

Quality Care Providers Limited

Respite Service

Inspection report

4 Alexandra Road
Reading
Berkshire
RG1 5PE

Tel: 01189666832
Website: www.qualitycareproviders.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 3 May 2017 and was announced. We gave the service prior notice because the location provides a small respite service and people are not always in the building during the day. We needed to make sure someone would be in the office. At the last inspection in May 2016 the service was rated 'requires improvement'. At this inspection we found the required improvements had been made.

Respite Service is a care home without nursing which provides a respite care service to up to five adults with learning disabilities and/or autistic spectrum disorder at any one time. The people they support may have varying additional needs including physical disabilities, mental health issues and sensory impairment. The organisation has a day centre next door to the respite service premises. However, this report only relates to the provider's provision of residential respite care. The day centre services fall outside the regulatory remit of the Care Quality Commission (CQC) and were not assessed as part of this inspection.

At the time of this inspection a total of five people had used the service since our last inspection. One person usually receives respite care for two nights a week every week, but had been away and had not stayed at the service since February 2017. Another person receives a total of 12 nights respite care a year, they decide when and how they use those allocated nights in consultation with the service. The other three people had stayed at the service on a once only basis and do not have a regular arrangement.

The service had a registered manager. A registered manager is a person who has registered with the 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. Due to other engagements the registered manager was not available during this inspection. The service manager was present and assisted us throughout the day.

Action had been taken to ensure people were safe from environmental risks when staying at the service. Recommendations from the local fire and rescue service had been met with improved fire safety arrangements put in place. A fire risk assessment had been carried out and actions taken to address deficiencies found. Arrangements had been made for ongoing monitoring and servicing of fire safety equipment. A legionella risk assessment had been carried out by a company qualified to do so. Work had been completed to rectify issues that raised concerns. Staff training in measures to reduce the risk of legionella had been provided and a system of ongoing monitoring for water safety had been implemented. All showers had been fitted with thermostatic mixing valves to reduce the risk of people being scalded by water that was too hot and radiators had been covered.

Systems had been implemented to enable the provider to assess, monitor and improve the safety of the services provided. The systems made sure that risks relating to the health, safety and welfare of people, staff and others were assessed, monitored and reduced when needed.

Staff received training in safeguarding adults. They understood their responsibilities to raise concerns and

report incidents, and were supported to do so. They knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. There were contingency plans in place to respond to emergencies.

Staff knew how people liked things done. Suitably skilled and experienced staff were available in suitable numbers to ensure people's needs could be met. The system used to calculate staffing levels took into account the needs of specific people staying at the service at any one time.

People received effective personal care and support from staff who knew them well and were well trained and supervised. People received support that was individualised to their personal preferences and needs. They were encouraged to do things for themselves and staff helped them to be as independent as they could be. Staff recognised and responded promptly to changes in the needs of people who use the service.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There were safe medicines administration systems in place so that people received their medicines when required. New medication storage arrangements had been introduced with the purchase and fitting of a medicines cupboard that met the current requirements. People's health and wellbeing was monitored and prompt action was taken to deal with any problems as needed.

People benefitted from staying at a service that had an open and friendly culture. People enjoyed staying at the service and feedback was seen that confirmed people enjoyed their respite stays. Staff told us the management was open with them and communicated what was happening at the service and with the people who came to stay.

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 safe. Action had been taken to improve the safety of the environment for people, staff and others.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. There were sufficient numbers of staff and medicines were stored and handled correctly.

Good 

Is the service effective?

The service was effective. People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The service manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The service manager was aware of the requirements under the Deprivation of Liberty Safeguards and was establishing the procedure to be followed when people needed an emergency respite stay.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Good 

Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who understood and followed their known wishes and preferences. Equality and diversity needs were assessed and incorporated into the care provided.

Good 

People's right to confidentiality was protected and their dignity and privacy were respected. Staff encouraged people to maintain their independence where they could.

Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was reviewed and adapted in response to people's changing needs.

People were able to enjoy a number of activities, based on their known likes and preferences.

People and their relatives knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Good ●

Is the service well-led?

The service was well led. Improved quality assurance systems had been introduced to assess, monitor and improve the safety of the services provided and to measure the service's compliance with the fundamental standards.

