Living Ambitions Limited

# Living Ambitions Limited - Wigan Respite Service

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

Wigan Respite Service, known internally as 'the bungalow' provides respite accommodation and personal care for up to 4 people at any one time. The service currently has 25 people who access Wigan Respite service. This inspection was unannounced and carried out on 20 June 2016. This was the first inspection at the current location.

Due to people's complex needs, we only spoke to one person who accessed the service at the time of the inspection. We spoke with four relatives of people who used the service and one health care professional. We received mixed views about the quality of the service and the way it was run.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; Person-centred care and Good governance. You can see what action we told the provider to take at the back of the full version of this report.

The service is required to have a 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.

At the time of the inspection, the service was undergoing a change in management which meant there had been three providers in the past year. We received a mixed response regarding whether staff felt supported in their role and ascertained the staff team felt there was ambiguity in the management structure which had caused the team to be fragmented. We found the management to be transparent and honest regarding the current position of the respite service and they identified clear plans in achievable timeframes to progress the service.

The people we spoke with told us they felt comfortable and safe at the service. The staff we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns. People were protected against the risks of abuse because the service had a robust recruitment procedure in place.

We saw appropriate arrangements were in place for the management of medicines. Systems were in place to manage and reduce risks to people. In people's care files we saw comprehensive risk assessments and care plans to mitigate risks.

People's families and advocates were instrumental in decision making when people lacked capacity but the service was not working within the legal requirements of the Mental Capacity Act (2005) (MCA). The registered manager acknowledged that this was an area for improvement and was liaising with the local authority to address this.

The service had a training matrix to monitor the training requirements of staff. Staff received appropriate training, supervision and appraisal to support them in their role.

People's nutritional needs were met depending on their individual assessed needs and people told us they were offered choice at mealtimes and were supported to make their own snacks.

People were supported by staff that were compassionate and treated them with dignity and respect. People and their relatives told us the staff promoted people's independence as much as possible. People told us that staff provided choices and we ascertained people felt empowered to make their own decisions.

We received some concerns from relatives and a health care professional regarding the level of support provided to people in relation to their self –care and that on occasions it had been reported that people had left the service unshaved, with toothpaste residue around their mouth or teeth not cleaned.

The service had an appropriate complaints policy in place and relatives told us they were aware of the complaints procedure. We saw complaints had been followed up by the service but two relatives told us there complaint was ongoing and had not been rectified.
The biggest concern expressed centred around the current booking system to schedule a respite stay. We were informed the current system was not working and that bookings had been changed at short notice.

We saw quality audits were undertaken and satisfaction surveys were sent to establish people's view to improve the service.

The management acknowledged there had been significant changes to the leadership in a short space of time and that there hadn't been consistency with supervision, team meetings, training and sickness management. Staff were open and insightful regarding the recent challenges but we found them to be motivated to work with the manager to improve the service and their commitment to the people that accessed the service was evident throughout our inspection.

The overall re-rating for this provider is 'Requires improvement' but there were domains rated as good and we acknowledge the commitment shown by the management to address other areas throughout the inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Risks to people's health and safety were appropriately managed. Documentation was in place showing how identified risks were to be managed and staff had a good understanding of the people they were caring for, which helped to keep them safe.

There were robust recruitment procedures in place and enough staff on duty to meet people's individual needs and keep them safe.

Staff had a good understanding of safeguarding people from abuse.

Medicines were stored and administered safely.

### Is the service effective?

Requires Improvement

The service was effective

Staff had received specialist training to enable them to provide appropriate support to the people who lived at the service.

People's families and advocates were instrumental in decision making when people lacked capacity but the service was not working within the legal requirements of the Mental Capacity Act (2005) (MCA).

People were supported to have a healthy diet dependent on their assessed needs.

### Is the service caring?

Good

The service was caring

Staff spoke of people accessing the service with kindness and compassion.

People were treated with respect and their privacy and dignity were promoted.

People were supported to be as independent as possible in their daily lives.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive

People's support needs had been assessed but they had not been regularly reviewed to ensure staff had up-to-date information.

People were supported to participate in activities both inside and outside of the service.

