Care Quality Commission

Sheffield Health and Social Care NHS Foundation Trust

Wainwright Crescent

Inspection report

48 Wainwright Crescent
Sheffield
S13 8EN
Tel: 0114 2652503
Website: www.shsc.nhs.uk

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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?	**Outstanding**
Is the service well-led?	**Requires improvement**

Overall summary

Our inspection visit was unannounced and took place on 24 November 2014.

Wainwright Crescent provides short stay respite accommodation for people with mental health difficulties. The service has 12 registered beds. Five of these beds are for planned respite stays. One bed is for emergency respite stays and the remaining six beds are step-down beds. These are beds for people who have been identified as ready for discharge from hospital, but are waiting for appropriate accommodation or for essential repairs to their existing accommodation to be competed.

The service was last inspected by the Care Quality Commission (CQC) in January 2014 and was found to be meeting regulations relating to consent to care and treatment, care and welfare of people who use services, cleanliness and infection control, staffing and complaints.

Summary of findings

As well as speaking with each person using the service, we also undertook a number of informal observations in order to see how staff interacted with people and see how care was provided.

During our inspection visit we spoke with four support workers, the deputy manager and the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that some checks had not been undertaken in order to ensure that people were being supported in a safe, suitable environment. For example, a review of the risks posed by the fittings and fixtures within the premise's had not taken place since 2010. We also identified that weekly fire safety checks were not taking place. No fire safety checks had taken place in May 2014 and only one check had taken place in June and August 2014.

Our conversations with staff and our review of records highlighted that the frequency of staff supervisions far exceeded the provider's recommended six to eight weekly timescale. For example, one member of staff had not received supervision since September 2012. Staff told us that they had undertaken a range of relevant training courses. No record was kept to comprehensively document the training courses staff had undertaken. The lack of this record together with the lack of staff supervision increased the risk of people receiving unsafe care and treatment.

Whilst checks took place in relation to some areas of the service, we identified that audits relating to certain key areas of practice did not take place. For example, the shortfalls identified during our inspection in relation to the premises, supervision and training had not been identified by an internal auditing system.

People told us they felt safe when staying at the service. Staff knew how to recognise and report signs of abuse. Staff understood the risks associated with people's care and protected them from harm. Staffing levels were based on people's needs. There were enough staff with the right skills and competencies on duty to meet the needs of people who used the service. An effective recruitment procedure was in place to minimise the risk of abuse.

People were positive about the premises and the way in which these enabled them to manage their mental health needs. The premises were adapted to differing needs of people who accessed the service. For example, there was a visual door bell and fire alarm to meet the needs of people with hearing impairments, as well as a low cooker and kitchen units to meet the needs of people with mobility difficulties.

People were encouraged to make healthy food choices. The provider worked closely and effectively with health and social care professionals to ensure that people's needs were met. Staff supported people to attend and access health and medical appointments when needed. Visits to and from visiting health and social care professionals were recorded.

People's needs were assessed before they received respite care at the service. Checks were undertaken prior to, and during people's respite stays to ensure that information within people's support plans was accurate. People told us they were fully involved in their support plans and were provided with opportunities to express their views about the service.

Staff were knowledgeable about the Mental Capacity Act 2005 and provided examples of when they had identified that people's mental health needs had impacted upon, or caused their capacity to make decisions to fluctuate.

Staff treated people with kindness and consideration and understood the individual needs of people they supported. They respected people's privacy, confidentiality and differing needs and cultural backgrounds. A range of external and internal activities were provided to meet people's differing needs.

The service promoted a culture which encouraged people to promote, shape and develop the future direction of the service. People and staff were positive about the registered manager and the way in which she led the service.

Summary of findings

Our inspection identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

Some checks had not been undertaken in order to ensure that people were being support in a safe, suitable environment.

There were sufficient staff to meet people's needs and keep people safe. Staff had a good understanding of abuse and were aware of their responsibilities in reporting any concerns about possible abuse. An effective recruitment procedure was in place to minimise the risk of abuse

Individual risks, incidents and accidents were assessed and analysed.

Is the service effective?

