United Response

Cornish Close Respite Unit

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 17 and 23 May 2016. The service was given 24 hours notice because the location is a small emergency respite service and we needed to be sure that someone would be there when we arrived..

Cornish Close Respite Unit was last inspected in February 2013 when it was found to be meeting all but one of the standards reviewed. A follow up inspection was carried out in June 2013 and the service was judged to have reached compliance in that standard.

Cornish Close Respite Unit is registered to provide emergency respite services for a maximum of six adults with learning disabilities. People may also mental or physical disabilities. At the time of our inspection, three people were using the respite service. There were plans in place for two of the people to move to a nearby house to be supported to live more independently in the future. The service was proposing to change the registration conditions of the respite unit to include support for people with dementia. The service was working closely with the local authority in relation to this.

We were told that the registered manager had been absent since August 2015. We had not been notified of this. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had put interim measures in place in the absence of the registered manager.

Some people we spoke with had limited verbal communication. However, everyone clearly indicated they felt safe, were happy living in the service and liked the staff.

Staff had received training in safeguarding vulnerable adults and could clearly describe the action they would take if they suspected any abuse had taken place.

Two incidents had occurred immediately prior to the inspection, one of which had been reported to the local authority as a safeguarding concern. Both incidents reflected that practices at the service were not always safe .

We found that medicines were safely administered and staff received training in the administration of medicines. .

The home was clean and tidy and there were effective health and safety checks in place. Staff used personal protective equipment (PPE) such as gloves and aprons when undertaking personal care tasks and administering medicines.

The service had a safe system in place for the recruitment of new staff. There was a reliance on using agency

staff at the service; however, the same people had been used for consistency. One person we spoke with employed by an agency had worked in the service for over three years. The company also had their own pool of bank staff and had recently recruited someone from this to a permanent position.

An induction programme was in place for new staff to complete required training courses and shadow existing staff. One person was eligible to be signed up to the Care Certificate and the service was liaising with head office in respect of this. Staff confirmed that they had completed training courses relevant to their role.

People's care records and risk assessments contained personalised information about their needs The support plans we looked at included risk assessments, which identified any risks associated with people's care and had been devised to help support people to take positive risks to increase their independence.

We saw that the service had facilities to support people with a range of needs, including the availability of track hoists in bedrooms and bathrooms, although these weren't currently required.

If people's needs changed a system was in place to liaise with the person, their family and other professionals to update care plans and risk assessments. Where required people's health and medical needs were met, with access to GPs and other health professionals.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. People's respite support was assessed and agreed with the person, their families and the local authority commissioning team prior to admission to Cornish Close Respite Unit. In the event of an emergency admission a support plan and risk assessments were supplied to the service.

During our inspection we saw that staff were kind and caring. People were given time to do things at their own pace and offered encouragement from staff. We also saw that staff knew the people they were supporting well.

We saw that activities within the service and in the community were available for people if they wanted. An outside courtyard area was available for people and trips out were arranged.

Staff told us that the upper management structure was currently blurred, given the long term absence of the registered manager, but they felt supported by the team manager of the unit. Regular team meetings were held and staff were able to raise any issues or concerns..

A system was in place for responding to complaints. We were told by relatives and staff that the team manager was approachable and would listen to their concerns.

There was evidence of some audits being undertaken at the service but we identified that overall, the systems in place to assess, monitor and improve the quality and safety of the service were not sufficiently robust.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Staff had received training in safeguarding vulnerable adults and knew the correct action to take if they witness or suspect abuse but there was a reliance on the use of agency staff who did not always understand the personal needs of people using the service.

Support plans included information about the risks people may face and guidelines for staff in how to minimise or eliminate the risks.

Medicines were safely administered and a safe system for the recruitment of staff was in place.

Fire evacuations took place on a regular basis. People were involved in their own personal emergency evacuation plan.

Is the service effective?

Good

The service was effective

Staff received training and an induction to meet the needs of people using the service..

The service was meeting the legal requirements relating to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good health and had access to a range of healthcare services.

The service responded quickly to input and suggestions from healthcare professionals, acting in the best interests of people.

Is the service caring?

Good

The service was caring

People we spoke with said staff were caring. People said they were happy staying at the service.

We saw that staff were patient and respected people's choices.

Staff described how they promoted people's privacy and dignity.

Staff described how they tried to promote people's independence by encouraging them to do as much as they could themselves.

Is the service responsive?

Good

The service was responsive.

People's support plans were reviewed regularly. Any changes in support needs were documented accordingly.

