have regular one to one supervision meetings and an annual appraisal of their work performance with the registered manager or deputy manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found the meetings very useful to their personal development. One staff member said, "Absolutely, yes, we get supervision, but we don't have to wait for that, we can speak to [The registered manager and deputy manager] at any time, they are always available". A carer told us, "I think the staff know what they are doing, they understand [person's name] well".

Is the service caring?

Our findings

People showed they were happy at 36a Birling Avenue by chatting and laughing with staff. People told us they liked the staff. One person had been out for most of the day and when they returned was lying on the sofa, very relaxed, looking at a magazine they had bought when they were out and chatting with staff. Carers told us they found the staff to be kind and caring. One carer said, "The staff are very caring, and very obliging". A health and social care professional told us, "The individuals that access the service speak very highly of their care and support".

Staff told us they tried to keep people's routines as close as possible to their normal home routine when people first used the service for their respite care. This helped people to settle in well and get used to their surroundings more quickly to enable them to enjoy their stay.

The staff team were consistent as the majority of them had worked at the service for many years. Many people had been visiting for respite care for a number of years. This meant people and staff had the opportunity to get to know each other very well. One member of staff said, "We want people to enjoy being here so it's important we know what they like and what makes them happy or sad".

One person had moved small items of furniture around the communal lounge so they were in places other than the usual spot. Staff knew the person well and knew this helped them to feel more comfortable so were happy to let this happen. Staff told us they knew other people staying at the time would not be uncomfortable with this so it was acceptable and they chatted openly about this with the person.

People and their carer's were fully involved in the assessment and care planning process. Carers told us they passed new information on to the staff when a new period of respite care was planned and this was incorporated into their care and support. One carer said, "I always do a short write up on any changes or current issues since [Person's] previous stay. I know that this is shared with the staff because they refer to it when speaking with me".

The registered manager told us they continued to try to accommodate friends coming to stay for respite care together if that was their wish. This meant it enhanced the experience for people and supported their settling in and making the most of their time away from their home environment. The registered manager told us they were equally aware of those people who they knew did not always get on well together, so people's compatibility continued to be an important part of planning the respite bookings for the year.

Staff were proud of the service they provided and thought they supported people well to gain further independence each time they visited. The staff we spoke with told us how they were very happy in their work which is why most of them had worked at the service for many years.

Staff supported people to maintain their privacy and dignity. Staff had recorded in one person's daily records that they had got out of bed early and had opened their curtains, only to forget and had started to get undressed. Staff noticed this and reminded the person to keep their curtains closed until they had

finished dressing.

People's confidential records relating to their care were kept by the registered manager in a locked cabinet in the office to maintain people's privacy.

Is the service responsive?

Our findings

The care and support people received when staying at the service for respite care was individual and responsive to the needs of each person and to the needs of the group staying together. One person told us, "It's alright here, I come for a holiday".

People and their carers continued to be involved in planning the care and support they required when staying at 36a Birling Avenue respite service. People had signed to say they had been involved or a note was made if they were not able to write their name or provide a signature. This meant care plans included the person centred detail of their care that was most important to them. One person's communication care plan showed they elected not to speak most of the time, although they were able to. The person's communication methods were described, such as saying yes or no by nodding or shaking their head. Staff were guided to encourage the person to use words and to ensure they understood what staff had said. We saw staff speaking to the person throughout the day and they responded with a smile or communicating back in the way they clearly felt most comfortable. Carers confirmed they were involved in reviewing the care plan.

People's care plans were reviewed and updated when they came to stay if there were changes in their assessed needs, or at least once a year. Where updates were required these were clearly recorded so all staff understood and were aware of the changes to the assistance people needed since the last time they stayed. Sometimes people had gained further independence and required less support and sometimes people's care needs had increased. The care plan of one person who was staying at the time of the inspection had been reviewed during their stay. Their individual risk assessments had been reviewed and their PEEP had been reviewed and updated.

The registered manager and staff continued to support people to take part in activities of their choosing when staying for respite care. Planned activities were fully dependant on the group of people staying at the time and what they decided they wanted to do. Some people chose to continue to attend the work and leisure activities they usually attended when living in their permanent home environment. Others chose to take part in few activities and instead have a relaxing holiday experience. Staff discussed with people at the beginning of their stay what they would like to do over the coming days. A member of staff said, "We always give people choices and then we try to do what they want. It's all down to the person, it's their choice, not ours. The manager is always on board". The most popular regular activities chosen included; bowling, cinema, pub lunches and shopping. Staff regularly supported people to a local disco night, held once a month, which was popular in the area. Another regular favourite was a take away night on Saturday nights. The service had access to a minibus to use when more than a few people wanted to go out together or if a day trip had been planned to the coast. The minibus could also be used if people had difficulty accessing public transport due to mobility issues. At other times public transport was used. Staff told us it could sometimes prove difficult to provide activities that suited the interests and preferences of everybody - if they had different age groups staying for example. Staff planned bigger activities in advance, always taking into account the amount of money people staying at that particular time would have available. A day cruise down the river Medway and a trip to the circus when it had visited the area were among the events people

had enjoyed.