Requires improvement

The service was not always effective.

The frequency of staff supervisions far exceeded the provider's recommended six to eight weekly timescale. For example, one member of staff had not received supervision since September 2012. Whilst staff told us that they had undertaken a range of relevant training courses, no record was kept to comprehensively document these training courses. The lack of this record together with the lack of staff supervision increased the risk of people receiving unsafe care and treatment.

Support plans contained detailed information about people's healthcare needs. These were regularly reviewed and updated in order to ensure that they were accurate.

Staff had received training and demonstrated a good understanding of the Mental Capacity Act (MCA) and how this applied in practice.

Is the service caring?

Good

The service was caring.

People told us that the staff were kind and caring.

People's privacy and dignity were respected and staff were knowledgeable and caring about people supported by the service.

People were provided with information about advocacy and other relevant support services.

Is the service responsive?

Outstanding

The service was responsive to people's needs.

People were actively involved in the planning and reviewing their care. Support plans reflected people's individual needs and preferences.

People's views were actively sought and acted upon. Meetings

Summary of findings

were held to inform people and provide opportunities for people to express their views about the service. Appropriate activities were provided and enjoyed by people.

A link-worker was in place to ensure that people received consistent, co-ordinated care when they moved between services.

Is the service well-led?

Requires improvement

The service was well-led.

Audits relating to some key areas of practice did not take place. For example, the shortfalls identified during our inspection in relation to fixtures and fittings, fire checks and staff supervision and appraisal had not been identified, or highlighted by an internal auditing system.

There was a registered manager in post. Staff and people using the service found the manager approachable and responsive.

A development forum consisting of people who used, or had used the service was in place. This forum played a key role in promoting, shaping and developing the future direction of the service.

Wainwright Crescent

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of Wainwright Crescent on 24 November 2014. The inspection team consisted of an adult social care inspector and an expert by experience, who had experience of the needs of people with mental health difficulties. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We spoke with the five people receiving respite care at Wainwright Crescent at the time of our inspection in order to gain their views of the service. We also spoke with the registered manager, deputy manager and four support workers in order to ask them about their experience of working at Wainwright Crescent.

We reviewed a range of records during our inspection visit, including five support plans, daily records of people's care and treatment, and policies and procedures related to the running of the home. These included safeguarding records, quality assurance documents and staff training records.

Before the inspection, the provider completed 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. Our review of this information enabled us to ensure that we were aware of, and could address any potential areas of concern.

Requires improvement

Is the service safe?

Our findings

People receiving respite care at Wainwright Crescent at the time of our inspection told us that felt safe. When asked if they felt safe when at the service one person stated, "Totally, it's 100% safe here." Another person told us that they did not feel safe before their stay at the service due to their mental health needs and individual circumstances. They were positive about the support they received from staff and the way this had enabled them to now feel safe. This person also told us that staff were also discussing ways they could keep themselves safe when they left the service. They told us, "I feel safe because the staff are doing what they can to make things safe for me here and when I leave."

We toured the premises and looked at a number of records relating to the safety and suitability of the premises. We saw that some environmental risk assessments had been undertaken and noted that the night staff undertook a number of regular audits about the safety of the premises. Staff told us that any safety issues relating to the premises were reported to the landlords of the premises and dealt with promptly.

Whilst people accessing the service did not pose an active risk of harm to themselves or others, staff told us that they were aware of possible risks within the environment and took appropriate measures to manage these risks. For example, they told us the door to one room which contained a possible risk was always locked when not in use.

Our review of records and our conversation with the registered manager identified that a specific review relating to the risks posed by fixtures within the premises had not been undertaken since 2010. The lack of a subsequent review meant that any possible risks and hazards had not been appropriately identified and assessed in order to ensure that people were being supported in a safe, suitable environment. The registered manager agreed to ensure that a further review was undertaken.

We looked at a range of records relating to fire. We saw that a fire evacuation plan was in place and noted that a fire safety officer had recently visited in order to undertake a fire safety checks. People told us that staff went through the fire evacuation plan at the start of their stay. People's support plans included fire safety risk assessments. Each assessment was individual to the person concerned. For example, one person's fire risk assessment detailed their mobility needs and the additional support they required in the event of a fire occurring.

