

BJSR Limited

Waves

Inspection report

6 Upper Mills
Canal Side, Slaithwaite
Huddersfield
West Yorkshire
HD7 5HA

Tel: 01484769734

Date of inspection visit:
07 June 2017
08 June 2017

Date of publication:
27 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Waves on 07 and 08 June 2017. Because the service is very small, we rang to announce the inspection on the first day so someone would be at the service who would be able to facilitate the inspection when we arrived. Waves respite service is located next door to a day centre run by the same provider with the same name. People, relatives and staff call Waves respite service 'Number Six' to differentiate it from the day centre.

Number Six is a respite service providing residential care and one-to-one support for up to one young adult with a learning disability at a time. It is a small, two-bedroomed terraced house not far from the centre of Slaithwaite village. Since the service was registered in 2013 a total of 15 people have received respite care. At the time of this inspection four people were using the service on a weekly or monthly basis for up to two nights at a time.

Number Six was last inspected in December 2014. At that time it was rated as 'Good' in all of our five key questions.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection we found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 relating to safe care and treatment, consent, staffing, good governance and fit and proper persons employed. You can see what action we have told the provider to take at the back of the full version of the report.

Record-keeping for medicines management and administration required improvement. Support workers could describe the medicines people needed and when they should be administered.

Not all aspects of the building had been checked for health and safety. The gas safety certificate had expired shortly before the inspection and the building's fire risk assessment had not been reviewed since 2013.

People chose the support workers they wanted to provide their one-to-one support when they used Number Six for respite. Recruitment records for the service were incomplete.

Support workers had received the training they needed to support people effectively; however, they did not receive regular supervision or annual appraisal. This was noted at the last inspection in December 2014.

Support workers told us they did not think every person had capacity to make all of their own decisions. People's care records made no reference to their capacity (or otherwise) to consent to the care and

treatment they received at Number Six. This included considerations around people's freedom and liberty.

The service used information provided by people's relatives and carers as the support plan for each person to guide staff as to the needs of the person. They had not formulated support plans with the people who used the service to ensure plans of care reflected the person's personal preferences. Records showed, and relatives told us, people received support that was person-centred.

The registered manager did not complete audits to monitor the service for safety and quality in order to drive quality improvement.

At the time of this inspection the registered manager was away on a trip of more than 28 consecutive days. They had not informed CQC of this, as is required by the Care Quality Commission (Registration) Regulations 2009.

We recommended the registered manager refresh their knowledge with respect to the requirements to notify CQC of incidents and changes at the service.

No complaints had been made to the service since the last inspection in December 2014. Relatives told us they felt able to speak to managers about any concerns they might have. People did not have access to an easy to read version of the provider's complaints policy.

People's relatives told us they felt their family members were safe at Number Six. Staff members could describe how to recognise and report abuse.

Risks to people had been assessed and control measures put in place, although we did identify one person with a medical condition who did not have support plans in place to guide staff. People were supported to take risks in order to have new experiences and maximise their independence.

People were supported to eat the foods they enjoyed at Number Six. They were encouraged to shop for and cook food with staff, and often went out for meals.

Number Six had been adapted to suit the people who used the service for respite care. We found it to be very homely and welcoming.

People told us they liked their support workers. Their relatives said staff were kind and caring, and helped support their family members to be as independent as they could be.

Support workers could describe people well as individuals. They knew what people liked and disliked and what made them happy. Support workers consulted the person before each period of respite to find out what activities they wanted to do.

People chose the activities they wanted to do when they were at Number Six. Records showed people often went out for walks, to eat, to shop, went to the cinema and went bowling.

Relatives told us they liked the updates they received from support workers about their family member when they were using the respite service.

Staff had regular meetings with managers at Number Six. Records showed they discussed good practice and ideas to improve the service. Staff supported people according to the provider's vision and values for the

service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Procedures for medicines management and administration were not robust.