Personalised support plans and guidance for staff were in place. Detailed, personalised routines for people were clearly written for staff.
People were supported to take part in a range of activities based upon their personal preferences.

People and their relatives were aware of how to complain although those we spoke with had never needed to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Notifications to the Care Quality Commission had not always been made as required by law. This was due to the long term absence of the registered manager at the service.

People who used the service, relatives and staff told us that the team manger was approachable and would act on any concerns that they raised.

Staff told us that they enjoyed working in the service.

The service did not have effective systems in place to monitor and assess the quality of the service.

Cornish Close Respite Unit

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 17 and 23 May 2016 and was announced. The service was given 24 hours notice because the location is a small respite service and we needed to be sure that someone would be there when we arrived. The inspection team consisted of 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 reviewed the information in the PIR, along with other information that we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted other health and social care professionals involved with the service, including the local authority safeguarding team and other commissioners of care.

We spoke with two people using the service. We also spoke with the interim service manager, the team leader and four care staff, one of whom was employed by an agency but had worked solely at the service for over three years. We observed the way people were supported in communal areas and looked at records relating to the service. These included three care records, three staff recruitment files, daily record notes, three medication administration records (MAR), maintenance records, audits on health and safety, records of accidents and incidents, policies and procedures and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

We asked if people felt safe and they said that they did. Some people we spoke with had limited verbal communication however, they very clearly indicated with their actions and body language that they felt safe and secure living in the service. A relative we spoke with told us they considered the service to be, "95% safe." They considered the main issue to be the reliance on agency staff, particularly during the night.

We saw that the weekend prior to the inspection a person using the service had been placed in the outside courtyard area on a hot day with no sun cream applied and only a hat for protection. As they relied on assistance from staff to mobilise they were not able to move into the shade or go inside the home. A member of staff had come on duty later in the day, noticed the redness of the person's arms and had taken them back inside.

The following day the severity of the sunburn was apparent and the provider had taken appropriate action by raising a safeguarding concern with the local authority. We saw that they had involved relevant professionals, having consulted with the social worker, GP and a district nurse.

During the inspection we met the person who had been involved in the safeguarding incident. They appeared well with no lasting side-effects. We could see from the support plan that the provider had treated the sunburn with the liberal and regular application of a soothing cream and the person was dressed appropriately in a long sleeved garment to protect their skin. The team manager had reported their concerns to the respective agencies about the actions of their employees so that this practice was not repeated in the future.

Both members of staff on duty at the time had been commissioned from agencies and did not fully recognise the risks and the dangers posed to the person by the hot sunshine. The safety of the individual was placed at risk because of the lack of understanding displayed by agency staff members. The provider should ensure that, where it is necessary to use agency staff they understand the support needs of the people they are caring for and have the required knowledge, competencies and skills to do this.

We identified a breach of Regulation 12 (1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

The staff told us they had received training in safeguarding vulnerable adults and that this was repeated annually. Training records we saw supported this. The staff were clear they would report any concerns to the management team and were confident any concerns raised would be acted upon. The staff members we spoke with confirmed the service had policies and procedures in place to protect people and that they were expected to familiarise themselves with these policies as part of their induction training.

Staff were also aware of the whistleblowing policy. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling someone they trust about their concerns. No staff we spoke with had needed to use the policy whilst working for the provider.

There were good levels of staff support available for people to meet their particular needs. This was mostly shared support within the house. One to one staff support hours were given to each person at specific times during the day when required, or if they needed to access the community. This helped to ensure a safe environment, both for people who used the service and staff.

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. The support plans we looked at included risk assessments, which identified any risks associated with people's care. These told the staff about the risks for each person and how to manage and minimise these risks.

We saw that support plans had been devised to help support people to take positive risks to increase their independence but one had not been updated following a recent incident. This had involved a person falling out of their bed during the night. They had not received any safety checks during the night, as their preference was that staff should not enter their room during the night. We saw that this choice was documented in their support plan. The person had not been able to indicate they required assistance, having no assistive technology in place to alert staff of the fall, nor access to a call bell, again because of personal choice. The person was assisted the next morning and told staff of the fall from the bed, having sustained an eye injury.

The provider must ensure support plans and risk assessments are reviewed and updated if necessary immediately following an incident. Mechanisms must be in place to ensure care and treatment is provided in a safe way at all times, whilst respecting the choices of individuals.