The provider's fire safety book stated that a weekly fire safety check should take place. Our review of the log and our conversations with staff identified that these weekly checks were not taking place. For example, no check had taken place in May 2014 and only one check had taken place in June and August 2014. The lack of regular fire safety checks meant that people, staff and visitors could not be assured that the fire safety system in place was effective and fully operational. We fed back our concerns to the deputy manager and the admin co-ordinator who was also responsible for the management of the premises. They agreed to ensure that weekly fire checks were undertaken.

During our inspection we spoke with four members of staff about how they safeguarded people who used the service. Each member of staff was aware of local authority safeguarding vulnerable adults policies and procedures. They were able to tell us about different types of abuse and were clear about the actions they would take if they suspected that any form of abuse had taken place. Staff were confident that the registered manager and deputy manager would action any concerns they raised about people's safety.

Each bedroom contained a locked area to enable people to safely store their medicines, money and any other valuables. Most people managed their own finances; however, should people need support, the registered manager informed us that secure storage and a financial log sheet was in place to safeguard people's finances.

We saw that, when needed, people's support plans included person centred assessments about any risks relating to their care, support or safety needs. The form used demonstrated a holistic, person centred approach to risk. It started by identifying any individual risks and what the person could do to keep themselves safe. The section following this was titled, "How staff can support me to stay safe at Wainwright Crescent," and listed the individual support people needed to ensure their safety.

We spoke with staff and the registered manager provided evidence that an effective system was in place to record and analyse accidents and incidents and reduce the likelihood of similar occurrences. Staff spoken with were

Requires improvement

Is the service safe?

clear about the electronic accident and incident reporting processes in place and showed us copies of completed forms. They told us that any accidents or incidents were communicated at staff handovers or during team meetings. The registered manager and the provider's risk department reviewed completed accident and incident forms in order to identify any recurring patterns and take action to reduce any identified risks.

Most people managed their own medicines during their respite stays. People who were receiving a period of respite care following their discharge from hospital were supported and supervised with their medicines for a period of seven days. This was to assess and ensure that people could safely manage their medicines. Staff were able to describe the process in place to assess and ensure people took their medicines safely. Our review of records showed that accurate records were kept to make sure there was a clear audit trail of the medication people had received. We also saw records of the daily checks undertaken to ensure that the medicines in stock corresponded with the medicine administered.

We found that medicines were appropriately stored in a locked cupboard within the office area of the service. Appropriate arrangements were also in place for storing and recording controlled drugs. These are medicines which are subject to regulation and separate recording.

We identified a risk with the storage of some medicines. At the time of our inspection, there was no evidence to suggest that this had negatively impacted upon people who used the service. We discussed our findings with the registered manager and deputy manager and they agreed to purchase appropriate, safe storage for these medicines.

We looked at the recruitment records for three members of staff. These, together with our conversations with staff evidenced that an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications to work at the service. Each file included evidence that a Disclosure and Barring Service (DBS) check had been undertaken before staff began to work at the home. DBS checks help employers make safer recruitment decisions.

Our observations and our conversations with staff showed us that there were sufficient suitably experienced staff to meet people's needs. It was not uncommon for staff to tell us that they had worked at the home for ten or more years. Staff were committed to meeting the needs of people receiving respite care at the service. They told us that they tried to cover any staffing shortfalls themselves in order to ensure that people were cared for by staff familiar with them and their needs. When needed, the staffing team were supported by staff from the providers own flexible staffing pool. We were told that these staff had worked at the service for a number of years and were familiar with people's needs. Staff told us on call managers were available for support outside of office hours.

Requires improvement

Is the service effective?

Our findings

We spoke with four members of staff about supervision and appraisal. Supervisions ensure that staff receive regular support and guidance. Appraisals enable staff to discuss any personal and professional development needs. The registered manager told us that staff supervisions were occurring less frequently than the providers six to eight weekly timescale. Members of care staff confirmed that the frequency of their supervision sessions varied but were not concerned by this. They told us that the registered manager and the deputy manager were supportive and said they could approach them should they need any support or guidance. For example, one member of staff commented, "I go to the manager about any issues. Her door is always open. She's there for you if you need anything and will always find time to support you about personal or work issues."