Relatives of people who accessed the service told us they knew how to complain but some relatives reported their concerns were ongoing and had not been resolved.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

Relatives of people who accessed the service and a health care professional outlined the difficulties and ambiguity of the current booking system.

Staff were unclear about management lines of accountability and responsibility but felt that the service was moving in the right direction.

The management were open, honest and transparent regarding where the service currently was. There were appropriate plans and timescales in place to improve the service.

# Living Ambitions Limited - Wigan 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 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.

This inspection took place on the 20 June 2016 and was unannounced. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

We asked people, their relatives and health care professionals for their views about the service and facilities provided. During our inspection we spoke with the following people:

• One person who attended Wigan Respite service.
• Four relatives of people who accessed the service by telephone
• 6 members of staff, which included; senior service manager, current registered manager, manager and three support workers.

We looked at documentation including:
• Two care files and associated documentation
• Staff records including staff rotas, recruitment, training and supervision
• Three Medication Administration Records (MAR)
• Audits and quality assurance
• A variety of policies and procedures
• Compliments/complaints received

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is

information about important events, which the service is required to send us by law.

We liaised with the local authority before our inspection and they informed us that the service was undergoing a further change in management. We established that this had resulted in some procedural changes which had caused some disruption to the service and staff to leave.

Good

# Is the service safe?

## Our findings

We asked people and their relatives whether there were any concerns regarding people's safety when accessing the service. One person told us; "I'm comfortable here. I feel safe." Relatives said; "I think [person] is safe and secure at the centre." "I feel the centre is safe and secure. People know the service in the area. The environment is good. It's safe." "I've a lot of confidence that [person] is safe when at the respite service."

During the inspection we spoke with staff to ascertain their understanding of safeguarding vulnerable adults and whistleblowing procedures. We saw there was an appropriate policy and procedure available which detailed local protocols, and the service induction and mandatory training programme further strengthened staff knowledge in this area. Staff told us; "I completed safeguarding training a year ago. Policy and local procedures to follow are in the file. We have access to people's money, medication and support with personal care. A potential concern could arise from any of those areas. I'd report any concerns to my line manager and provide a statement." "Safeguarding could be sexual, financial, psychological, and physical. If I had concerns, I would document them and speak to my manager. If I saw bruises, I'd highlight them with staff and the manager and complete a body map." All the staff identified internal and external procedures if required to pursue whistleblowing process.

Financial records were maintained for each person. This included a log of money brought into the service, expenditure and any money taken out. This was signed by staff to ensure there was an audit trail. A relatives told us; "I have no concerns about how they manage [person's] money. The finances are well managed and we always get receipts for everything."

People were protected against the risks of abuse because the service had a robust recruitment procedure in place. We looked at four staff files and saw each file contained an application form, interview questions, offer of employment letter, proof of identity and two references. Each new employee was subject to a Disclosure and Barring Services (DBS) check to help ensure they were suitable to work with vulnerable people. These had been obtained before staff started work at the service and demonstrated staff had been recruited safely.

There was sufficient staff deployed to keep people safe. The service catered for a maximum of four people at any one time and we saw the rota was devised in line with the needs of the people scheduled to stay at the service. We noted that during the day, there was one member of staff per person. At night, we saw if one of the people staying at the service had complex needs there was one member of waking staff and one sleep. If there were two people with complex needs, there were two waking members of staff and one sleep. Staff verified this and told us; "We didn't have enough staff but we have had new staff start now. There is always a member of staff per person in the day and a minimum of one waking member of staff and one sleeping member of staff at night. We sometimes have two waking members. It depends on who's staying and their needs."

Systems were in place to manage and reduce risks to people. In people's care files we saw comprehensive risk assessments and care plans to mitigate risks. We saw risk assessments were devised depending on

people's individual needs. For example, in one care file we saw comprehensive risk assessments and care plans regarding the support the person needed when eating, showering, shaving, cooking, making a hot drink, sleeping, decision making and using public transport. We saw these assessments were signed by staff and we were told that people's assessed needs were discussed at handover and prior to them accessing respite. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence.