The service had a staff call system in place in most rooms so that people could call for assistance if this was required. Similarly there were discreet panic buttons available for staff so that if additional assistance was required from colleagues this could be summoned immediately. This meant that the provider valued both the safety of people living in the home and staff working in the service. Bedrooms and bathrooms were equipped with facilities to support people with a range of needs, including the availability of track hoists, although these weren't currently required.

We looked at three recruitment files and saw the process was robust and that personnel files were in good order. The correct paperwork was on file in relation to the recruitment process for staff included proof of identity, two references and an application form. Two people participated in the interview process and we saw a clear audit trail of notes taken during the interviews. Disclosure and Barring Service (DBS) checks were in place for those employed by the service. DBS checks help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services.

We looked at how the home managed people's medicine. Medicines were stored securely and most medicine was administered from monitored dosage systems. These are medication storage devices designed to simplify the administration of oral medication. We saw that records were kept of medicines received and disposed of. Staff performed a weekly stocktake of medicines to ensure that there were adequate supplies for people. This meant that people were kept safe and protected from harm as the risk of the service running out of any medication was reduced.

Staff only administered medication after they had received proper training and been assessed as competent. There were clear protocols for staff to follow when people were prescribed 'as and when' medicines which people take when they feel they need them or have certain symptoms. Staff used a medication administration record to confirm they had given people's medicines as prescribed. We checked a sample of these and found they had been completed accurately. We were assured that all aspects of

medicines administration for people using the service were dealt with safely and appropriately.

The home's policy was to fully evacuate the building in the event of a fire and we saw that this was practised on a monthly basis. Names of individuals and staff involved in the evacuation were noted after each evacuation and this was a timed event. People were supported to leave the building, as identified within their Personal Emergency Evacuation Plans (PEEPs). People using the service had been personally involved in designing their PEEP and we saw one person also had an easy read version available to them so that they could be reminded what action to take in the event of a fire. Other health and safety checks on the building were up to date, including portable fire fighting equipment, emergency lights and smoke alarms.

People were kept safe from financial abuse with processes in place to record, monitor and audit all monies spent by people using the service. The service ensured that all expenditure was accounted for with corresponding, numbered receipts. These balances were counted each day by two members of staff.

There were no domestic staff employed at the service therefore cleaning duties were undertaken by support staff, sometimes assisted by people using the service. People were encouraged to clean and tidy their own bedrooms if they were able to. We saw that the environment was clean and tidy and staff told us that the team manager promoted good infection control by making it a regular agenda item for discussion at staff meetings. We saw that staff wore personal protective equipment when appropriate to do so. For example, we saw staff put on a clean pair of gloves to administer medication and an apron and gloves when preparing to provide personal care. This demonstrated that staff were aware of infection control and took measures to prevent cross-infections occurring.

Good

Is the service effective?

Our findings

A relative we spoke with thought the service was effective. They told us, "[There are] a tremendous amount of good things going on here." They also thought that staff were adequately trained to meet people's needs and commented, "Everybody's great. Things have improved."

Staff had access to training and we saw that there was a system in place to remind the provider when staff needed updates. Staff were well supported through their induction, which included elements of e learning, classroom training and shadowing other colleagues. One person newly recruited to the service was waiting to be signed up to the Care Certificate. The company had their own pool of bank staff and a member of staff had recently been recruited from this to a permanent position. This meant that new staff to the team were at times already familiar to people using the service and continuity of care was maintained.

Staff had received training in mandatory core subjects including safeguarding, moving and handling, health and safety, food hygiene and infection control. They also attended training such as working with people with autism, and other training, that was specific to the individual needs of people who used the service. Staff who were employed by agencies told us they received the same standard of training, including annual refresher courses and the service was provided with evidence of this. A member of staff employed from an agency had worked solely at Cornish Close for over three years. The employee had valid personal reasons why they had not applied for a position directly with the company and these were explained to us during the inspection.

Staff told us they had received one to one supervision sessions with their line manager and found these useful. These meetings gave staff the opportunity to discuss their personal and professional development, as well as any concerns. The agency worker who had worked long term at the service did not receive supervision from the team manager but told us they did feel part of the staff team and was included in staff meetings. Supervision of all members of staff by the team manager, including long term agency workers, would provide a consistent approach to service delivery and ultimately benefit people using the service.

People had a good, well balanced diet. We saw that people had choices and individual needs were catered for, with diets and weights monitored when necessary. Where people needed support with making choices and communicating their preferences, objects were used to help them with this. We saw one person being offered breakfast choices at the table. Two different cereal boxes were placed in front of the person who was then able to make staff aware of their preference.