We reviewed the dates of the supervisions of four members of staff and found that the frequency of supervisions far exceeded the provider's recommended timescale. One member of staff had not received supervision since August 2013 and the other member of staff had not received supervision since September 2012. The remaining two members of staff had each received two supervision sessions in 2014 and 2013. Whilst there was no evidence to suggest that the lack of supervision had negatively impacted upon people who used the service; we were concerned that not providing appropriate support to staff within the providers specified timescales increased the risk of people receiving unsafe care and treatment.

Staff told us and our review of records confirmed that staff received an annual appraisal. Staff told us that any development needs discussed within their appraisal sessions were listened to and met. For example, one member of staff told us that the training courses they had requested about specific areas of practice had been provided.

Our conversations with staff provided evidence of a wide range of mandatory and other training courses relevant to supporting people with mental health difficulties. For example, staff told us that they had received training about personality disorder, schizophrenia and eating disorders as well as relevant mandatory training such as food safety, emergency first aid training and safeguarding training.

We spoke with the deputy manager who was responsible for training about how courses were recorded. They told us that, at the time of our inspection, an accurate record to document the training and development opportunities undertaken by staff was not in place. The deputy manager told us of their intention to develop a training matrix to address this.

The deputy manager told us that staff were able to electronically access a number of courses at the worksite following the provider introducing a programme of e-learning. They provided us with copies of the dates staff had undertaken these courses. There was a separate record for each course listing the names of the 16 staff members working at Wainwright Crescent.

Our review of these records identified that, whilst some courses had been completed by a number of staff, a number of other key courses had not been completed. For example, whilst 11 members of staff had undertaken an e-learning equality and diversity training course, only two members of staff had undertaken an e-learning course titled, 'Infection Control and You'. Similarly, nine members of staff had not undertaken a manual handling e-learning course. The lack of completion of these key courses together with the lack of a record to document when staff had previously undertaken these training courses increased the risk of people receiving unsafe care and treatment.

We spoke with a member of staff who was new to the service. They told us that they were in the process of undertaking an induction to enable them to get to know the tasks and responsibilities of their job role. The induction included mandatory training as well as a period of shadowing established members of staff in order to meet and get to know the needs of people who accessed the service. The member of staff told us that the registered manager was overseeing their induction and said that they met with them each week in order to review their progress and ensure that they were competent to undertake key tasks required of their role. They felt that the induction was preparing them for their role and was positive about the support they received from the registered manager and their colleagues.

Staff told us that they promoted healthy food choices whenever possible. Two members of staff were health champions. This is a role which promotes healthier lifestyle choices, including food choices. Staff told us that healthy

Requires improvement

Is the service effective?

eating was also promoted by the weekly community meal that took place each Wednesday. People staying at the service ate together and were involved and supported to decide the meal and then shop for the ingredients and prepare and cook the meal.

We noted that the spacious kitchen / dining area met the needs of people with mobility difficulties. For example, we saw that a low work-top, cooker and cupboard space had been provided. People brought and prepared their own food when staying at the service. Each person was provided with a fridge, small freezer and cupboard to store their food items. The kitchen contained a number of cookers as well as a microwave. People had 24 hour access to the kitchen. A dining table was situated at the end of the room to enable people to eat with others if they wished.

We spoke with staff about the Mental Capacity Act 2005. This is an act which promotes and safeguards decision-making. The basic principle of the act is to make sure that, whenever possible, people are assumed to have capacity and are enabled to make decisions. Where this is not possible or questionable, an assessment of capacity should be undertaken to ensure that any decisions are made in people's best interests.

Whilst people who accessed the service were able to make their own decisions, staff told us that they had received training about the MCA in order to support them to identify circumstances where people's mental health needs may impact upon, or cause their capacity to fluctuate. Staff were knowledgeable about how the Act related to their practice and provided examples to illustrate this. For example, one member of staff told us that they had contacted a person's care coordinator and requested a capacity assessment after the person refused to take their prescribed medicines for a period of time.