We saw appropriate arrangements were in place for the management of medicines. A medication policy was in place. Staff administering medication had completed medication training and undergone a competency check to ensure they had the correct skills and knowledge to safely administer medication.

Staff we spoke with had a good understanding of the medicines they were administering and people accessing the service and their relatives told us they had no concerns regarding the services handling of medicines.

People's medicines were stored safely in secure medicines cupboards in their bedrooms. Due to the nature of the respite service, medicines were booked in when people arrived and booked out when they left. Stock counts were conducted on arrival and departure to check for any discrepancies. Records of administration were kept each time a person accessed the respite service to ensure that all medicines were accounted for. We noted that there were medication plans in place which detailed the medicines people took and the level of support they required but it did not contain important information about the medication prescribed and possible side effects. We fed this back to the registered manager and they implemented this prior to us completing the inspection.

People who used the service were protected against the risks of unsafe or unsuitable premises. We saw in the 'health and safety checks file' evidence of service records for gas installation, electrical wiring and portable appliance testing (PAT). Checks had been completed on fire safety equipment and fire safety checks were completed in line with the provider's policy. A series of risk assessments were in place relating to health and safety and daily checks undertaken relating to food temperatures, fridge and freezer and fire safety.

Due to the nature of the service, we asked staff what they would do in the event of a person requiring medical assistance. All the staff described how they would escalate health concerns and indicated that they would liaise with people's families if there was a concern. They told us they could; enrol the person with the local GP as a temporary resident, call out of hour's pharmacy for advice and that they wouldn't hesitate to contact emergency services if they were really concerned.

People had a personal emergency evacuation plan (PEEP) in place which was colour coded and indicated at a glance whether a person could self -evacuate or would require physical assistance. PEEPs are a record of how each person should be supported if the building needs to be evacuated. A fire training sheet was signed by staff and fire drills occurred regularly. We saw there was an on-call rota for staff to contact out of hours and a business continuity plan in place. This showed us the service had plans in place in the event of an emergency situation.

Requires Improvement

# Is the service effective?

## Our findings

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

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

Staff at the service had completed training and had a good understanding of the Mental Capacity Act 2005. Staff told us; "If people have capacity, they make their own choice. I may think they've made a bad one, which I would advise, but ultimately [people] are able to make bad choices." "We've attended MCA and DoLS training. All the people that attend here have family that would support them with decisions. If a person didn't have capacity, it doesn't mean that the person can't be given choices." "If people have capacity, they make their own decisions. It's difficult with people's families because they sometimes want different things. People can make unwise choices; we can advise against it but ultimately its people's choices otherwise we'd be depriving people of their liberty."

The management acknowledged there was some ambiguity at the service regarding DoLS as people only reside at the service for a night or a weekend and do not live at the service permanently. The service had not submitted any DoLS applications to the local authority. We saw the philosophy of care was based on providing the least restrictive option, care planning focused on maintaining and promoting people's independence and people were encouraged to go outside where possible. However, we noted that some people that accessed the service did not have capacity and the management team confirmed these people had restrictions placed on them as they could not leave the home without support. We confirmed that families had been consulted and agreed to these restrictions as their relative did not have the capacity to maintain their own safety in the community. Staff told us if people wanted to go out or approached the front door to be opened, they would support people to go out. If people wanted to leave the service, they would attempt to persuade them to stay and would ring their families if they were insistent that they wanted to leave. Ultimately people were not free to leave the service and those people who did not have capacity to consent to this were receiving respite care without the required authorisation to lawfully restrict their liberty.

We recommend that the service seek advice and guidance from a reputable source regarding the application of the 'acid test' in making decisions regarding DoLS. The acid test sets out two questions; is the person subject to continuous supervision and control? And is the person free to leave?

One person who accessed the service told us; "The staff know what they are doing. They support me in and out of bed with the hoist and sling. I'm never uncomfortable or in pain."

There was a staff induction programme in place, which staff were expected to complete when they first began working for the service. Current staff had completed an induction which consisted of mandatory training, shadowing a more experienced member of staff and having their competencies assessed prior to working alone. A staff member told us; "I had an induction which included; medication, mental capacity, safeguarding, moving & handling and I shadowed before starting on my own." A second member of staff told us that they had received an induction and further training following a period of absence from work.