The large garden continued to be well maintained and a pleasant, safe space for people to use in the spring and summer months. The registered manager and staff told us they planned regular activities for people's enjoyment in the garden when the weather was fine, including barbeques and games.

The provider and registered manager asked people and their carers for their views of the service they received by a consultation questionnaire once a year. The results of the survey were analysed and produced into a document showing the percentages of responses to each question asked and a pie chart to give a visual display of views received. All responses were positive and some people added comments such as, 'Very pleased with the service'; 'It keeps her safe and happy' and 'Home from home'. An easy ready version of the survey was available for those who required a visual aid to help their responses. People could tick a red unhappy face, an amber neutral face or a green happy face.

The registered manager followed the provider's complaints procedure when complaints were received. All verbal and written complaints were investigated by the registered manager and the outcome reported to the complainant. Copies of all complaints, investigations and outcomes were kept and used as a point of learning to prevent a future occurrence and to ensure improvements were made. Carers told us although they had not needed to make a complaint they knew who to speak to if they did and were confident it would be dealt with. However, carers told us they knew where to access the provider's complaints procedure on their website if this was necessary.

Is the service well-led?

Our findings

At the last Care Quality Commission (CQC) inspection on 18 November 2015, the service was rated Requires Improvement in Well Led. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Regulation 17, good governance. The provider did not have systems and processes in place to ensure they could identify, assess and monitor quality and safety within the service.

The provider and registered manager sent an action plan on 01 March 2016 to evidence the action they had planned to make sure they met the regulation. They told us they had already taken the action required to introduce appropriate auditing systems in order to ensure compliance with the regulation.

At this inspection we found the provider and registered manager had made improvements and now had a range of audits in place to monitor the quality and safety of the service provided. The breach of regulation was now met.

The carers we spoke with thought the service was well run and suited the needs of their loved ones well. One carer told us, "I think it is well run, we have no problems at all".

A registered manager from another of the provider's services now carried out an audit of people's care plans every three months. Where the auditing manager had identified areas for improvement they had recorded what the concern was. The registered manager completed the action highlighted, signing when they had completed the task. A medicines audit was completed every week to ensure safe systems were being followed by staff administering people's prescribed medicines. Where issues were found, the action taken was recorded and dated. On 20 November 2017 a medicine being taken by one person was found to be passed the expiry date recorded on the box. As people's families and carers were responsible for supplying the medicines required for the person's stay, the staff member contacted the carer to report the concern. Action was taken to prevent this happening again. Health and safety and environmental audits were also undertaken. A senior manager checked and countersigned all audits when they made one of their regular visits to the service. Appropriate checks and audits were now taken to monitor and improve the quality and safety of the respite service provided.

The registered manager told us their line manager had changed since the last inspection and they felt well supported by them. The senior manager visited regularly to offer support, provide one to one supervision to the registered manager and to check the safe running of the service.

The staff we spoke with told us the management team were very supportive of the staff team. One member of staff said, "If you have a problem or a worry, for example at home, they notice and say, 'Come in the office and have a cup of tea'. It really makes a difference". Another member of staff told us, "We are like a family, we all get on really well. All the staff are the same level so that helps". Another told us, "We have all worked here for some time so we know each other well and all work well together. It's a really good team".

Staff told us the service continued to be well run and there remained an open door culture where staff could

raise concerns and ideas for improvement whenever they wished. One member of staff said, "We are all here to support each other as well as [The people staying at the service]".

Regular staff meetings had continued where open discussions were held and the registered manager updated staff about the service and the provider organisation. Staff told us they were encouraged to add agenda items prior to the meetings and they could also raise an item on the day if they wished. Areas discussed included; updates on the changing needs of people who used the service, communication within the service, training updates and accident and incident recording. Staff raised a concern about one person who stayed for respite care. Staff reported the person needed more assistance when the fire alarm sounded due to being hard of hearing. The registered manager confirmed they would contact deaf services to request a portable flashing light linked to the fire alarm. A health and social care professional told us they thought the service was very well run and said, "The service is led to a very high standard".

The registered manager continued to closely plan people's visits for a whole year. People, their families and carers were asked to request the dates they wanted for the following year in November. The registered manager planned to make sure people got all or most of the dates they requested for their respite care. Sometimes it may not be possible if too many people wanted to stay on the same dates. In these circumstances the registered manager would negotiate with people to make sure people and their families and carers were involved in the decisions. The registered manager took into account friendships and if there were any compatibility issues when making the annual planning decisions. A health and social care professional told us, "People always appear to enjoy their stay and they (staff) have a very good understanding of the individual people's needs as well as support for their family members. They will always try very hard to help in any family emergency".

The provider and registered manager listened to people's views and ideas for improvement. Some people had told the registered manager they missed having the opportunity to use wi-fi when they stayed at the respite service. The registered manager approached the provider who agreed to set up wi-fi on the premises which meant people had full access to the internet whenever they wished to use it.

Computer records were accessed by a password system so only staff were allowed access, keeping records safe and secure. All other documents and records were stored securely in locked storage maintaining people's confidentiality.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report in the reception area.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. Notifications had been received by CQC about important events that had occurred since registration.