

Persona Care and Support Limited

Woodbury Short Stay and Shared Lives Scheme

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was announced and took place on 22, 24 and 30 August 2017. The services were previously registered under Bury Council and had opted out of local authority control to create Persona Care and Support Limited a new legal entity. This was the first inspection of Woodbury Short Stay and Shared Lives Scheme since the change in legal entity.

Just before our inspection we were informed that, due to a restructure the registered manager for Persona Domiciliary Support Service was also to become the registered manager for Woodbury Short Stay and Shared Lives Scheme. The registered provider had formally notified us of this and this change was scheduled to take place in October 2017.

Woodbury Short Stay provides respite care and support to people between 18 and 65 years of age who have a recognised learning disability. At the time of our inspection, three people were using Woodbury Short Stay for respite and one person was staying as an emergency admission.

The Shared Lives Scheme recruits carers to offer family based care and support for people over eighteen years of age. At the time of our visit 22 shared lives carers were supporting 25 people either in long term, respite or day placements. There were 12 people in long-term placements, three people using respite placements and 10 people using the day support or befriending service.

At this inspection, we found four breaches in the regulations, which are the fundamental standards. This was because medicines were not safely managed, risk assessments relating to two people's specific care needs were not up to date, staff training records were not up to date, and the services governance systems had not identified the shortfalls. Although we saw a range of records at the Shared Lives Scheme office, we did not see any records of people's care and support at the shared lives carers' home.

The service had a manager who was registered with Care Quality Commission (CQC). 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 outgoing registered manager of Woodbury Short Stay and Shared Lives Scheme was present during this inspection.

Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse.

Procedures were in place to help ensure staff were safely recruited to ensure that people were not supported by staff who were unsuitable to work with vulnerable people.

People received reliable, consistent and flexible support from staff and shared lives carers who knew them

well.

We saw sufficient numbers of support workers, supported by additional casual and agency staff at Woodbury Short Stay to help ensure people's assessed needs and wishes were met.

We were informed that the Shared Lives Scheme was over capacity in relation to shared lives carers and shared lives workers to support them. However, we saw that a further part time shared lives worker was in the process of being recruited. The registered provider told us they were in discussion with local authority commissioners looking at ways to develop the scheme.

Systems were in place to reduce the risk of cross infection.

At Woodbury Short Stay people's fluid and food intake was closely monitored.

Significant improvements been made to Woodbury Short Stay in the new service. The service used new technology where appropriate to help promote peoples independence.

The atmosphere at Woodbury Short Stay was seen to be calm and relaxed and people appeared happy to be there.

People had the opportunity to be involved in social activities.

There had been no complaints or concerns raised about both services in the past year.

Staff members we spoke with said the registered manager was very approachable and supportive.

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.

Medicines were not managed in a safe way.

Risk assessments for people's specific health needs were not always in place and up to date.

Systems were in place to control and prevent the spread of infection.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff training records were not up to date in relation to people's specific health needs, supervision and appraisal.

People were supported to maintain food and fluid intake.

There were significant improvements to the premise at Woodbury Short Stay and technology was used to help promote people's independence.

Requires Improvement ●

Is the service caring?

The service was caring.

The atmosphere at Woodbury Short Stay was relaxed and friendly.

We observed staff were caring towards the people they supported.

Staff and shared lives carers were knowledgeable about the people they supported.

Good ●

Is the service responsive?

The service was responsive.

People had care plans in place, which were person-centred.

Good ●

The service had a system in place to receive and respond to complaints.

Is the service well-led?

The service was not always well led.

The provider's quality assurance process did not always identify the shortfalls we found.

Staff said the registered manager was approachable and always willing to listen and help.

Requires Improvement ●

Woodbury Short Stay and Shared Lives Scheme

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.

The inspection was undertaken by two adult care inspectors, took place on 22, 24 and 30 August 2017 and was announced. The provider was given notice because the location included a shared lives service and we needed to be sure that someone would be available to support us with our inspection.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams. They raised no concerns about the care and support people received from the service.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. Due to technical reasons, we did not receive this; however, the registered manager was able to provide us with a completed copy that gave us information about the service.