We saw the care certificate had recently been introduced to the service. The manager told us that new staff would complete the care certificate and then the management were rolling this out to existing staff. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control.

We looked at the training matrix which clearly identified when staff had last completed training and when updates were due. We saw staff completed training in; learning disability awareness, first aid, moving and positioning, health and safety, fire safety, safeguarding, food safety, medication, behavioural communication, infection control and epilepsy. Staff told us training opportunities had improved following a change in provider; "There is now support for ongoing training; positive behavioural support and NVQ's." "Training has improved since lifeways; we have more opportunities. For example; dementia training, autism, down syndrome. We didn't have this before." "We get relevant training. For example; I have just had peg training."

Staff told us that historically supervision hadn't been conducted consistently but this had improved and staff confirmed they had received a supervision and appraisal of their work performance in the past six months. We looked at the supervision policy which didn't identify a timeframe for the frequency but identified staff would receive regular supervision. Appraisals were identified as six monthly. The manager indicated that supervision would be completed as a minimum six monthly or more frequently if required. Staff told us; "Supervision has improved. It's every three months and I had an appraisal a couple of weeks ago." "I've just had supervision. I haven't been back long so I haven't had an appraisal."

People's nutritional needs were met depending on their individual assessed needs. Some people required support to eat and drink through the use of a 'PEG' which is a tube that takes nutrition straight into the stomach. We saw staff had received the required training to support this. Other people required diets which took in to account their ability to process certain foods, diets that were fortified to support weight gain and diets low in fat to support weight loss. Staff were able to tell us what people's support needs were. For example; who required a soft diet and who needed there food cut in to small pieces. Staff told us; "We offer [people] choice about food. There are people that are underweight and overweight. We support people with their dietary needs and have the healthy plate poster on the wall. We offer milkshakes to the person that is underweight but they decline. We always grill foods rather than frying."

People who used the service told us; "We get a choice of food and what we want." However, we received mixed comments from relatives regarding the service's adherence to people's dietary needs. Comments from relatives included; "[Person] needs support with their food but they can eat independently. The staff are good in that area. [Person] is never hungry when they get home." "They write down what food and drink [person] has had for each meal and inform us so we know they are monitoring it." "[Person] is monitored when eating. There have been no incidents; they take good care of [person]." "I've had some concerns that plans haven't been adhered to and [person] has been given foods they shouldn't. When I have expressed concern, staff told me [person] wanted them and didn't choke but choking could be something that only

happened once."

We saw in each person's file a booklet entitled 'hospital information for people with learning disabilities'. This contained clear information on people's health and social care needs to be passed to the hospital should an admission occur. The information was RAG rated; Red for information that medical staff must know about the person. For example, communication needs, medical information and important contacts. Amber detailed things of importance to the person, for example, sleeping regime, personal care an pain management. Green identified the person's likes and dislikes. We saw the service had good links with day services that people attended and shared information. Good working relationships with external health professionals were in place, for example speech and language therapists and social work professionals.

We saw minutes from a planning meeting which demonstrated management had engaged with people accessing the service to discuss the environment. The meeting concentrated on the bedrooms, communal areas and outdoor area. During the inspection we noted how this consultation had influenced the décor of the home. The bedrooms had been themed as per people's request and were named; the jungle room, the graffiti room, the marvel room and the beach room. A sensory room had been updated and contained large bean bags for comfort, musical instrument, light projectors and water features. The communal area had a pool table, new sofas and a television and the facilities were appropriately equipped to meet people's needs.

Good

# Is the service caring?

## Our findings

During our inspection, we observed staff to be caring and saw that positive relationships had developed between staff and people who used the service. A person who used the service told us; "The staff are all nice. They are all very good."