Health and safety checks on all aspects of the building were not undertaken. We found gaps in staff recruitment records.

Relatives said their family members were safe at Number Six. Staff could explain how they safeguarded people from harm and abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff training was up to date but support workers did not receive regular supervision or appraisal.

The service was not compliant with the Mental Capacity Act 2005.

People chose the meals they received at Number Six and often went out to eat with support workers.

Is the service caring?

Good ●

The service was caring.

People said they liked the support workers at Number Six. Their relatives told us staff were kind and caring.

People were asked what they wanted to do before each period of respite; they could decide what activities they wanted to do and where to go.

Support workers encouraged people to be independent and do as much for themselves as they could.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The service used information from people and their relatives to provide person-centred support but had not devised support plans with the people they cared for to guide staff.

No complaints had been made about the service. People did not have access to easy to read complaints information.

People and relatives had regular opportunities to feedback about the service.

Is the service well-led?

The service was not always well-led.

Governance systems in place needed further development in order to ensure all relevant assurance checks were completed.

The registered manager had not notified CQC about their prolonged absence at the time of inspection, as is required. Alternative management arrangements were in place.

Staff had regular meetings with managers and were asked for ideas for service improvement. The registered manager used positive feedback to reward and motivate staff.

Requires Improvement 

Waves

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 07 and 08 June 2017. Due to the small size of the service we announced the inspection to make sure someone would be at the service who would be able to facilitate the inspection when we arrived. The inspection team consisted of one adult social care inspector on both days.

We asked the provider to update their Provider Information Return (PIR) prior to this inspection. 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 used this information to plan the inspection.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team and the Clinical Commissioning Group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not share any concerns with us.

During the inspection we spoke with two people who used the service. We spoke with the acting manager and the deputy manager, both of whom worked as support workers at Number Six, and one other support worker. The registered manager was away at the time of the inspection; we spoke with her by telephone after the inspection.

As part of the inspection we looked at three people's care records in detail and selected records from two other people's care files. We also inspected three staff members' recruitment, supervision and training documents, two people's medicines administration records, and various policies and procedures related to the running of the service.

Is the service safe?

Our findings

Relatives of people who used Number Six for respite told us their family members were safe there. Comments included, "I think [name] is very safe. [They're] very happy to go to Number Six", and, "I think [name's] safe because when [they're] there [they've] got one-to-one care." Relatives also told us they could recognise when their family member did not want to go somewhere or do an activity, and said this had never happened when they went for respite at Number Six. Feedback from a relative surveyed in March 2017 read, '[Name] was very comfortable there and settled straight in, which shows [they were] happy and felt safe.' The two people we spoke with who used the service were unable to tell us if they felt safe, but both said they liked going to Number Six.

There had been no safeguarding concerns raised about the people who used Number Six for respite care. Staff we spoke with could describe the different forms of abuse people may be vulnerable to and all said they would report any concerns appropriately. The day centre run by the same provider and attended by all the people using Number Six for respite had a dedicated safeguarding officer responsible for addressing and reporting safeguarding concerns. This meant measures were in place to safeguard people from harm or abuse.

Two of the people who used the service on a regular basis needed support with their medicines. Number Six had a lockable medicines cabinet which was used to store people's medicines during their stay. One person brought their medicines in original boxes which support staff used to complete a Medicines Administration Chart (MAR) for their stay. MARs we saw for this person's respite at Number Six in 2017 showed they had received their medicines at the prescribed times. A relative of the other person put their medicines for each respite stay in a plastic dosette box and supplied a list of which medicines they were and when they needed to be taken. This was then used to complete a MAR. Changes had been made to the person's medicines and the relative wanted to make sure the person was administered the right medicines at the right time. However, by receiving medicines that were not in their original packaging with prescription labels, the support workers could not know for certain they were administering the correct medicines. A support worker we spoke with could describe what each of the tablets were, when they should be taken and how the medicines had changed in recent months. They had supported the person for many years and knew them very well as an individual. We spoke with the acting manager and registered manager about this issue. They said they would review how the person's medicines were supplied and recorded for each respite stay to ensure staff administering medicines could be fully accountable.