Staff prepared and cooked meals, sometimes with assistance from people using the service. One person in particular liked to tidy up and staff encouraged this whilst preparing meals. We saw one person made a drink for themselves, assisted with support from staff.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The support plans we saw included mental capacity assessments. These detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure. The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the need to involve people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

We saw that if people did not have the capacity to consent, procedures had been followed to make sure decisions that were made on their behalf were in their best interests. Records in people's files that showed best interest meetings had taken place and decisions made on people's behalf were made in accordance with the principles of the MCA.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). No one using the service at the time of our inspection was subject to a DoLS but we saw that the provider had made DoLS applications to the local authority, when required, for people who had accessed the service in the past.

Thorough assessments and support plans were kept relating to all aspects of people's health and well being. The records we saw showed that people's health was monitored, and any changes which required additional support or intervention were responded to. There was good guidance for staff regarding how each individual expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary.

We saw records of contact with specialists who had been involved in people's care and treatment. These included a range of health care professionals such as specialist nurses, physiotherapists, speech and language therapists and occupational therapists. This showed that referrals were made to health services when people's needs changed.

We saw that one person had received a visit from the physiotherapist the week prior to the inspection. They had been assessing the person's ability to mobilise using equipment and had noted that the person had difficulty seeing a table The physiotherapist had suggested to the provider that a coloured tablecloth might assist the person when mobilising and on the first day of inspection we saw that a table covering had been applied. This showed us that the service responded to input from health professionals and were pro active in adopting suggestions that were made in people's best interests.

Good

Is the service caring?

Our findings

We observed that staff were caring in their approach and people we spoke with confirmed this. A relative told us that, "I would give every one of them [on duty today] a gold star", and stressed how caring they were. This highlighted the caring nature of staff at Cornish Close Respite Unit and during our inspection we observed that they put the person first.

Throughout both days we spent time observing people in the lounge and dining areas. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and heard staff speaking in a friendly manner. Staff were patient in their approach, chose words that people understood and took time to listen and respond to them. We saw one person mobilising from their bedroom into the kitchen and dining area with the aid of a walking frame. We saw that staff were patient and observant, watching in case the person needed assistance. Staff offered gentle encouragement to the individual throughout, saying "Are you going to walk round the table [name]?", and, "Keep walking forward. That's it."

Staff understood the importance of involving individuals in decisions about their lives and encouraged people to make their own choices. A person we spoke with confirmed this, telling us, "We always choose what we want (to eat) and when we want it." We were told that a menu was chosen and agreed every week with the input of everybody using the service. The person also told us, "I'm a pasta and fish person", and that staff were aware of these personal preferences which were well catered for.

We saw in the main that people's privacy and dignity were respected by support staff. One person we spoke with told us that they had requested gender specific support staff to help with personal care. When asked if this choice had been upheld by the service they told us, "Always." They had also expressed a preference that support staff did not enter their bedroom during the night as this disturbed their sleep. Again we were told that staff respected this wish and did not enter their room at night.

We witnessed one occasion when a person's dignity was compromised. This occurred when the inspector was being shown around the building at the start of the inspection. A wet room door had not been locked by the support worker and the other member of staff did not knock on the door before this was opened. All staff should take the appropriate steps to ensure that people's privacy and dignity is maintained at all times. This meant that the person being showered at the time had their dignity compromised. We discussed the incident with both members of staff and throughout the inspection saw good examples of people being treated with dignity by all staff. We were assured that this was an isolated incident and that this would not happen again.

Staff asked people whether they required assistance and offered help in a sensitive way. People who used the service could access private space if they wished to, in their bedrooms or within other areas of the home.

We asked support staff how they helped to promote people's independence. They told us that people were

prompted to wash up their own plates and cutlery and to do their own laundry if they were able to. A member of staff told us that one particular person using the service liked to be kept occupied during the day with domestic duties. We saw this person doing their laundry, putting things away and making a cup of tea, all with appropriate supervision from staff. Whilst making the cup of tea a member of staff quietly prompted the person and asked, "Do you want to put the milk in?" The person got the milk from the fridge and put it in the tea, helped by staff who held the hot cup of tea steady, to minimise any risk of spillages. This showed us that people were encouraged to maintain life skills and be more independent.

In an end of life plan we saw that one person had indicated they wanted music and yellow roses. This showed us that staff had discussed sensitive issues with people and had documented their final wishes so that these could be followed when the time came.