During our inspection we contacted people's relatives by telephone to ascertain their views regarding the care provided and whether the staff responded to their family member with kindness and compassion. Relatives told us; "[Person] absolutely loves it. They run down the path when we arrive and absolutely love being there. The staff are really good with [person]. I'm very happy. All the staff are very good. I find them to be caring people and they are like friends to [person]." "[Person] really loves going to respite, they get so excited and screech with excitement as soon as we set off. [Person] gets more excited as they recognise the route and we get closer to the service." "The care is brilliant. Staff are very caring. They are great." "I've a lot of confidence in the staff. The staff are very caring. [Person] has took to all the staff, they love the home." "Most of the staff and people are genuinely lovely. They just need good management."

We asked people who used the service if they felt they were treated with dignity and respect by the staff who cared for them. A person told us; "I'm treated with dignity and respect." We received a mixed response from relatives. Comments included; "Absolutely. I've certainly no reason to think otherwise." "I think the staff do their best but they don't know what it's like for [people]. How can they without experiencing it. Have they ever been in a hoist? Fed by somebody else. Staff need to do that to understand how to meet other people's needs."

Staff described how they protected people's privacy and dignity when engaging with people or performing personal care tasks; "We always knock on people's door. Some people through their own choice sleep with their bedroom door open. I would still knock and pop my head round and wait to be invited in." "We respect people's wishes and promote females working with females and males working with males. Personal care is done in the bathroom or bedroom and the door is always shut. People are covered with a towel and we are always discrete when supporting clinical tasks." "When supporting people with personal care, I always consider how I would like it done. Doors are shut, curtains round people, ask people if they would like assistance."

Relatives told us staff tried to promote their family members independence as much as possible and staff told us how they aimed to do this when delivering care to people. Relatives told us; "When [person] arrives at the centre, they go straight in to the kitchen and prepare their own drink." "The respite service is the best thing [person] has had in a long time. [Person] is coming on so much. It's changed [person's] life and ours. [Person's] personality has changed, they are so much more confident since having the independence away from us." Staff comments included; "People get to be themselves. Staff will encourage [people] to try new things. We encourage [people's] life skills; shopping, cooking and washing." "Coming here is a second home to people. We try and strike that balance between supporting people to be independent but also acknowledging that people come here for a break/ a rest and we want it to be fun." "People will help us and with things, the best that people can do."

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though well-developed, person-centred care planning. The documentation enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives and meet their individual needs. A staff member told us how they adapted their communication to meet people's individual needs and described using Makaton, picture boards, relatives and that staff had watched a dvd with a person's relative as the person did not communicate using traditional sign. The staff member told us; "Finger signs are also useful as it helps settle people. We get to know people and how they communicate. It's about building trust with the person. One person comes and takes our hand to take us to what they want." This demonstrated that staff adapted to people's needs and people who used the service were not excluded.

People told us that staff provided choices and we ascertained people felt empowered to make their own decisions. A person who used the service told us; "We have a choice in whatever we want to do." Staff told us; "People have choice around what they eat, what they want to do for the day."

We ascertained that people were able to receive visitors whenever they wanted when they accessed the respite service. Relatives told us,"I sometimes pop down on spec to visit person with a family member and the service never have a problem with it." "The staff give me lots of reassurance. They've told me if I'm ever worried when [person] is there that I can always pop down and that I can go anytime."

Requires Improvement

# Is the service responsive?

## Our findings

We saw that staff conducted an initial assessment to establish people's needs before people accessed the service. A person told us; "The service did an initial assessment with me and my family. We told the staff what care was needed and what the staff would need to do for me."

We looked at a sample of initial assessments completed and saw they covered areas such as; person's support needs, the characteristics interests and hobbies that the person would like staff to have, the things that make the person happy and sad, the things the person can do for themselves, favourite things, hopes for the future, fears, things person would like to change, communication, relationships, important dates, social interactions, health needs, finances and personal care support.