We also noted people's MARs did not include details of how much of each medicine was received at the start of a respite stay and how much went home with the person at the end of their stay. This meant it would not be possible to audit whether the person had received their medicines correctly. One person had a medicine which was prescribed 'when required.' Guidance from the National Institute of Clinical Excellence (NICE) states medicines prescribed 'when required' should have a person-centred care plan which describes the indication, dosage and frequency the medicine can be administered by staff. This was reflected in the provider's medicines policy. The person did not have a care plan for their 'when required' medicine, although support staff had been on a training course specifically for the administration of this 'when

required' medicine and could describe to us when and how to administer it. After the inspection the registered manager told us a medicine protocol would be devised for this person prior to their next respite stay at Number Six.

Records showed support workers had received training on medicines administration, although they were not assessed regularly by the registered manager or other manager for their competency. Competency checks also form part of NICE guidance on medicines administration and were a requirement of the provider's own medicines policy. The acting manager agreed to complete medicines administration competency checks on support workers as soon as possible after the inspection.

Issues with medicines management and administration were a breach of Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will check to make sure improvements have been made at the next inspection.

Records at Number Six showed regular checks had been made of the building's emergency lighting system and smoke detectors. Window restrictors were in place on the accessible upstairs windows. Each person had an emergency evacuation plan and were walked through the evacuation procedure when they first came for respite at the service. Gas boilers in use must have an annual safety check; the certificate for the boiler at the service had expired days before this inspection and no check had yet been booked. The acting manager contacted the building's landlord and asked for this to be completed as soon as possible. Fire risk assessments for the building were dated 2013 and due for review in 2014; we found no review had been completed. In addition, no record of hot water temperatures had been made to ensure people were protected from scalding, although there were no records to show people had ever been scalded. Health and Safety Executive (HSE) guidance states hot water should not exceed 44°C where there is the possibility for full body immersion (baths or showers) or where it can be accessed by vulnerable people. When we spoke with the registered manager after the inspection they committed to reviewing and updating the health and safety checks and procedures at Number Six to ensure people's safety could be maintained. We will check this at the next inspection.

Concerns around health and safety monitoring at the service were a breach of Regulation 12 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they chose the staff who supported them for respite care; this was always provided on a one-to-one basis. All of the people using the service attended a day centre next door which was run by the same provider. All the support workers also worked at the day centre and it was there people who required respite care could meet and choose the support workers they wanted when they used Number Six. Records showed people were supported by one of a small team of two or three support workers when they came for respite; relatives told us this consistency in staffing was very important for their family member. The availability of the person's chosen support workers determined how often and when the person came for respite care. A named manager was always on call when people were using the service and support workers told us the deputy manager, acting manager and registered manager were always contactable by telephone. This meant people chose the staff they liked to support them and staff could contact managers for advice or assistance if they needed it.

We inspected recruitment records for three support workers to see if the correct checks had been made. Each file contained an application form, however, none of the three contained a full employment record or proof of identification with a recent photograph as is required by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. One support worker only had one reference on file which was from the day centre run by the same provider. A second support worker also had a reference from the day centre

plus one which was undated and did not state who it was from. Two of the support workers' files had no Disclosure and Barring Service (DBS) numbers to show checks had been made. The DBS helps care providers to make safer recruiting decisions. None of the files contained a record of the interview staff members had had to evaluate their suitability to work with people using the service. We discussed our concerns with the acting manager at the inspection and registered manager after the inspection. They assured us each staff member had a DBS and sent evidence shortly after the inspection. The acting manager emphasised that each support worker at Number Six had originally been employed at the day centre run by the same provider, and only those deemed suitable and competent to provide one-to-one support had been employed to provide respite care. The registered manager committed to reviewing and improving the service's procedures and records to ensure robust recruitment could be evidenced.

