

Trafford Metropolitan Borough Council

Waterside House

Inspection report

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09 September 2016

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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?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This inspection was announced and took place on the on 05, 06 and 09 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service to ensure the registered manager would be available for our inspection. The last inspection took place on 04 February 2014 and the provider was compliant with the regulations we checked.

Waterside House consists of three distinct service types: assessment and reablement service, rapid response service and 24 hour supported living service provided by Trafford Metropolitan Borough Council. The delivery of service was split into four geographical areas: Stretford and Old Trafford (north). Urmston, Flixton and Partington (west). Altrincham, Bowden, Timperley and Hale (south). Sale, Sale Moor and Ashton-on-Mersey (central).

The assessment and reablement service is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks. The rapid response service works alongside the assessment and reablement service and provides short-term intervention (of up to 7 days) to people in a 'crisis' situation. The cause of this may be due to carer breakdown, a fall, sudden illness or a change in situation. At the time of our inspection 53 people were receiving the reablement / rapid response service.

The 24 hour supported living service provides supported accommodation to adults with a learning disability who require access to 24 hour support. 18 people received this service in six supported accommodation properties.

At the time of the inspection there was not a registered manager at Waterside House.

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.

During this inspection visit we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to MCA and DoLS, training, complaints and quality assurance and auditing systems. We are considering our options in relation to enforcement for some of these breaches of the regulations and will update the section at the back of this report once any action has been concluded.

Due to there being no registered manager for approximately twelve months, we found there were no clear arrangements in place to determine who had overall responsibility for ensuring effective systems to assess, monitor and drive improvement in the quality and safety of the service.

The registered provider was not working within the requirements of the Mental Capacity Act 2005 and the

Deprivation of Liberty Safeguards. Staff sought people's consent before providing care but people's capacity to make their own decisions was not assessed when needed. Some people were being deprived of their liberty to keep them safe but applications had not been made to ensure this was formally and legally agreed to be in their best interests.

Staff were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. There were however, gaps in first aid; MCA and DoLS; fire safety; and infection control.

We saw a record of complaints dated 2009 had been recorded on file, but recent complaints had not been recorded to show how the provider had engaged with the complaint or ensured that it had been resolved to the person's satisfaction. The registered provider had no system in place to log and analyse complaints and concerns to enable lessons to be learnt.

Information was available to staff about how to support people with their medicines and all staff had been trained in how to administer medication. Checks had been carried out to ensure people had received their prescribed medicines safely. However, we found some medicines assessments contained conflicting information.

Feedback received from people using the service was generally complimentary about the standard of care provided.

There were appropriate procedures to safeguard people and the staff were aware of these.

There were systems in place to ensure risks to people's safety and wellbeing were identified and addressed.

People's needs were assessed and care was planned to meet these needs. People's needs were reviewed throughout the time they received the service so that future plans could be made if necessary if the person required longer term support and care.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. There were sufficient staff employed to meet the needs of each individual living at the service. Staff did not start work until checks had been made to make sure they were suitable to support people and keep them safe.

Records showed that people had access to GPs, chiropodists and other health care professionals (subject to individual need).

We found that the home was properly maintained to ensure people's safety was not compromised.

Organisations registered with the CQC have a legal obligation to notify us about certain events. This would include the resignation of the former manager who had been left for almost 12 months.

We also found the registered provider failed to notify CQC concerning safeguarding incidents.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Safe systems and procedures for supporting people with their medicines were followed. However, we found conflicting information recorded on two medicines risk assessments that could cause confusion between the reablement staff on duty, potentially resulting in the person not receiving their medicines correctly.

People told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. However, we found systems such as the recording of safeguarding incidents were not readily available to view at the time of our visit.

Comprehensive risk assessments were in place for peoples support and were reviewed and managed in a way which enabled people to be as independent as possible.

Staffing levels were tailored to meet the needs of the individual.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff did not clearly understand the principles of the MCA. No records of best interest meetings or applications to deprive a person of their liberty were seen.

Staff received on-going training, supervision and support to ensure that they were competent and confident in their day-to-day work. However, we found there were gaps in some topics, in particular first aid; MCA and DoLS; fire safety; and infection control.

People were supported to maintain good health and had access to healthcare professionals and services. Where needed people were seen or referrals were made to the therapies team or other health and social care professionals.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People told us they were supported by caring and compassionate staff. People we spoke with said they were happy with the care and support provided and could make decisions about their own care and how they were looked after.