People were supported to have their health needs met. People spoken with during our inspection told us that staff arranged and supported them with visits to their GP if needed. People's support plans included details of their health needs. Wainwright Crescent worked closely with mental health and social care professionals. On the day of our inspection we saw that a number of review meetings took place with people, staff from the service and visiting health and social care professionals, such as community psychiatric nurses and social workers. We saw that details of visits to and from visiting health and social care professionals were recorded.

Good

Is the service caring?

Our findings

People we spoke with during our inspection felt that Wainwright Crescent was caring. Each person spoken with referred to the caring nature of the staff. One person described the staff as, "Wonderful and helpful." A second person commented, "I like all the staff here and look forward to my stays at Wainwright."

Observations throughout our inspection showed us that the staff were caring and were clearly focussed upon meeting the needs of people who used the service. Staff were respectful and polite when speaking with people. Our conversations with people confirmed that this was usual. For example, one person told us, "The staff treat me with respect. I trust them and get on with all of them and can go to any of them if I've got a problem."

Staff spoke in a fond and caring way about people and told us that they enjoyed working at the service. They told us that they worked well as a team in order to meet the needs of people receiving respite care at the service. One member of staff commented, "I get satisfaction from supporting people to achieve the things they want." Another member of staff stated, "Where we can help we will."

Staff were proud of the standard of care they provided and of the achievements people who had accessed the service had made and continued to make. For example, a number of staff told us that one person had accessed the service following their discharge from hospital whilst a 24 hour placement was found for them. Staff told us that they supported this person to develop their independence skills and were proud of the fact that this person was now living independently in the community with a small package of support.

One of the people we spoke with was proud of the progress and achievements they had made during their stay at the service. They attributed a number of these changes to the support and caring nature of the staff and stated, "Things for me have changed at amazing speed with the help of the staff. These changes would not have taken place without their help."

We saw that staff respected people's privacy. For example, staff knocked on people's bedroom doors and waited for people to respond before then entering the room. Staff also actively encouraged and respected people's confidentiality. For example, we saw that one person began to talk to a member of staff about a personal issue whilst in a communal area of the building where other people were present. The member of staff informed the person that the quite room was free and said, "Let's make a cup of tea and go and talk about things in private."

Our conversations with people demonstrated that staff at Wainwright Crescent respected and were aware of the differing needs of people who accessed the service. For example, one member of staff told us that they had undertaken training in British Sign Language in order to be able to communicate more effectively with people who had hearing impairments. Other examples of how the service met people's differing needs included ensuring interpreting services were available for people whose first language was not English and providing separate pans and cooking utensils for the preparation and cooking of halal meats.

People chose how they spent their time at the service. Some people elected to spend time at the service whilst other people chose to maintain existing services and community links. People were supported to maintain relationships with friends and relatives. During our inspection we saw that one person was visited by a friend who was warmly greeted by staff.

We found that people were fully involved in the development and writing of their support plans. People could either complete their support plans on their own or together with staff. People told us that their support plans were reviewed at the start of each respite stay in order to ensure that they still reflected their needs and goals. One person commented, "I've been coming here for eight years and have always been involved in everything."

We found that people's views and involvement was sought in relation to number of areas of the service. For example, the registered manager told us that the colour scheme, use of rooms and names of rooms had been chosen by people who accessed the service.

The registered manager said that people who accessed the service were involved in staff interviews. They also told us about their plans to also involve people in staff inductions in order to enable new staff to gain a view of the things which were important to people who accessed the service. At the time of our inspection a welcome pack was being produced with people who used the service in order to ensure that it reflected the things people felt were important for people new to Wainwright Crescent.

Good

Is the service caring?

We saw that a range of information about relevant services and issues was displayed throughout the home. For example, a notice board in one of the corridor areas of the home provided information about social and day time opportunities and benefits advice services. The large meeting room provided a range of leaflets about different support services, including advocacy services. These are services which support and enable people to express their views and promote their rights.

Outstanding ☆

Is the service responsive?