Gaps in recruitment records at the service were a breach of Regulation 19 (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care files showed risks to them had been assessed and control measures put in place, if required. During the inspection a person using the service showed us around the upstairs of the building and we noted they descended the stairs on their bottom, with direction and encouragement from the support worker. This was a safety measure to reduce their risk of falls which was documented in a person-centred risk assessment. We noted the home also had handrails on the stairs and over the bath; after the inspection the registered manager told us they had been placed there following feedback from people and relatives. No accidents or incidents had been recorded at the service. This meant the service had taken steps to identify and minimise risks to people.

However, we did identify one person with a medical condition which required staff to take specific action in order to keep them safe. Support workers we spoke with could describe how to support the person and had received training around their condition; however, the provider had not ensured person-centred support plans were in place for the person to describe how they should be supported. This meant the person may be placed at risk if a situation arose where staff unfamiliar with the person were required to provide support.

Staff described how they supported people to take risks in order to enjoy new experiences or promote their independence. The deputy manager told us, "If someone wanted to go ice skating I'd still say yes, but be aware of the risks and keep them safe." The acting manager described how they walked behind a person they supported to walk in the countryside so the person felt free but was still safe. During the inspection we observed a support worker encouraging a person to get involved with cooking a meal by saying, "[Name] do you want to check if those eggs are cooked. Be careful, the pan is hot." This meant people were supported to take risks when there were benefits to them.

People's relatives told us Number Six was clean. Comments included, "It's lovely and definitely clean. It always smells clean", "It's certainly (clean) when I went round", and, "It's clean, yes, and I'm quite fussy." People we spoke with about the service were not able to tell us if the building was clean. On the days of inspection we found Number Six to be clean, tidy and odour free.

Is the service effective?

Our findings

Relatives told us they thought support workers had the skills and experience to meet their family member's needs. One relative said, "I think they've been trained properly – definitely." The people we spoke with could not tell us if they thought staff were well trained, although they both said they liked the support workers they had chosen to support them.

Records showed support workers had received training on a wide range of subjects, including health and safety, safeguarding, food hygiene and fire safety. Because all staff had been employed first in the provider's day centre, none of them had been new to health and social care when they started at Number Six. However, we noted support workers had completed all of the 15 aspects of training included in the Care Certificate, as well as additional courses, such as epilepsy awareness. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. This meant the support workers had received the training they needed to provide effective support.

At the last inspection in December 2014 staff told us, and records showed, they were not receiving regular supervision with a manager or supervisor. At this inspection we found support workers and managers had meetings which were called supervisions before and after each respite stay at Number Six. However, records showed these meetings focused on the person supported and not the support worker and therefore did not constitute supervision in accordance with the provider's policy. Support workers were also not receiving an annual appraisal in accordance with the provider's policy, however, those we spoke with told us they felt well supported by the registered manager and could go to her with concerns at any time. Supervision and appraisal are an important means of evaluating staff performance, identifying personal and professional development needs, and motivating staff.

The continued lack of staff access to supervision and appraisal was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager explained she had misunderstood the purpose of supervision. She committed to reviewing the service's policy and putting supervision and appraisal meetings in place for all staff. We will check this at the next inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We found people's care plans made no reference to the MCA. When we asked support workers if they thought the people who used Number Six had capacity to make all their own decisions, such as managing their finances or medicines, they said they did not. People using the service for respite stayed overnight and received one-to-one support at all times, and two people had support workers who slept in the same room in order to reduce risks to the person. There had been no consideration as to people's capacity to consent to this level of supervision, or whether this constituted a deprivation of their liberty. People's care records did not show how their consent had been sought for their care and treatment, or how their capacity had been assessed and any decisions made in their best interests if they were found to lack capacity.