Staff were highly committed to providing a caring service with a clear focus on meeting people's needs in sensitive, enabling way.

There was clear emphasis on promoting people's independence and dignity and staff were respectful of people's wishes and preferences.

Is the service responsive?

The service was responsive.

The service was able to respond to people's needs at very short notice in order to maximise their independence.

People were offered opportunities to take part in activities that interested them. People's care was reviewed to ensure it met their needs and relatives were invited to attend reviews.

A complaints policy was in place and relatives said that staff were approachable.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

At the time of our inspection Waterside House did not have a registered manager in place to provide leadership and direction.

Although auditing systems were in place, these had not fully identified or addressed shortfalls in how the service was operating.

The provider had not notified us of any incidents that occurred as required by law.

Inadequate ●

Waterside House

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.

The inspection took place on 05, 06 and 09 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by one inspector together with an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We sought feedback prior to the inspection from the local authority commissioning as well as the local Healthwatch board. No one raised any concerns about Waterside House.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. On this occasion we did not ask the registered provider to complete a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

On the first day of our inspection we went to the provider's head office and spoke to the acting manager for the reablement / rapid response service, along with two team co-ordinators, and one social care assessor. During the inspection we visited two people within their own homes and the expert by experience person made telephone calls to ten people receiving this service. Additionally, on the third day of our inspection we undertook phone calls to 23 support workers and one senior support worker.

On the second day of our inspection we went to the provider's office and spoke to the acting manager and business support officer for the 24 hour supported living service. During the inspection we visited two supported living accommodations and spoke to eight people who received this service. Additionally, the expert by experience person made telephone calls to one person and four relatives of the people receiving the service. On the third day of our inspection we undertook phone calls to eight support workers and one

senior support worker.

We reviewed the care records of eight people who received the service, along with two care records for people who received the 24 hour supported living service. We reviewed the records for four staff and records relating to the management of the service.

Is the service safe?

Our findings

We asked people who received the service if they found the service provided by Waterside House to be safe.

We spoke with twelve people who received the reablement / rapid response service. Comments we received included; "I feel secure, staff visit every day to make sure I don't fall in a shower," "I have female carers supporting me, they supervise me and allow me to shower on my own" and "The staff have a key safe to enter my home, I trust them all (staff)."

We also spoke with eight people who received the 24 hour supported living service. Comments we received included: "A young lady (staff member) comes to help me into shower, just to watch over me really, in case I fall" and "I feel safe here, the staff are always around if I need them."

Due to there being no registered manager at Waterside House since 30 September 2015 we found systems such as the recording of safeguarding incidents were not readily available to view at the time of our visit. Since the inspection, we received a safeguarding log from the registered provider for all three services provided by Waterside House. We viewed the safeguarding log and found the registered provider followed up on all safeguarding incidents appropriately; however, the Care Quality Commission (CQC) had not been notified of any safeguarding incidents. The regulations require the provider to report to CQC even if they know or believe the allegation has already been reported to us by the local authority.

People were safeguarded from the risk of abuse. The home had clear safeguarding policies and procedures in place for staff to refer to. Staff were able to explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or to the police if this was necessary. The service had a whistleblowing policy in place which gave staff clear steps to follow should they need to report poor practice. Records confirmed that all staff had received training in safeguarding adults.

All staff had been trained in the management of medicines for all three designated services. Staff told us they also received regular observations from senior staff and team co-ordinators to ensure they managed medicines safely in people's homes; we saw evidence of these observations. This meant that the reablement / rapid response service staff were able to support people with taking their medicines. When speaking with staff and people using the service we found generally people were able to manage their own medicines. Self-administration was encouraged for everyone using the service as part of their reablement programme and staff said they only occasionally needed to support people with medicines when this was an identified need.