Our findings

People spoken with during our inspection felt that Wainwright Crescent was responsive. For example, one person told us, "The staff are caring, friendly and helpful. They're always there when you need them." Another person said, "Any support or anything I've ever asked staff for has happened." Observations throughout our inspection showed us that staff were available and responsive. For example, when people visited the office, we saw that staff stopped whatever they were doing in order to respond to people's differing requests.

We spoke with staff about how people's needs were assessed, planned and reviewed. On receiving a referral for the service, staff told us that services link worker would meet with the person in order to explain the service and ensure that they were able to meet the person's needs. People were then invited to visit the service. Following this visit, staff then started to develop an initial support plan with the person. Information from other sources, such as 'Insight,' the provider's electronic recording system also informed this initial support plan.

People told us that they were fully involved in the development of their support plans. Our review of records reflected this and demonstrated that the plans were person centred. The forms in place were not prescriptive and enabled people to document the aims of their respite stay, how they would achieve their aims and any support they required from staff in order to achieve these. We noted that people's support plans also included information about their interests, preferences and dislikes.

Staff told us that they telephoned people who regularly accessed the service five days before their respite stay in order to discuss their needs and ensure the information within their support plan was accurate. During this call, staff also discussed any planned appointments or activities and noted these within a timetable which was completed in advance of the persons stay. This was to ensure that staff could factor these needs into staffing rotas and make sure there were sufficient staff on duty to provide support, if needed.

People were allocated a key worker in order to review their support plan and support them to meet their needs and achieve their goals. Whenever possible, the registered manager told us that people retained the same keyworker to ensure continuity. On arriving at the service, people were invited to review their support plan and aims, either on their own or together with their keyworker. People receiving step-down care reviewed their support plans each week together with their keyworker.

People were positive about these reviews. One person told us about one of their important goals and of how their keyworker was supporting them to take incremental steps to achieve this. They described their keyworker as, "Really understanding," and said, "They never rule any of my goals out." This demonstrated that people were fully involved in their support plans and that these reflected their individual needs and goals.

We noted that some people's support plans included relapse prevention plans. These listed the signs and behaviours which may indicate that people's mental health needs were deteriorating and the support they needed to reduce risk and appropriately respond to any changed needs.

Staff told us that they were informed of any changes to people's needs during the handover meetings which took place between each shift. They also told us that information from people's timetable was fed into each handover in order to ensure that they were aware of any planned appointments or activities.

A link-worker was in place to ensure that people received consistent, co-ordinated care when they moved between services. Staff were positive about the way this role ensured continuity for people who accessed Wainwright Crescent for step-down care. They told us that the link-worker attended weekly meetings with the hospital discharge coordinator in order meet people and discuss their needs. People new to the service were supported to visit the service. The link-worker started an information file to enable staff at Wainwright Crescent to familiarise themselves with information about the people and their needs. Staff were positive about these files and said they read them before people arrived at the service. One member of staff described these files as, "Good," and said, "They give you all the information you need."

People spoken with during our inspection were positive about the premises and the way in which they enabled them to manage their mental health needs. For example, one person told us that spending time in the 'tranquillity room,' when they were anxious lessened their anxieties. We

Outstanding ☆

Is the service responsive?

visited this room and found that it provided a relaxing environment. It also contained a number of items to promote relaxation, for example there was CD player, CD's of relaxing music as well as a bubble tube and a projector to project calming images onto the walls of the room. Staff told us this room was always open and was well used, particularly by people who had difficulty sleeping.

One of the bedrooms was purpose built for people who had mobility or hearing impairments. This room was larger than the other rooms in order to allow sufficient space for wheelchairs or any other mobility aids. It also contained a visual doorbell as well as a visual fire alarm to meet the needs of people with hearing impairments. We saw that one of the shower rooms was level access and contained a shower seat to support people with mobility difficulties.

We found that a range of activities were provided within and outside of Wainwright Crescent. There was an activity coordinator who organised trips to local shopping centres and places of interest throughout the week. In addition to this, support workers organised evening and weekend activities. For example one support worker told us that they had been on duty the previous weekend and had baked cakes and scones with people and organised a quiz night. There was an on-site activity room which contained a range of art and craft materials. The registered manager told us that a number of people had expressed an interest in pottery and said that they were currently exploring purchasing a potter's wheel and kiln.