During our inspection, we visited Woodbury Short Stay and spent time with four people who were using the service including a person who used shared lives and a person who used the Shared Lives Scheme. We spoke with the registered manager, the Customer Experience and Quality Lead Officer, a senior support worker, two support workers, one support assistant and an agency worker. With their permission, we visited three shared lives carers.

We reviewed a range of records relating to how the service was managed; these included three people's care records and staff training records.

Is the service safe?

Our findings

We looked at the arrangements for the administration of medicines. At Woodbury Short Stay, we saw that medicines were kept in a lockable cupboard within a lockable cabinet. The service also had a medicines fridge, which was kept in the staff sleep in room.

The support worker on duty was responsible for administering medicines including agency staff on duty who had received appropriate training. We noted that the signature and the initial sheet for staff that were authorised by the registered provider to administer medicines had not been updated since 30 March 2017 and that staff, particularly agency had not been added.

When people came to stay at Woodbury Short Stay we were told that their medicines were brought in their original containers, the date was checked, the last prescription was checked and any new medicines were checked with the person's doctor. Because people were bringing their medicines with them the medicines administration forms were handwritten. We saw that the handwritten entries on booking in and signing out were not always clear, particularly for bottles of liquid medicines, and had not been double signed to confirm that the entries were correct. We also saw the wrong directions for use for the person using the service in an emergency. No body maps were used to direct staff as to where creams needed to be applied when supporting people. The medication audits had not picked up this issue.

We were told that there was no one using controlled medicines that potentially could be misused or was receiving their medicines covertly without their knowledge. We saw that medication error report forms were maintained and action that needed to be taken to prevent a reoccurrence. The registered provider monitored these incidents.

At the shared lives scheme, we were not shown any medicines administration sheets (MAR) or risk assessments to show that one person who was at risk of seizures was safe to administer their own medicines. Following our inspection the registered manager told us they would request more detail on the medicines for the person and send out the reviewed medication procedure and MAR sheets to all shared lives carers. One shared lives carer told us that they had received medication training even though they did not administer medicines. We saw on training records that five shared lives carers needed to update their medicines training.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked at what risk management plans were in place to guide staff on the action to take to mitigate the identified risks of the people they support. We saw that risk assessments were on the people's files we reviewed. However, we raised concerns about the lack of an up to date speech and language assessment for one person where concerns had been identified by staff at Woodbury and an epilepsy management plan for a second person who used the shared lives scheme. The registered manager took action to follow up these issues following our inspection.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Relatives we spoke with told us that although their relative had limited ability to communicate with them they would know if the person was unhappy at Woodbury Short Stay. They said, "It feels like it is home from home, it is more like going to Auntie's" and "[Relative] sleeps better here than at home." They said they could ring to check that everything was 'okay' and have felt able to leave their relative for an extended period.

Staff we spoke with at Woodbury Short Stay were able to demonstrate their knowledge of safeguarding and whistle-blowing procedures. They said issues would normally be raised with their line manager unless there was a possible conflict there when they would raise it with a more senior manager. A support worker told us they were "Absolutely confident, [registered manager] would do something about it", "They would definitely take you seriously and we are encouraged to raise concerns" and "When I reflect on the day I have never thought that something wasn't right."

Shared lives carers confirmed that they had received safeguarding training. One shared lives carer told us that they would contact the office unless it was an emergency and then they would contact the emergency services. Other shared carers told us that they completed finance management sheets and these were taken into the office to help ensure financial accountability.

The Customer Experience and Quality Lead Officer told us about the values based recruitment process that Persona had recently adopted, which included Woodbury Short Stay. They said that instead of a traditional question and answer interview sessions, assessment days were held where applicants participated in a number of activities with people who used the service. People's views about the applicants were considered as part of the recruitment process.

We reviewed the recruitment files for two new support workers at Woodbury Short Stay. Each file contained an application form or the person's curriculum vitae (CV), two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We noted that the full employment history was not on the application forms but on the candidates, personal CV's for staff employed directly through Persona following the transfer of services from the local authority. The registered provider had recently taken immediate action to update the application format and update the records.