During our inspection of the reablement / rapid response service we viewed four medicines risk assessments alongside medicines administration records (MAR). People receiving the six week reablement service were assessed on their dependency to manage their own medicines. The registered provider used a five stage level dependency assessment tool that identified the level of assistance the person needed with their medicines. We found some of the information recorded on the medicines assessments tool was misleading. For example, we noted on one person's assessment they required full support for the administering of

medicines. However, the assessment also stated staff were to prompt medicines. This wording could cause confusion between the reablement staff on duty potentially resulting in this person not receiving their medicines correctly. Further discussion with staff confirmed they were aware this person required full assistance with their medicines and confirmed this wording was incorrect. We discussed this matter with acting manager who informed us that the reablement staff were all aware of the correct medicines protocols used by the service, and explained that different colour MAR sheets were used to help identify whether staff were required to prompt or administer. The acting manager confirmed the medicines assessment tool along with the MAR charts will be reviewed immediately.

We looked at the medicine management for one of the 24 hour supported living services during our inspection. Medicines were stored securely. The MAR sheets were fully completed, records were kept of medicines received and disposed of and clear written guidelines were in place for any 'as required' medication to inform staff of when they should be administered. The time medicines had been administered was recorded. All stores of medicines were kept in a locked room and medicines cabinets were secured to the wall. Controlled drugs were not being used at the time of our inspection. We saw that the manager undertook appropriate audits of these and the other medicines in the home.

Systems for reviewing accidents and incidents were in place at all three designated services. For the reablement / rapid response service the team leaders recorded all accidents and incidents. This record captured the information, but did not provide any evidence of lessons learnt and actions taken to minimise the potential for reoccurrence. We found accidents and incidents systems were recorded differently for the 24 hour supported living service. We noted all accidents and incidents were monitored by the acting manager to ensure any trends were identified. We saw incidents were thoroughly investigated and that appropriate action had been taken including making referrals to safeguarding agencies where needed. Accident and incident records clearly highlighted if there were areas for staff learning and action planning within the document. This system helped to ensure that any trends could be identified and action taken to reduce any known risks. We therefore found improvement was needed to ensure the whole service had systems in place to identify trends and patterns in order to minimise the risk of reoccurrence.

People who received the reablement / rapid response service were appropriately assessed to keep them safe. Risk assessments were thorough and identified each area of risk to a person and the action to be taken to minimise them. For example, risks associated with moving and handling and medicines management were available for people receiving this service. There was also a section for people's property including a household safety hazard checklist, so the environment was also assessed for risks. Staff described the care and support people needed to improve and ultimately maximise their independence whilst maintaining their safety. They said if they identified any risks following the initial risk assessment they would inform the team leader or senior supported workers who would come back to review the risk, for example, a loose mat or step up into a shower and the risk assessment was updated.

We also viewed the risk assessment documentation for the people who received the 24 hour supported living service. We looked at the risk assessments in place for two people. We found risk assessments were in place, for example moving and handling, choking and behavioural risk assessments. We found these risk assessments had been created in an easy read format. 'Easy read' refers to the presentation of text in an accessible, easy to understand format. It is often used as an aid for communication for people who have difficulty reading and processing long words and sentences but also supports individuals to maximise their independence and participate in decision about their current and future care for example.

There were appropriate numbers of staff employed to meet people's needs for the reablement / rapid response service. The service had a stable staff team, most of whom had worked for the local authority for

many years. People confirmed they received the help and support they needed and staff always attended and stayed for the full time they were scheduled for. A team leader showed us rotas for staff and these included the times of the visits and we saw travel time was factored in. Staff felt there were enough of them to cover all the people using the service and people were provided with a regular team of support workers for the time they used the service.

We viewed the rotas in the 24 hour supported living service and found there were sufficient staff on duty to meet people's individual needs safely. Where people required one-to-one support from staff this was provided. The acting manager confirmed on occasions the service would use agency staff if, for some reason, they were short staffed. The acting manager explained that the service only used regular experienced agency staff when needed. Staff confirmed this with one commenting, "We don't have any issues here with staffing levels, if we do use agency we always know who the agency staff are."

During the inspection we looked at the records of four staff to check that the recruitment procedure was effective and safe. Recruitment procedures were in place and being followed to ensure only suitable staff were employed by the service. Prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out. These included Disclosure and Barring Scheme checks, health clearance, proof of identity documents, including the right to work in the UK, and two references, including one from the previous employer. Photographs of each member of staff employed by the service were taken and staff were issued with identity badges which they wore when attending people's homes.