We asked people, their relatives and a healthcare professional if people received personalised care that was responsive to their individual needs and preferences. We received some concerns regarding the level of support provided to people in relation to their self -care. Relatives told us; "When [person] is at the centre, they support [person] with a bath but they don't shave [person]. I've offered to go down and show them how to shave [person] but they haven't taken me up on it and it still doesn't happen." "Personal care is not good. [Person] is sent out and hasn't been showered. [Person] doesn't look clean. Not shaved. I've offered to go in and show them but it always gets cancelled." "[People] do need choices but give [people] the choice of a bath or shower. Not a bath or none at all. [Person] likes to smell nice. They would be devastated if they were told that they didn't." A healthcare professional corroborated that a regular criticism they receive regarding the service is regarding the level of personal care provided and that people leave the service unshaved, with toothpaste residue around their mouth or teeth not cleaned.

This was a breach of Regulation 9 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014; person-centred care.

We discussed the development and review of the support plans with the management as it was noted that reviews had not been conducted consistently. The management acknowledged this and were in the process of updating care records following a change of provider. Relatives told us that they engaged with the service regularly and a healthcare professional confirmed that although they hadn't attended a formal review meeting, they had attended team meetings when needed to discuss specific areas.

When receiving respite care a person told us they could do the things they wanted to do; "Staff give me a choice of what I want to do. I like to play my x-box with staff or they take me to the pub and shops." Relatives told us; "The staff encourage [Person's] the freedom which is what we want. [Person] went to a scarecrow festival at weekend and they often got to the pub for lunch and a pint. [Person] always makes sure they have their wallet when they go to the service ready for when they go out." "[Person] loves public transport. They take [person] out all the time on the bus and train. [Person] loves it. It looks like [person] is out with their mates. [Person] loves their music and that is encouraged." A relative told us they didn't feel the staff were creative in exploring alternative options for people to try and engage with in the community. They told us; "The staff take people to the same places. There is much more going on in the area that is age appropriate

and they don't seem to get that. [Person] spends a lot of time on their electrics. I would like to see [Person] do more."

Staff told us; "We look on the computer at what is going on in the area. We have barbecues, if people are interested we bake cakes and biscuits. The females like nail art and things. We are always out at weekend. The day service is only just starting so I'm not sure what that will be like." "We go to the cinema, bowling, special events, parties, for something to eat. It's up to what the person wants to do."

The service had an appropriate complaints policy in place and relatives told us they were aware of the complaints procedure. We saw complaints had been followed up by the service but two relatives told us there complaint was ongoing and had not been rectified. "I've verbally complained about the booking system and my concerns about the administration but I'm starting to feel that I need to escalate it because it hasn't improved." "I've made suggestions about things but it doesn't change. For example, we've discussed many times that it isn't nice for people having the bathrooms as you walk through the front door. It's been discussed making the entrance at the back and making something of the garden but it doesn't happen." A person who used the service told us; "I've never had to make a complaint. I'd be comfortable to make one if I had an issue." Relatives told us; "I've never made a complaint. I would speak to the manager or social worker. They are very good and would sort it." Staff told us; "We've had complaints off a couple of parents. I pass to the managers and they deal with them."

Requires Improvement

# Is the service well-led?

## Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was not at the service when we arrived. The manager that was available explained that they now provided daily oversight and would be applying to be the registered manager at the service. They contacted the current registered manager, who arrived at the service promptly to facilitate the inspection. We were told that the service was undergoing a change in leadership and the current registered manager was no longer providing overall management to the service. This was provided by a manager from Lifeways which was a provider that was in the process of taking over the service from Living Ambitions. This meant there had been three providers in the past year and each provider had changed processes, paperwork and systems.

We received a mixed response regarding whether staff felt supported in their role. We ascertained the staff team felt there was ambiguity in the management structure which had caused the team to be fragmented. Staff told us; "It's been a difficult transition between the different managers. Managers are not singing from same hymn sheet. It's felt like the staff were running the place." "The philosophy changes between companies and it's been turbulent. We need a commitment and presence from one manager. All these changes are not helpful for a service. Morale is poor in the team, we need the manager to get to know us and the people and to give us a firm grounding." "We are transitioning at the minute. The previous manager made big improvements and the new manager is making big changes but they are nice."

We were told the biggest impact of these changes was on scheduling a respite stay. A health care professional explained the service had recently failed to facilitate their commitment to support a respite stay that had been scheduled three months in advance. The healthcare professional expressed their disappointment as this had occurred following repeated reassurance from the respite manager that all the necessary staff and arrangements were in place.