We saw people's care files contained a 'your choice' form, which listed various types of activities. These had been either circled 'yes' or 'no', but it was not clear who had made these decisions or if the people they concerned had been involved. One question on the assessment form given to people's relatives and carers prior to their using Number Six for respite asked, 'Is your son or daughter allowed to drink alcohol?', and if yes, 'What type of alcohol is allowed?' All of the people using the service for respite were adults aged over 18 years and therefore could drink alcohol if they could consent to do so and chose to and they would not require consent from another person (or similar).

Support workers had received training on MCA and DoLS and they gave us examples of how they supported people to make decisions by providing choices. During the inspection we observed a support worker giving a person options around food and activities. Written feedback we saw from people who could provide it showed they had received the support they wanted. This included going to the pub for alcoholic drinks if that was their choice. Written feedback from relatives we saw and comments made to us during this inspection, evidenced people decided what they ate and drank at Number Six, what activities they took part in, and what time they got up and went to bed. This showed people made the decisions they were able to and support was provided in their best interests. We discussed the lack of documentation around MCA/DoLS with the registered manager, acting manager and deputy manager. They committed to reviewing guidance and good practice around MCA/DoLS and putting the appropriate assessments and documentation in place.

The service was not compliant with the Mental Capacity Act 2005. This was a breach of Regulation 11 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they liked the food at Number Six. Their relatives said the same; comments included, "[Name] gets all [their] favourite foods. They know [name], they know what [name] likes", and, "They do a variety of foods. They eat in and go out to eat too. They always stock up on things [name] likes when [they] go."

Records showed support workers consulted people in the day centre prior to their visit to see what food and drinks they wanted during their respite stay and whether they would like to go out to eat instead. People had the option of having provisions bought in ready for them or going out to the local shops to buy the food and drinks they wanted. We saw photographs of one person being supported to make a meal by a support worker; they had also chosen to shop for their own food. The support worker told us, "[Name] loves shopping. I give [them] a choice of supermarkets and [they] choose. We make a list before we go but [name] can change [their] mind when we get there." An evaluation for this respite stay written by the person read, 'We went shopping, I really enjoy making food.' Records showed people regularly went out for meals of their choice or had takeaway food delivered. They also helped to cook and eat foods of their choosing.

During the inspection we observed a support worker encouraging a person to help them prepare the meal

they had chosen, which was king prawns, salad and some oven chips. The person's records showed these were all foods they enjoyed and they told us they were looking forward to their meal. The person was encouraged to set the table ready for the meal and the support worker explained they and the person they supported always ate their meals together. This meant the service promoted people's choices and independence around mealtimes.

As a short stay respite service, Number Six did not liaise with healthcare professionals or arrange appointments on their behalf. However, support workers could describe any health conditions people had, such as diabetes and epilepsy, and the person-centred support they needed to help manage these conditions.

Number Six had been adapted to suit the people who used the service for respite care. Handrails had been added to the stairs and bath side for safety. There were two bedrooms people could choose from to sleep in. We saw small cards with words and pictures were stuck to many of the fixtures and fittings to help people find things like plates and condiments. There was a large selection of DVDs for people to choose from to watch. People had been consulted about the décor of the building and furniture looked comfortable, giving Number Six a cosy and homely feel. One relative commented, "It's like a little holiday home!"

Is the service caring?

Our findings

People told us they liked the staff who provided them with one-to-one support at Number Six. Their relatives said the support workers were kind and caring. One relative told us, "The staff in Number Six are caring", a second relative commented, "They know what makes [name] happy", and a third said, "The care they get one-to-one is so much better." Relatives also told us their confidence in the service meant they were able to relax and enjoy their time when their family members were at Number Six. One relative said, "There's two people (support workers) who generally support [name] and I've got full confidence in them", a second commented, "Thank goodness for Number Six", and a third told us, "Number Six is brilliant!"