Procedures were in place for medical emergencies. The reablement / rapid response and supporting living staff were able to describe the action to be taken, including contacting the emergency services and recording and reporting events to the manager. The local authority had a business continuity plan for all three designated services in place and this covered the service and the plan of action to be taken in the event of an emergency situation and to ensure people still received the service they needed. The service had an on call system so people and care staff could contact them outside office hours should an issue arise that needed to be addressed, for example, a member of staff being unwell and needing cover to be arranged for a visit. This meant continuity of care was planned in so people received the care and support they required.

The two 24 hour supported living service accommodations we visited were clean and tidy throughout with no malodour. Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. This means that people are protected from the risk of infections.

Is the service effective?

Our findings

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.

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 community settings are called the Deprivation of Liberty Safeguards in Domestic Settings (DoLSiDS). We checked whether the service was working within the principles of the MCA.

We found that staff working in the 24 hour supported living service had a limited understanding of the requirements of the MCA due to a lack of training being provided. We found that people who received the service had restrictions in place, such as doors being locked to keep people safe, so people had to ask staff if they wanted to leave. We discussed this with the acting manager at the time of inspection and we were informed that the service was working closely with the Community Learning Disability Team (CLDT) to ensure all required DoLSiDS applications were applied for people living in the 24 hour supported living service.

We found no evidence of corresponding best interest meetings being held or applications for DoLSiDS being made in people's files. One staff member told us that the information was kept at the office. We asked to see the best interest and DoLSiDS information at the office. This could not be provided and we were told by the acting manager that it was not in place for people. The acting manager advised us that the CLDT were aware of the people who may be subject to a DoLSiDS and these applications will soon be completed.

We found the lack of capacity assessments, best interest meetings and DoLSiDS was a breach of Regulation 11 (3) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

The reablement / rapid response service did not cater for people with advanced dementia as it was felt they would not benefit from the service. The acting manager told us that where necessary other professionals involved in peoples' care would undertake assessments in relation to mental capacity. Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care. We saw consent was sought and specifically recorded in each care plan, covering decisions such as key holding. The service had also ensured that people's care plan and risk assessment were agreed and signed with them. One person told us; "The is a clear agreement in place before the care starts."

We saw that staff held suitable qualifications and / or experience to enable them to fulfil the requirements of their posts. Staff we spoke with during the inspection told us on the commencement of their employment they undertook a full induction. This included reading policies and procedures and shadowing other experienced staff whilst they provided care and support to people. Staff had been supported to undertake National Vocational Qualifications and additional training.

We viewed the training matrix for the staff connected to the reablement / rapid response service. Examination of training records confirmed that staff had completed key training in subjects such as: moving and handling; food hygiene; safeguarding; medication; control of substances hazardous to health; and health and safety. However, we found a number of gaps for the following training: first aid; MCA; fire safety; and infection control. Discussion with the acting manager confirmed all training subjects will be reviewed to ensure staff receive the most up to date training.

We also viewed the training matrix for the 24 hour supported living service. We found staff had completed key training in subjects such as: moving and handling; food hygiene; safeguarding; medication; control of substances hazardous to health; and health and safety. However, we found gaps in the MCA training and no training for DoLSiDS was provided to staff.

The gaps in training would mean the provider could not be certain that staff were adequately supported and skilled to provide effective support to people living at the home.

This was a breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

We noted that the registered provider did not have systems in place for new staff to complete the Care Certificate. Further discussion with the acting manager confirmed the service has not recruited new staff for a number of years due to a freeze on recruitment, so the enrolment of the Care Certificate has not applied to the current staff. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

We viewed the supervision tracker for the staff connected to the reablement / rapid response service. We noted staff received an annual supervision, along with a performance development review. Discussion with staff confirmed their supervisions have reduced due to the changes the service has gone through. After the inspection we were contacted by the registered provider with a newly updated supervision matrix that confirmed on average staff will receive at least one supervision bi-monthly. We will check this the progress of this at our next inspection.

Staff we spoke with during the inspection told us that they felt well supported. One member of staff commented, "The supervision process has reduced slightly, but I am definitely supported by the seniors and team leaders if I have any issues." Another member of staff commented, "The management are very supportive, if you have any problems they are just a phone call away, I do feel supported." A third staff member commented, "The managers are always available, we have been kept up to date with any changes the service has gone through."

The reablement / rapid response service staff received regular team meetings that were usually coordinated by the team co-ordinators or senior support workers. One staff member commented, "We meet up at least once a month to discuss people's progress, these meetings are vital to our job."