Relatives also expressed dissatisfaction with the current system to schedule a respite stay. They told us; "The booking system is just not working. We don't know where we are. We get short notice to changes and we don't receive confirmation of bookings or notice of changes. We had a weekend booked and then we were told that the management would have to look that it was available and not booked up. We rely on the service for breaks away and need to plan ahead." "The diaries are no longer held on site which is causing problems with bookings. It's not the staff's fault, it's the management. I have absolutely no concerns about the care. It's just the administration side that's letting things down." "I think they should try and book [people] in when their friends are there. [Person] always asks who will be there when they go and I can't tell them." One relative told us they had not encountered this issue; "I've not had a problem with bookings yet but [Person] has only been going for a short time and I've just written down the weekends that we'd like."

Staff told us; "People's compatibility with others is not being considered when booking people to stay." "There are issues. The changes in management have effected communication and there is uncertainty amongst staff. This affects bookings and it feels fractured with some families." A health care professional mirrored this concern and explained that they felt there was a lack of communication between staff and the manager. They explained that they coordinated respite stays with the manager but then they would receive repeated calls from staff enquiring as to what the plans were.

This was a breach of Regulation 17 of the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014; good governance.

One person told us; "The management are good. I'd recommend the service. I have no negatives to say". We received mixed responses from relatives regarding the quality of the service and the way in which it was run. A relative told us; "Overall the service is not good. I wouldn't recommend it currently. There have been three managers in post in a short space of time. The culture isn't right because the staff don't know who is leading them. Each manager says it will improve but it doesn't. The quality of a service shouldn't be affected by the change in manager if everything is stable." Other relative comments included; "I think the service is well managed from what I have seen." I don't like ringing because it's [person's] time and the staff used to text me to let me know things were okay but that doesn't seem to happen now. I do like the service and I would recommend it to others."

The service sent satisfaction surveys to people who used the service and their relatives. This provided the opportunity for people to provide feedback about the service they received and recommend how the service could be improved. We noted that only three surveys had been returned and the responses obtained had been positive.

We saw a quality audit had been conducted on 06 June 2016 which was devised in line with the key lines of enquiry (K.L.O.E's). The quality audit had identified DoLS as an action point and the registered manager indicated that this was an area for improvement and they were liaising with the local authority to address the needs of the respite service. There were also plans for another respite service in the provider group to undertake an audit of Wigan respite so that learning could be shared across care facilities. Accidents and incidents were recorded and seen by the registered manager, area manager and head office. The information was analysed to highlight any trends or patterns.

We saw team meetings were conducted and the staff told us they felt this was an area that had improved recently. Staff told us; "Team meetings are becoming more consistent. I can see improvements with the files and paperwork. There is more presence from management and more direction. I think it is a good service." "Team meetings are more regular. We had a team meeting two weeks ago." "Team meetings are important to us but they are ad hoc and we don't get timescales for things." We saw the team meetings were named positive and productive meeting and an action plan was formulated during the meeting detailing the outcome of a discussion area, the action be taken, the timeframe to be achieved and who was responsible.

We found the management to be transparent and honest regarding the current position of the respite service and they identified clear plans in achievable timeframes to progress the service. The management acknowledged there had been significant changes to the leadership in a short space of time and that there hadn't been the consistency with supervision, team meetings, training and sickness management. Staff were open and insightful regarding the recent challenges but we found them to be motivated to work with the manager to improve the service and their commitment to the people that accessed the service was evident throughout our inspection. Staff told us; "I love working here. It's the best job I've ever had." "It's a brilliant staff team, the best. I really enjoy working here, I enjoy working with the team, the people and

everything about the job." "It is a good service. The staff are all lovely, we are a good team." "We are adaptable to everybody we support. We've had issues with all the changes in management but we are a good service. I wouldn't hesitate at my son or daughter coming here."

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>How the regulation was not being met: care and treatment delivered to service users was not meeting their needs. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>How the regulation was not being met: feedback was not being acted upon for the purpose of continually evaluating and improving the service. |