Support workers we spoke with could describe people's likes, dislikes and preferences in detail in relation to food, activities and daily routines. They could also describe their personalities, what made them happy and what might upset or worry them. A person who was using the service at the time of this inspection had been supported by the particular member of staff for many years. We observed they had a relaxed and friendly relationship; the support worker spoke kindly and encouraged the person to help with cooking and other domestic tasks. The person also gave us a tour of the building and seemed happy to be there as they were relaxed and chatty, telling us, "I like my bedroom."

People's relatives told us staff at Number Six supported their family members to be as independent as they could be. One relative said, "[Name] is independent in lots of ways. They (the staff) encourage [name] to wash [their] hands and dress [themselves]." A second relative commented, "I think it's good for [name] to try new things and for them to encourage [name] to do things for [themselves]." A third relative told us, "They encourage [name] to do the stuff [they] can do."

After the inspection the registered manager said they felt it was important for staff to promote people's independence. She told us, "We ensure they (people using the service) have a quality provision and push them to be independent, as far as they can be."

None of the people using the service had an advocate at the time of this inspection as they all had relatives involved with their care and support. The acting manager could explain when they might consider referring a person to advocacy services for independent support with decision-making and knew the process for this.

Prior to each period of respite, the support worker met with the person in the day centre adjacent to Number Six which was run by the same provider to find out what they wanted to do during their stay. This included deciding where they wanted to go, any activities they wanted to do and what they wanted to eat and drink. The support worker completed a form and this was then discussed with a manager at the service to ensure all the required arrangements were made in advance. This meant people were involved in planning the support they received each time they used Number Six.

None of the people using Number Six on a regular basis, at the time of this inspection, had specific religious or cultural needs. The acting manager said the service aimed to promote people's equality and diversity and they would ensure any needs people had would be met. The acting manager gave examples of support

provided to people who used the day centre run by the same provider. This included the requirement for certain foods, time for prayer and the importance of meetings people's gender preferences for support workers. This meant the service promoted an open and inclusive culture.

Is the service responsive?

Our findings

People's relatives said they had never had cause to complain about Number Six and would be happy to speak with either the registered manager, acting manager or deputy manager if they did. People we spoke with told us they were happy with the support they received when they went for respite at Number Six.

No complaints had been received about the service since the last inspection. A complaints policy was available in the lounge area of the home, however, it was not in an easy to read format. Easy to read information is designed so people with learning disabilities can find it easier to understand. It often contains pictures, short sentences and simplified wording. This meant people using the service did not have access to the service's complaints policy, in an appropriate format. We raised this with the acting manager during the inspection; they said an easy to read complaints policy would be devised and explained to people using Number Six as soon as possible after the inspection.

Support workers met with each person before each period of respite to discuss what they wished to be supported to do. The support worker then met with a manager to discuss the plans and make any arrangements. Support workers then met with a manager again after the respite period to discuss how it went and identify anything that could be done better next time. People were also asked for their feedback at the end of every respite period, as were their relatives or carers. This included a request for suggestions for possible improvements. All the feedback from people and relatives we saw was positive, for example, one person had written, 'I don't need to improve anything at all. [Name of chosen support worker] really is the best to work with.' This meant people and relatives were regularly provided with opportunities to feedback about the service.

People's support plans consisted of information provided by their relatives and carers. Each person had a 'passport to day/respite with Waves' document which contained information about their learning disability, next of kin, any health issues and GP details. The passport also contained information about the level of support each person needed with aspects such as personal care, communication, any behaviours they may experience and triggers for them, and their mobility. A 'getting to know you' sheet and 'pen picture' described people's interests, favourite colours, foods and which people were important to them. Respite support plans for days and night time had also been completed by relatives or carers; they had listed people's preferred routines whilst they were on respite.

Apart from one person who had completed their own pen picture, it was not clear what input people had had into providing information about themselves. In addition, the service had not taken the information provided about people and used it to create person-centred support plans with them to guide staff. For example, one person had medical conditions which required specific care and treatment. Support workers could tell us in detail what these needs were and had received appropriate training, but these needs were not described in a support plan for the person. Information from people's relatives and carers stated they needed various levels of support with personal care and continence, but there were no person-centred support plans to guide staff for each individual. People chose the support workers they liked and who knew their needs well, and records showed people received care that was person-centred. However, the support

people needed was not documented in support plans and this meant that if a situation arose where staff unfamiliar with the person were required to provide support they would not have the appropriate information.