Staff working for the 24 hour supported living service received supervisions bi-monthly along with an annual appraisal, this was predominately carried out by the senior support workers. Team meetings were also arranged for each supported living accommodations monthly.

The reablement / rapid response service gave people the appropriate support to meet their healthcare needs. Reablement support workers and other staff worked with healthcare professionals to monitor

people's conditions and ensure people health needs were being met. There was input from the occupational therapist and physiotherapist along with support if needed from the sensory team and GP. We saw any communication between professionals was documented to ensure staff supporting people knew of any changes or issues.

Due to the type of service being offered by the reablement service the team co-ordinator explained they would not have a person who was at high risk of malnutrition or dehydration. However, support workers recorded what meals they had provided or supported people with, which we saw from the sample of care notes we viewed.

People receiving the 24 hour supported living service had a specific health care plan that detailed any health concerns, and promoted well-being. People told us that they received timely health care including regular optician's appointments and hearing assessments and attended well man and well woman clinics. Health action plans were looked at with people at their monthly keyworker meetings to make sure people had regular health and well-being reviews. We saw that the service worked closely with other professionals and agencies in order to meet people's individual health care requirements.

Easy read hospital passports were in place if the person needed to go to hospital, to help hospital staff understand the person and their needs. When people went to hospital they were always accompanied by a member of staff. Hospital passports include lists of what the person likes or dislikes, from the amount of physical contact to their favourite type of drink, as well as their interests. This would help all the hospital staff know how to make them feel comfortable and ensure a continuity of care.

All the people we spoke with were happy about the choice and availability of food and drink. In houses that were shared by a small number of people weekly meetings were held to discuss the food choices for that week. People told us they were supported to make their own choices and advised of healthy eating options. We looked at how the service supported people with a healthy diet and found people were supported appropriately.

Is the service caring?

Our findings

People told us they felt very well cared for. During the inspection we saw people and staff together and we noted that staff interacting with people with compassion and humour. People receiving the 24 hour supported living service commented, "The staff are great, I know them all and they are very caring towards us all." Comments received from people's representatives included, "[name] is well dressed and clean the service is good in that respect" and "The care is excellent."

People receiving the reablement / rapid response service were also positive about the care they have received. Comments included, "Care is very satisfactory and very friendly," "Absolutely marvellous service, good carers they are very patient and offered me help and encouragement" and "Very caring, glad about the lady (carer) who visits me, very pleasant. I look forward to her visiting and the conversations I have with her, It has been a blessing."

During our inspection we visited two people who received the six week reablement service. We observed positive interactions between staff and the people who received this service. During one home visits we received positive feedback from a person's representative regarding the care their family member had received. Comments received included, "Today is the last day of the six weeks service for [name], and I can honestly say the care we have received has been amazing, extremely caring and understanding. We just hope the new care agency can match this service."

Staff spoke with kindness and compassion and were highly committed and positive about the people they supported. Despite the quick intervention and short term nature of the service, staff told us they did build relationships with people. One staff told us; "We do build positive relationships with people, we see people's progress from week one to week six" and another staff said; "We try our best to give people as much independence as we can, I do feel we make a difference, I get great satisfaction when people do progress."

Staff we spoke with understood their obligations with respect to people's choices. Staff told us that people and their families were involved in discussions about their care.

People told us they felt involved in making decisions relating to their rehabilitation. For example, if possible prior to using the service, people were visited in hospital by the coordinator or social care assessor for an initial assessment. During this assessment people were asked what time they would like visits to take place and if they preferred a male or female member of staff. We were told and saw records to confirm that each person's rehabilitation package was reviewed on a weekly basis. This review was to monitor progress, review rehabilitation that had taken place and to determine if any changes needed to be made.

People's diversity, values and human rights were respected. One staff member told us they have often supported people from different cultures and are always respectful of people's wishes.

During our inspection we visited two 24 hour supported living service accommodations. We again observed positive interactions between the staff and the people. Staff supported people in a kind and caring way and

involved them as much as possible in day to day choices and arrangements. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. During one visit we observed a person who received the service becoming upset, because a family member failed to visit them earlier in the day. A staff member was quickly on hand to provide calming reassurance to this person.

Staff demonstrated excellent knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and how they communicated. They could also tell us about people's preferred routines and how they could reduce any behaviour that could challenge others from occurring through following them.