Staff were happy working at the service and there was a good team spirit. They felt supported by management and felt the training and support they received helped them to do their job well.

Local community professionals felt the service delivered good quality care and worked well in partnership with them.

Good ●

Respite Service

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. It was also planned to check whether the provider had taken action to meet the requirement notices made at the last inspection.

This inspection took place on 3 May 2017 and was announced. We gave the service prior notice because the location provides a small respite service and people are not in the building during the day. We needed to make sure someone would be in the office. We were assisted on the day of our inspection by the service manager.

Before the inspection the service 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. We looked at the PIR, the last inspection report and all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the service manager. We sought feedback on the service provided from three relatives, six community professionals and four members of staff. We received responses from one relative, two professionals and four members of the care staff team. There had been no people staying at the service since April 2017 and no people were available for us to speak with. However, we saw feedback they had given to staff at the end of their last respite stays.

We looked at two people's care plans, daily records and medication administration records. We also looked at staff training and supervision records. We saw a number of other documents relating to the management of the service. For example, the fire risk assessment, legionella risk assessment, improvement action plans, quality audit reports, concerns and compliments records and staff meeting minutes.

Is the service safe?

Our findings

At the last inspection on 9 May 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not assessed all risks to the health and safety of people using the service, had not done all that was reasonably practicable to mitigate any such risks and had not ensured that the premises were safe to use for their intended purpose. This included risks related to fire safety and scalds from hot water outlets and hot surfaces. In addition, the registered person had not taken steps to assess the risk of, and detect and control the spread of legionella.

At this inspection we found the provider had addressed the regulation breach. Actions had been taken to reduce the risks to people's health and safety when staying at the service. Measures had been put in place to ensure the service's ongoing compliance with legislation related to fire safety, the management and prevention of legionella and the safety of the premises.

Following our inspection the service had been visited by the local fire safety officer from the fire and rescue service. In addition, the provider had commissioned a fire safety company to carry out a fire risk assessment of the premises. Deficiencies in fire safety arrangements and monitoring had been identified and remedial work had been completed to address the concerns raised. Ongoing monitoring checks had been established to ensure any equipment issues were identified and dealt with quickly. An established fire safety company had been contracted to provide ongoing monitoring, servicing and maintenance of the fire safety system and equipment in place.

The premise's legionella risk assessment had been carried out the week after our inspection in May 2016. Recommendations from that report had been actioned and remedial action taken to address the identified concerns. Staff had received training in the required monitoring of the hot and cold water systems and routine weekly and monthly water checks had been introduced to be carried out by the staff at the service. A specialist company had been contracted to provide the required annual checks of the system to ensure the risk of legionella infection was minimised.

A full health and safety risk assessment had been developed and implemented, with the last one carried out in January 2017. Any identified issues had been dealt with. All showers had been fitted with thermostatic mixing valves to reduce the risk of people being scalded by water that was too hot and all radiators had been fitted with covers to prevent direct contact with the hot surfaces.

At the last inspection we found the rear garden was overgrown and not safe for people to use. The garden was cleared after our inspection and the provider had employed a gardener to attend once a month and carry out maintenance work. On the day of our visit the garden was clear and accessible and people had safe access to an outside space if they wanted.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure.

Community professionals felt risks to individuals were managed so that people were protected. A relative said they felt their family member was safe from abuse and/or harm when at the service.

Community professionals felt the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. One professional also commented on how the service made sure their female client always had female staff to provide their care, as requested. Staffing levels were calculated and implemented dependent on the needs of people who were booked to stay at any one time. Staff told us there were enough staff to enable them to provide the care and support people needed.

People were protected from risks associated with their care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reduced mobility or related to specific health conditions such as epilepsy.

Emergency plans were in place, such as emergency evacuation plans. Policies and procedures were in place for accidents and incidents to be recorded in people's care plans and reported to us as required, although there had been none since our last inspection. The service manager said any accidents or incidents would be fully investigated and measures would be put in place to reduce the risk of recurrence if needed. The service manager was aware of what action should be taken regarding the duty of candour in the event of a notifiable safety incident.