This was a breach of Regulation 17 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not maintain an accurate, complete and contemporaneous record about each person using the service.

Each person's stay was evaluated in records kept by the support worker. One record was made for each day the person received respite support. In some instances people had written the daily records themselves, describing what activities they had taken part in and what they had eaten. Records showed people received support according to the needs and preferences described by their relatives and carers.

People had access to a wide range of activities which they chose themselves. Relatives provided very positive feedback about the things people did when they were at Number Six. Comments included, "[Name] gets to do things [they] like to do. [Name's] given options every day. [Name] goes to the cinema and out for meals and drives", "They do what's best for [name] and make sure [they] enjoy [their] days", and, "[Name] likes going bowling and swimming. They've (Number Six staff) suggested new things for [name] to try, things I wouldn't have thought of."

People we spoke with told us they liked the things they did when they were at Number Six. Written feedback from a person who used the service included, 'I enjoyed staying with [name of chosen support worker] at Number Six and liked going to the cinema', 'I enjoyed going out with [name of chosen support worker] every night to [local pub] and liked going out for cocktails', and, 'I liked going to Manchester shopping centre.'

One person enjoyed going out for walks in the countryside; their chosen support worker also liked walking and told us they would talk to the person about plants and animals when they were out. Records showed the person went for a country walk at least once each time they went for respite. Another person loved trains. Records showed the person had been supported to visit a train museum which they had really enjoyed. A support worker told us the person had been so excited about the trip, they had got up especially early that morning to get packed and ready to go. One person liked to have a lot of baths. Records showed when they were at Number Six they were supported to bathe whenever they chose, up to three times a day. A support worker told us, "[Name] likes a lot of baths at home so that indicates [they] feel at home here." This meant people were supported to take part in the activities they chose when they were at Number Six.

Is the service well-led?

Our findings

All of the relatives we spoke with told us they thought Number Six was well managed. They knew the names of the registered manager, acting manager and deputy manager and said they could contact them anytime they needed to. One relative told us, "I'd speak to [the acting manager] or [deputy manager], or [the registered manager] if she was around. [The registered manager] is always on the end of the telephone."

The registered manager of Number Six also owned the registered provider company. At the time of this inspection the registered manager was away supporting other people with learning disabilities to holiday in Scotland. She had been away since the middle of May 2017 and was not due back until the start of July 2017. During this time, the manager of the day centre next door to Number Six which was run by the same provider was the acting manager of the respite service. They were supported by the deputy manager of Number Six. Both the acting manager and deputy manager said they were in regular contact with the registered manager and described her as helpful and supportive. Records showed the arrangements for the registered manager's absence had been communicated to support workers during a staff meeting in January 2017. There were therefore measures in place to ensure the smooth running of the service in the registered manager's absence.

However, under the Care Quality Commission (Registration) Regulations 2009 registered managers have a statutory duty to inform the Care Quality Commission (CQC) if they plan to be absent from a service for more than 28 days consecutively. They must also detail the measures in place for the running of the service in their absence. In this case the registered manager had not done this. When we spoke with the registered manager after the inspection we found she could describe all of the incidents which would require notification to CQC, for example, police call-outs, incidences of abuse and serious injuries, although she had never needed to make such a notification. She told us she had overlooked notifying her absence on this occasion in error.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers are also required to display the rating of their last CQC inspection prominently within the service and on their website. We saw the ratings from the last inspection were displayed on the wall in the kitchen of Number Six, however, the website just contained a link the CQC website but not the ratings. We raised this with the registered manager and she ensured the website was updated with the service's CQC rating the same day.