We spoke with a four members of staff during the inspection. They were each aware of their roles and responsibilities and were able to describe the needs of each individual who used the service. They demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes. One member of support staff new to the service recognised how important it was to respect people using the service. They told us, "[I would] treat them how I like to be treated." This showed us that staff were compassionate and caring in their role.

Good

Is the service responsive?

Our findings

In the absence of the registered manager, we asked the team manager how they ensured that people's needs were met. They told us that people's respite support was assessed and agreed with the person, their families and the local authority commissioning team prior to admission to Cornish Close Respite Unit. The team manager added that due to the nature of the service people were sometimes admitted in an emergency, but any referrals for admission from the local authority would always be accompanied by a copy of the local authority's support plan and risk assessments. They told us that they attended any multi–agency meetings with social workers and healthcare professionals when a person's needs changed so that support plans and risk assessments could be updated at the service to accurately reflect current needs.

People had detailed health action plans, designed to help staff to understand the person's health care needs, including any specific sensory needs. We saw hospital passports on people's files. These are designed to give hospital staff helpful information should the individual attend or be admitted to hospital. For example, passports can include details about what the person likes or dislikes, the amount of physical contact they can tolerate, their favourite type of drink and any interests they might have. Information contained in hospital passports help hospital staff know how to make the person feel comfortable in a different environment. We saw an easy read version of a person's hospital passport on file, with signed consent from the individual.

We saw some good examples of person centred care on support plans. There was a detailed routine on one person's file for assisting to get up in the morning. It explained their morning routine step by step, outlined for staff in the order the person preferred to have things done and included how to attend to their particular personal care needs. The plan started with, "I like my glasses on first," then indicated that staff were to assess whether the person could mobilise safely. The plan ended with, "[Name] does not like to be rushed."

On the first day of inspection we saw the individual wearing their glasses and mobilising slowly but independently with equipment, whilst receiving encouragement and close supervision from staff. This demonstrated that staff were following person centred support plans, promoting independence and acting in the best interests of people using the service. .

Support plans outlined how people presented if they were having a good day or a bad day in a detailed one page profile. The service recognised that one person was having a good day if they were smiling, laughing and involved with domestic tasks. A bad day for the same person might be when they ate less than usual, seemed moody and preferred to stay in their room. Staff we spoke with told us they would assess a person's mood and then offer support in accordance with this as outlined in their support plan.

Staff we spoke with were aware of the way each person expressed themselves, and were responsive to people's individual needs. A member of staff told us about a particular individual's high pain threshold and how they rarely complained of pain. They told us, "If [name] says I'm not well then you know [they're] not well." They went on to tell us that a GP appointment would then be arranged. This was a good example of how the service was effective in recognising how different people expressed pain and how they supported

people according to their specific needs.

Staff told us about the activities people like to do at Cornish Close Respite Unit and could describe people's individual preferences. For example one person we were told liked trees and open spaces, therefore staff took them to the park on the tram.

Another individual enjoyed the music of a particular band and amusement arcades. A staff matching tool we saw on file detailed the desired personality characteristics of staff members supporting this particular person. The tool highlighted staff should have shared interests in music and like having fun. They also needed to be jolly, caring and willing to do activities. This showed that the service was keen to match up members of staff with similar interests to those of the individuals they were supporting.

On the first day of inspection staff took everybody living at Cornish Close out to Southport. It was explained that Southport appealed to all, as people could access the pier, enjoy the fresh air then play games in the amusement arcades.

Some people using the service accessed local community groups as and when they wished to. Staff told us that they took people bowling, shopping, walking and on tram rides to the park. One person we spoke with had done some baking for a birthday party the day before.

A member of staff told us they were in the process of exploring various community activities and had sat and discussed this with people. The staff member provided a copy of a list of activities that had been noted based on what one person using the service had said they liked doing. Examples of activities and events included knitting, a cycling club, bowling, the cinema, a computer group shopping and going out for meals. This meant that staff were effective in exploring ways in which to keep people active and occupied within the home and in the community and showed us that people were involved in planning their care.

We looked at the systems in place for managing complaints about the service. We saw that an up to date policy was in place and information about how to make a complaint was displayed in an easy read format on a notice board in the office area of the service. A person we spoke with told us that they knew how to make a complaint and would do this by raising it with the team manager. A relative we spoke with said that they knew how to raise a concern or complaint with the service but had not yet needed to make one.

We saw that compliments to the service had been made. Staff we spoke with told us that compliments and thank you cards were often received from the families of those who had left the service. Staff told us they valued these as it made them feel they were doing a good job.