People were protected by the provider's recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. There had been no new staff employed to work at the service since our last inspection. At that time we found appropriate recruitment processes had been followed.

At the last inspection we noted that medicines were not being stored in line with current guidelines. Following that inspection the service purchased and installed an appropriate medicines cupboard that met the required standard. At this inspection we found people's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. Community professionals said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented that their client "Is always happy to attend the service and talk about plans for activities that they want to do whilst staying there."

The staff team comprised of the registered manager, the service manager and four support workers. The staff also worked at the provider's day centre and for the provider's domiciliary care service. Some of the five people who use the service also attended the provider's day centre and used the provider's domiciliary care service when they were not at the respite service. If extra staff were needed at the service, staff working at the provider's other services covered the shifts. This meant people received effective care and support from staff they knew and who knew them well.

New staff were provided with induction training designed to introduce them to the provider organisation as well as to the location and the people who use the service. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. The provider had contracted an external trainer to train staff across all their services. The trainer covered all new staff induction and also assessed staff competencies before they were considered to have passed their care certificate. No new staff had been employed since our last inspection.

Ongoing staff training was monitored and overseen by the service manager. The provider had a number of mandatory training topics which were updated on a regular basis. For example, training in fire safety awareness, first aid management, moving/handling and risk assessment and safeguarding adults. Other mandatory training included administration of medicine, food safety and infection control. The training records showed staff were up to date with their training. Additional training was provided based on specific needs of individual people. For example, epilepsy awareness and pressure area care. Staff felt they had the training they needed to enable them to meet people's needs, choices and preferences. A relative felt the staff had the skills and knowledge to give the care and support their family member needed.

People benefitted from receiving care from staff who were well supervised. Staff told us they received regular supervision and appraisal from their manager which enhanced their skills and learning. We saw that all staff had received supervision on a monthly basis since our last inspection.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA) and had a good understanding of their responsibilities to ensure people's rights to make their own decisions were promoted. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best

interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The service manager was aware of their responsibilities regarding DoLS and knew how to apply for a DoLS authorisation. Where applicable, the service manager was in touch with funding authorities to ensure DoLS applications were underway.

People were able to choose their meals each day of their stay. Staff supported people to make choices from their known preferences where necessary. Care plans listed people's preferences and likes and dislikes. Where people followed a cultural diet this had been identified at assessment and detailed in their care plan. Daily records showed their dietary requirements were followed when they stayed at the service.

Community professionals thought the service helped people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One community professional commented, "There has not been any cause for concern about the service user's health when they have stayed at the service." They also commented on how the service had followed professional guidance on how best to support a person in relation to their behaviour in certain circumstances.

Is the service caring?

Our findings

People were treated with care and kindness. Community professionals felt the service was successful in developing positive, caring relationships with people using the service. One professional told us, "The service has developed a positive relationship with my client - they have got to know them. They are aware of their needs and know the things they like and do not like and support them to access the types of activities that they will enjoy. When the service user stays at the service for respite, they have a room of their own, and are able to bring things from home that will help them to feel comfortable and settled." A relative said they were happy with the care and support their family member received when at the service and felt the support and care their family member received helped them to be as independent as they could be.

People's needs relating to equality and diversity were assessed at the start of the service. Care plans included detailed instructions to staff on what actions they needed to take to meet people's individual cultural needs. Those instructions included guidance on people's diet, hygiene and dress. Where applicable it was noted in the file that someone should receive care from a member of staff of the same gender. We saw this was adhered to during the person's stay at the service. Each person had an assessment of their communication needs, together with details of methods of communication specific to the person, to help staff when working with them.

People's likes, dislikes and how they liked things done were set out in their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence safely and wherever possible. The care plans were drawn up with people, using input from their relatives and from the local authority multi-disciplinary team. People were able to continue their usual daily activities, such as attending college or day centres when staying at the service.

People's wellbeing was protected and feedback people had given after their stay was positive and described how they had enjoyed their time at the service. Staff were knowledgeable about the people, their needs and what they liked to do. A relative said their family member received care from familiar and consistent staff and added, "They know her well."

Staff protected people's rights to privacy and dignity. Community professionals thought the service promoted and respected people's privacy and dignity. A relative said the care and support workers always treated their family member with respect and dignity and were kind and caring.