We found that a key working system was used to ensure people were involved in decisions about their care and support. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, as well as supporting them with changes in health, social and emotional needs.

Keyworkers at the service supported people to hold keyworker meetings where they reviewed what the person liked and didn't like about their support and where they lived. Staff we spoke with told us that the keyworker also met with people to review their support plan and discuss their goals and what they would like to achieve.

Is the service responsive?

Our findings

People said the reablement / rapid response service were highly responsive to their needs. One person said they appreciated the flexibility the service offered when they wanted to change their hours of support. Another person said: "I was involved in the assessment of my care, this was important for me," "Superb service and very well organised. The staff referred me to O.T (occupational therapist) as a result I got equipment to assist me in my home" and "I found the service fairly reliable."

We saw that a complaints policy was in place for all three designated services. This detailed who to contact with a complaint and the process and timescales that would be followed to assess the complaint.

An easy read complaint policy was also available to assist people who received the 24 hour supported living service if they needed to make a complaint.

During the inspection we were informed no complaints had been received in the last twelve months for the reablement / rapid response service. During the inspection we viewed the complaints file for the 24 hour supported living service. We noted that the last complaint received was in 2009. We asked the acting manager if any complaints had been received since this time, but the acting manager was unsure. Shortly after the inspection the acting manager informed the inspection team the 24 hour supported living service had received seven complaints in the last twelve months. We discussed these complaints further with the acting manager and found these complaints did not relate to the 24 hour supported living service. We could not be certain that people's complaints were being dealt with appropriately due to the lacks of systems and overview of complaints.

The registered provider had no system in place to log and analyse complaints and concerns to enable lessons to be learnt. This constituted a breach of Regulation 16 (1) (2) Receiving and acting on complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were referred to the reablement or rapid response service after they had been assessed by a social worker, social care assessor or other healthcare professional. Referrals came from Accident and Emergency, hospital social workers following elective surgery or community referrals. The assessment and reablement service is designed to help people recover from a period of serious illness or injury which may have resulted in hospital treatment. The service provides a range of rehabilitation, care and support services for up to six weeks.

The rapid response service provided a responsive service for short-term intervention (of up to 7 days) to people in a 'crisis' situation. The cause of this may be due to carer breakdown, a fall, sudden illness or a change in situation.

The service provided flexible care and support to people between the hours of 8am and 10pm. Each week the person's rehabilitation was reviewed to monitor their progress, set goals and plan discharge. At the end of six weeks people were reassessed by the social care assessors with a meeting that they and their family attended to determine their progress and any future care needs. During one of our homes visits we found a

person was moving on to a new care agency. Within the six weeks rehabilitation service this person had received, it was clear what identified support needs this person would need going forward to maximise their independence.

During the inspection we viewed the computerised system that was in place that recorded each person's journey through the service. We saw a sample of two care records held on the computer. These showed each person's journey through the service to the conclusion of the reablement experience. We saw documented evidence of people's care being adjusted where necessary. Regular reviews documented changes in need, such as the need for additional equipment or support. Care plans were updated and forwarded to social workers to ensure information was shared in a timely, consistent way.

During our visit we reviewed the care and rehabilitation records of eight people. Each person had an assessment, which highlighted their needs and was written by the social care assessor. Of the care records we looked at during the inspection detailed person centred care and support that the person needed, however some plans of care were more task related. We discussed this with the acting manager and team co-ordinator who advised the care plans will be reviewed to ensure they are more person centred.

During the inspection of the 24 hour supported living service we viewed two care plans. We found these care plans were up to date, reviewed as needed and contained information about people and their preferences. We found care planning documentation was completed in an easy read format to help people receiving the service when accessing their files. We looked at one person's care plan which contained a positive behaviour support plan. This plan was a detailed strategy created to help manage behaviour which others may find challenging. The behaviour support plan provided the staff with step by step guidance on supporting the person to enjoy their life whilst enabling staff to understand when they needed to intervene to prevent an episode of challenging behaviour escalating.

People were encouraged to participate in the wider community. Staff knew the activities that people enjoyed and we noted that staff supported people to choose what they did each day. Records showed that people had engaged in activities they said they liked. The service had a wide range of activities available for people to take part in if they wanted to. One staff member commented, "We strongly encourage people to be as independent as we can. [person's name] works at local food restaurant part-time, as staff we encourage people like [person's name] to be as independent as they can."