We recommend the registered manager refresh their knowledge with respect to the requirements to notify CQC of incidents and changes at the service, in order to comply fully with the Care Quality Commission (Registration) Regulations 2009.

The registered manager and deputy manager checked Number Six before and after each period of respite to make sure it was clean and tidy, and any food and drinks requested by the person were in stock. No other documented audits or quality checks were made on the service provided. This meant care documentation, records of people's respite stays, medicines records, and the questionnaires people and their relatives completed after each stay were not assessed for trends or to identify potential areas for improvement. As

discussed earlier in this report, the registered manager also lacked oversight of the health and safety checks made at Number Six. The registered manager, acting manager and deputy manager were also not aware of the content of the registered provider's policies and procedures, for example those relating to medicines, supervision and the Mental Capacity Act 2005, and were not running the service in accordance with them. We discussed our concerns with the registered manager after the inspection. She said she would implement a range of audits to monitor the safety and quality of the service to ensure it was managed in accordance with their policies and procedures. We will check this at our next inspection.

Failure to monitor the quality and safety of the service was a breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us support workers kept in touch with them when their family member was receiving respite care at Number Six. One relative said, "We text each other when [name's] there, I do like that. I feel better when I know [name's] OK", and a second relative told us, "They send me updates when [name's] there. They asked me if I'd like them to do that." A support worker explained, "I've got good bonds with all the guests (people) and their families. I always text to let them know their son or daughter is fine here. If they (the relative) want to talk (to the person) that's fine." They also said they would ask the person they were supporting if they wanted to speak to their relatives or send a message to them. This meant the service communicated well with people's families.

Support workers at Number Six had regular staff meetings with managers. Minutes of these meetings showed items such as the correct completion of daily records, including medicines administration records, had been discussed. Support workers had also debated how best to record the respite experience of people who were unable to provide feedback themselves due to their learning disability. Managers reminded support workers to encourage people to be independent, for example, by encouraging people to be involved cooking meals. Managers also asked for feedback about the service and provided feedback received from people and relatives to the support workers and thanked them for the work they did supporting people who used the service. One support worker told us, "When we get good feedback it's nice to know I've made [name's] stay the best it can be and [name's] really enjoyed [their] stay." This meant managers used staff meetings as a way of involving staff in service improvement and used positive feedback to praise staff and provide motivation.

After the inspection we asked the registered manager to explain the vision and values of the service and how she communicated it to the support workers. The registered manager told us, "Our philosophy is to give people experiences they may not get at home, and perhaps prepare them for supported living. To give them the skills they need." To communicate this philosophy to support workers the registered manager told us, "I tell them over and over again. I give examples and ask them to reflect on experiences." We asked support workers about the values of the service and why they worked at Number Six. One told us, "I find the job rewarding. It's nice to feel you've helped someone in their own individual ways." A second support worker said, "We want to make a difference to people. Give them experiences they may not get with their families", then added, "I love it. I want to make a difference. I leave here smiling with job satisfaction." Feedback from people, their relatives and our observations showed people were supported in accordance with the provider's vision and values for the service.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service was not compliant with the requirements of the Mental Capacity Act 2005.</p> <p>11 (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We identified concerns around the way medicines were managed and recorded.</p> <p>12 (1) and (2) (g)</p> <p>The registered manager had not assessed and managed all of the risks to people associated with the building and facilities.</p> <p>12 (1) and (2) (a) (b)</p> <p>A person lacked support plans to inform staff how to help them manage a medical condition and keep them safe.</p> <p>12 (1) and (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's support plans did not represent an accurate, complete or contemporaneous record of their needs.</p>

17 (1) and (2) (c)

The registered manager did not monitor the service for quality and safety.

17 (1) and (2) (a) (b) (f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Gaps in records meant safe recruitment of support workers could not be evidenced.

19 (2) and (3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not have access to regular supervision and appraisal. This was a concern at the last inspection.

18 (2) (a)