People's right to confidentiality was protected. All personal records were kept in a locked cabinet and were not left out in public areas of the service. One community professional said, as far as they were aware, "The staff ensure that they observe people's privacy – they knock and wait for permission to enter an individual's room and allow them the opportunity to spend private time in their room away from the rest of the house."

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. Community professionals told us they thought the service provided personalised care that was responsive to people's needs. One professional commented, "The service responds well to requests for respite stays and will consult with the family and myself if there are any issues meaning that they cannot respond to an individual's needs. The service will request additional assessments from appropriate services if the individual's needs change."

People's likes, dislikes and how they liked things done were known and incorporated into their care plans. The care plans were detailed and written in a way that gave staff a clear idea of the person as an individual. People's abilities were kept under review and any changes or increased dependence was noted in the daily records and added to the care plans. Any changes would also be discussed with the person's relative to ensure the change was known about. This meant people's needs and the care plans were kept up to date and any changes were verified. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals.

People who use the service continued with their usual daily activities, such as attending the provider's day centre during the week or attending college. People had a range of activities they could be involved in. In addition to group activities in the day centre, they were able to maintain hobbies and interests with staff providing support as required.

Staff were aware of which bedrooms people liked when they stayed and what they liked to be in their rooms. Where possible we saw staff had been able to provide people with the room they wanted. We also saw staff were aware of relationships between the different people who use the service. Although there were not usually more than one person at a time staying at the service, recently two people who had stayed at the same time knew each other from the past and were able to re-kindle their friendship.

People could be confident that concerns they raised would be listened to and relatives knew how to raise issues. Care plans detailed signs of distress people may demonstrate if they were anxious. This meant staff could recognise early signs of concern or distress from people staying at the service and take prompt and appropriate action to reassure people when needed. One community professional commented, "The management has responded to any concerns that I may have had in relation to the service user. They have made sure that staff have been informed of any important information that has affected the care of the individual." Complaints were recorded and the records showed any concerns were addressed, with resolutions being recorded along with actions taken.

Is the service well-led?

Our findings

At the last inspection on 9 May 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not assessed all risks to the health and safety of people using the service and had not implemented effective systems to ensure they could monitor and assess that the fundamental standards of quality and safety were being met.

At this inspection we found the provider had addressed the regulation breach. Actions had been taken and measures put in place to ensure the service's ongoing compliance with legislation relating to the fundamental standards.

The provider had implemented a number of new audits and monitoring systems at the service. For example, a full health and safety audit, fire and legionella risk assessments and ongoing safety monitoring systems. Spot checks had been introduced when people were staying at the service. A comprehensive audit of the service had been introduced and carried out monthly. This audit covered aspects of the service and care provided such as medicines, finance, records, staff records, supervision records and the condition and cleanliness of the premises. The introduction of these systems had helped the provider meet the previous requirement notices and enabled continued compliance at the service. This enabled the registered manager to monitor the service provision and ensure that the quality of care provided was maintained and any deficits identified and rectified for the benefit of people who use the service.

People benefitted from staying at a service that had an open and friendly culture. Staff told us they felt supported by the management team and enjoyed working at the service. They said managers were accessible and approachable and dealt effectively with any concerns they raised. They said they would feel confident about reporting any concerns or poor practice to the managers. One staff member commented, "I am happy with my job. The manager is always helping. It is like a family." Another told us, "I'm so grateful to be a part of this company. I get great support from management."

Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff said they got on well together and that management worked with them as a team. Staff had the opportunity to talk with their managers informally anytime they wanted and formally in their supervision meetings. Staff meetings took place every month where staff were able to raise concerns or ideas and where ongoing plans for the service were discussed and shared.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. The service had a registered manager registered with CQC to manage the service and all other registration requirements were being met. Although there had been no incidents or accidents in the previous year, the service manager was aware of when and how to make notifications to CQC. Notifications are events that the registered person is required by law to inform us of. Management records were up to date and kept confidential where required.

Community professionals thought the service delivered high quality care and worked well in partnership

with them. One professional told us, "My experience has been that they are happy to work with other agencies, including health care professionals." They added, "In terms of care for my service user, I would say the care is of a very good quality."