Requires Improvement

Is the service well-led?

Our findings

During the inspection we were told that the registered manager had been absent from the service since August 2015. We were unaware of the long term absence of the registered manager and the arrangements put in place by the provider during the interim period. Under the Regulations, providers are required to notify the Care Quality Commission (CQC) about certain incidents and occurrences.

The area manager was directly managing the service during the registered manager's absence and we received a retrospective notification in relation to this. A notification was also submitted in relation to the permanent change of the registered manager with effect from 1 June 2016, as their employment with the company ended.

We checked our records before the inspection and saw that only one safeguarding incident had been notified to CQC during the current year. We saw evidence that a number of incidents had occurred between people who had used the service, but these had not been reported to CQC.

Not informing CQC of relevant incidents was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At the time of our inspection an interim service manager had been in post for approximately four months. Their remit included oversight of both the domiciliary care and the respite service delivered from Cornish Close. The day to day management of the respite unit and of staff working there was the responsibility of the team manager, whose contracted week was split to include 22.5 hours as a senior support worker. This meant that management accountability was not clear when the team manager was undertaking the senior support worker role or not on duty.

Staff we spoke with confirmed there was some confusion around who had ultimate control of the service in the absence of the registered manager. One member of staff told us they felt that the upper line management structure was blurred. Another told us, "I would always go through my team manager."

The service was about to be reconfigured in the near future with two people moving into a near-by house with support from existing staff. One support worker told us they had felt, "Kept in the dark", about the proposed changes and said, "Communication from higher management could have been better."

All the staff we spoke with were aware that first line management was handled by the team manager. They considered the team manager to be approachable and fair and felt supported by them. One member of staff explained how the team manager was hands on. "[Team manager's name] asks how everything is; if there is anything that needs doing."

Support staff told us the team manager would listen to any concerns and take appropriate action. One said, "I respect [team manager's name]. They are a good manager." Another staff member told us how they had received additional support from the team manager in relation to using the computer and, as a result, felt

more confident.

A relative we spoke with was also positive about the team manager. They told us they would approach the team manager if they had any concerns and that the team manager was doing a good job, describing the service as, "The best it's ever been."

We saw that regular staff meetings took place and staff told us they felt involved in the running of the home as their ideas to improve the service were encouraged. Staff had requested both a diary and a communication book to use in the office and the team manager had agreed to this. We saw both in use at the time of our inspection.

An agency worker, employed solely at the service for over three years, attended team meetings and told us they were treated as part of the team by the team manager and other colleagues. Minutes showed that team meetings updated staff on practical issues, such as people's care needs and training, and were also a forum for offering support. The meetings provided an opportunity for staff to reflect on their practice, share ideas and agree on best practice for the benefit of people using the service.

We looked at the policies and procedures in place to guide staff at the service. We saw that a set of local policies, including medicines, safeguarding and whistle blowing, were all in date. Staff we spoke with were aware of company policies and procedures and referred to them when appropriate to do so.

We looked at the audit systems in place to monitor the service. We saw that quarterly audits of the service had been carried out by managers independent from the service. The most recent audit had been undertaken in April 2016 and had identified that the portable fire fighting equipment service was overdue by one week. During our inspection we checked fire extinguishers and saw that they had been serviced during the month of May 2016. This showed us that issues identified were addressed by the provider in a timely manner.

A hazard inspection had also been completed in April 2016 which had involved checks on equipment including wheelchairs and walking frames.

The team manager showed us new documentation in relation to audits planned for the service. These applied to staff competencies in relation to the administration of medication and their knowledge of fire safety. None had been completed at the time of our inspection. We will check on our next inspection that these staff audits have been embedded into the service and have been completed.

Checks of finances, medication, support plans and health and safety by staff happened on a daily, weekly or monthly basis, however we saw no evidence of any monthly audits from management to verify that these checks were correct. This meant that the provider lacked oversight of the safety and quality of the service. It is the providers responsibility in the absence of the registered manager to ensure the continuity of the service and that the running of the service is not compromised in any way. At the time of our inspection, the service did not have effective systems in place to monitor and assess the safety and quality of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with reference to 17(2)(a).

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notification of other incidents A number of notifiable incidents had occurred between people who had used the service. These had not been reported to CQC.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users - with reference to 12(1). The reliance on the use of agency staff compromised people's safety on occasions. They were not always fully aware of people's personal needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to assess, monitor and improve the quality and safety of the services - with reference to 17(2)(a) Formal audits of the service were limited. Any errors or improvements to the service had not been identified.