People were positive about the activities provided and there were a number of positive remarks about these in the provider's comments book. For example, a comment form one person stated, "I loved going out to different places and had a lovely time. Thanks to all the staff."

The activity coordinator was responsible for arranging and chairing the weekly community meeting which took place after the community meal. People were invited to express their views about the service and any activities or interests they wished to pursue during their respite stay. People were also provided information about developments or updates about the service during this meeting.

We saw that Wainwright Crescent also actively encouraged people's feedback about the service by the provision of a comments book and suggestion box in the entrance area of the home. The service had documented and provided a response to each comment made and had placed this beside the comments box. This showed us that the service actively listened to peoples' suggestions and saw them as an opportunity for learning and developing the service.

We saw that copies of Wainwright Crescents complaints policy were displayed throughout the home. People we spoke with told us they had no complaints and the registered manager told us that there had not been any complaints within the past year. Our review of the provider's complaints folder confirmed this.

Staff told us that the service had good connections with the local community. For example, they told us they had supported people to organise a car park sale at the service in order to raise money to purchase some patio furniture. People had leafleted the streets surrounding the service to tell them about the sale and had also been involved in making items to sell at the sale. Staff told us that the sale was well attended by the local community. They were positive about the way in which this enabled them to raise funds, inform the local community about the service and raise awareness about the needs of people with mental health difficulties.

Requires improvement

Is the service well-led?

Our findings

People and staff were positive about the registered manager and the way in which she led the service. The registered manager was visible throughout the morning of our inspection and spent time interacting with people. One member of staff commented, "The manager is kind, caring and thoughtful about the service users and the staff. I can't speak highly enough about her." When asked if they thought the service was well led, another member of staff stated, "Absolutely. The manager's door is always open. She listens and is receptive to any suggestions or ideas we have."

During our inspection we looked at a range of records and spoke with a number of staff in order to review how the quality of care provided by Wainwright Crescent was monitored and safely maintained.

Whilst the registered manager told us that the quality of the service was reviewed within regular governance meetings, we found that audits relating to some key areas of practice did not take place. This resulted in a number of issues which could present a risk to the health, welfare and safety of people receiving respite care at Wainwright Crescent not being identified by the provider. For example, people were potentially placed at risk by the provider's failure to undertake weekly fire checks and checks relating to the safety of fixtures and fittings within the premises. Similarly, the gaps relating to staff training and supervision had not been identified by an internal auditing system. Additionally, measures had not been put in place to ensure the safe storage of medicines which required refrigeration. Our findings demonstrated that Wainwright Crescent did not have an effective comprehensive system in place to continually assess, monitor and improve all aspects of the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff spoken with during our inspection told us that staff meetings took place and our check of records verified this. When talking about staff meetings one member of staff commented, "I like them. There's a lot of useful discussion that results in us addressing issues." Staff told us that they were able to raise issues within these meetings and felt that their views and contributions were listened to. They also told us that they valued the way in which these meetings provided them with the opportunity receive updates and discuss and share best practice.

The registered manager told us that Wainwright Crescent's development forum played a key role in promoting, shaping and developing the future direction of the service. The development forum was a group of people who either used, or had used the service. Our conversations with the registered manager demonstrated their commitment to ensuring that the development group were involved in and were consulted about key documents, developments and areas of the service. For example, we reviewed the minutes of the last development group meeting and noted that members of the group had been consulted about a bedroom checklist form in order to ensure that it met the needs of people using the service. Members of the development group had also been invited to participate in forthcoming staff interviews.

We saw that the development group were also involved in the promotion of the service at a local wellbeing festival and during mental health awareness week. They had written a leaflet to promote Wainwright Crescent and had also written and designed coasters stating the services values of 'choice, hope and respect' to distribute at these events. Staff spoken with during our inspection were aware of these values and often quoted them to us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have effective systems in place to monitor the quality of the service delivery.**