Is the service well-led?

Our findings

Upon commencing our inspection we were informed by a staff member at the head office that the registered manager had resigned from post some time ago. We noted that a registered manager from another service within the organisation had arrived during our visit to assist with the inspection process.

During the inspection we were informed the previous registered manager left the service last September 2015, this was approximately close to twelve months without a registered manager. Furthermore, the registered provider is expected to notify CQC if the registered manager has left the service, CQC did not receive this statutory notification. Since the inspection CQC have received the registered provider's statutory notification, confirming the date the previous registered manager has left the service and what steps they propose to take to register a manager for Waterside House.

During the inspection we were informed that the registered provider has identified a manager already working in the service that will be registered once they return to work. We will check this at the next inspection. We asked the manager to formally request CQC to de-register the previous registered manager, if the registered provider was unable to arrange for the previous registered manager to do this for themselves.

Both acting managers of the reablement / rapid response service and 24 hour supported living service along engaged positively in the inspection process. Staff spoken with confirmed the acting managers and team coordinators are friendly, approachable and supportive.

During the inspection we noted there were no clear arrangements in place to determine who had overall responsibility for ensuring effective systems to assess, monitor and drive improvement in the quality and safety for the three designated services. During the inspection we found systems to record safeguarding incidents, complaints and accidents and incidents were not easily accessible. The reablement / rapid response service and 24 hour supported living service collated this information separately. This meant that potential trends were not identified so that lessons could be learned.

We viewed the quality assurance systems for reablement / rapid response service. We found systems were not in place to monitor the service and identify where improvements could be made. Although direct observations were carried out on reablement support workers annually when they supported people in their own homes, we found no other evidence of spot checks, training analysis or sampling care plans for consistency.

We viewed the quality assurance systems for the 24 Hour Supported Living Service. We found the manager employed to manage this service had completed two quarterly house audits for two supported living accommodations during the month of July 2016. We requested additional audits during the inspection but this was not available. The service had also received an external audit carried out by the CLDT during July and August 2016 for five of the supported living accommodations. During these audits we noted the CLDT also picked up the same issues we identified during the effective domain of this report, concerning no MCA assessments and best interests being carried out.

Although some auditing systems were in place, it was evident that there were gaps in the registered providers quality assurance systems and significant scope for improvement.

We also found the lack of robust quality assurance systems was a breach of Regulation 17 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the acting manager about the arrangements for obtaining feedback from people who received the service. They told us every person who used the service was asked to complete a survey prior to discharge from the service to gather feedback on the care and service provided. Surveys asked people about any concerns, staff punctuality and how the service could be improved. We viewed 20 surveys and found all to be positive, with one survey stating, "The carers we saw all seemed to be very caring and observant of all my husband's needs and welfare. We couldn't fault them at all, we were spoilt."

We viewed documentation of weekly checks that were carried out by the senior support worker. We found the seniors looked at the following areas, finances, 24 hour reports, medicines, health and safety, policies and procedures, support plans, profiles, benefits, weekly analysis and handover sheets. Once these checks had been completed they were signed off by the manager.

We asked the acting manager who was overseeing the 24 hour supported living service whether they have arrangements in place for obtaining feedback from people who used the service. We were informed people receiving the service had regular house meetings and one-to-one key worker sessions to enable people the opportunity to give their opinions of the service.

Organisations registered with the CQC have a legal obligation to notify us about certain events. The registered provider had not understood the need to notify us about potential safeguarding incidents that had occurred, in accordance with the requirements of registration with us. This meant we could not check that appropriate action had been taken at the time. Since the inspection we have received safeguarding logs for both the reablement / rapid response service and 24 hour supported living service. We found in total there were 27 safeguarding incidents that the provider had failed to notify the CQC within the last twelve months.

Failure to report safeguarding incidents to CQC was a breach of Regulation 18 (2) (e) of the Care Quality Commission (Registration) Regulations 2009.

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
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured best interest meetings, DoLSiDS assessments and applications had not been made. Regulation 11 (3)
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered provider had no system in place to log and analyse complaints and concerns to enable lessons to be learnt. Regulation 16 (1) (2)
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured that staff had received appropriate training to enable them to carry out the duties they are employed to perform. Regulation 18 (2)