The shared lives carers' recruitment was not included in the recruitment days as for other parts of Persona. We were told that for the shared lives scheme people who wanted to become shared lives carers usually became aware of the scheme through the word of mouth of others. We saw detailed information was available about the Shared Lives Scheme for people interested in becoming shared lives carers. Following the person's initial expression of interest, they would receive a visit from the Senior Shared Lives Support Worker who would take carers information packs with them and discuss the role before leaving them to make a considered decision about whether they wanted to proceed. If they did wish to proceed then background checks and an assessment of the person's suitability commenced.

We looked at the personnel files of five shared lives carers. We saw the records including the initial enquiry

and screening form, the carers background, preparation training, details of references and checks with the DBS, local authority and their doctor, employment and character references, household composition and family circumstances, accommodation and the shared lives carer medical questionnaire. Once this assessment process was completed and all relevant information had been obtained the applicants were put forward to a panel for consideration. The panel was made up of a ten individuals from within Persona and from the local authority communities and wellbeing department.

When we visited the shared lives carers they confirmed that regular monitoring visits were carried out by shared lives workers and records were made which they saw. However, they said they did not keep a record of the monitoring visits but saw them. We saw that records were held at the office as well as detailed contact records between the shared lives office and the carer.

The nominated individual informed us that they believed that the Shared Lives Scheme could make a real difference to how people live their lives and the outcomes they could achieve. They told us that the Shared Lives Scheme was over capacity on its contract and were not in a position to take on and support any more Shared Lives Carers. If the scheme were to grow then the local authority would have to fund a further shared lives worker post for this to happen. The nominated individual told us that had discussed the potential for growth with local authority strategic leads and commissioners and were waiting for a response from them. This is particularly important for young people and families who want to make the transition from fostering to the shared lives scheme.

At the time of our inspection, the shared lives worker team consisted of the registered manager for five hours per week, a senior support worker for 10 hours, a shared lives worker 16 hours a week and an administrator for 15 hours per week. We noted that the registered provider had advertised for a further 28 hours shared lives worker post at the time of our inspection. The registered manager informed us that the staffing levels had been calculated based on the 'Shared Lives Plus' guidelines.

We saw that the staff team working at Woodbury Short Stay comprised of two full-time and two part-time support workers as well as three support assistants. Where people who used the emergency bed who had complex needs regular Persona casual staff and agency staff, worked alongside them. Because of the needs of the person using the emergency placement rotas showed that high levels of Persona casual and agency staffing were being used at the time of the inspection. The registered manager commented that staffing was adjusted according to people's individual needs. A support worker said, "We are the strongest we've been as a team since Woodbury opened. I have no concerns regarding the care service users receive here."

Bookings for the service at Woodbury Short Stay could be made up to four months in advance. A matching process was used to check who was already booked to use the service to ensure people were compatible with each other. A support worker gave us examples of this such as being careful to try not to place someone who was particularly sensitive to noise with someone who was very vocal, and by considering people's behaviour and personality when placing them.

We saw that continuity for people who used the shared lives scheme was consistent with a shared lives carer providing day support for six years and the other for about two years. The second two shared lives carers supported two people in their own home. They told us they had two long-term service users living with them. They told us they have been shared lives carers for a long time and one of the service users had been with them for over twenty years.

We saw on information held at the office shared lives carer health and safety checks were carried out that covered emergency procedures, for example, testing fire alarms regularly, domestic safety, kitchen and food,

medication and health, and general risks. We saw that people had personal emergency evacuation plans (PEEPS) were also in place.

We looked around Woodbury Short Stay. We found it to be clean, tidy and well maintained. We saw that the service had received 96% in an assessment carried out by the local authority health protection nurse. We saw in the bathrooms that personal protective equipment (PPE) was available for staff to use which included disposable gloves and aprons.

There was a small utility room containing washing and drying facilities. The registered manager confirmed staff only did laundry for soiled items and the person who was staying as an emergency. People who used short stay usually took any washing home with them. The registered manager confirmed the washing machines were capable of washing at high temperatures and they used a red bag scheme for laundry. There was a daily pickup for laundry from the scheme. The service followed the national colour coding scheme for cleaning materials and posters were on display in the utility room about this.

We looked at what arrangements were in place for moving and handling people safely at Woodbury Short Stay. The registered manager and a support worker were the facilitators for moving and handling people training and could assess people's moving and handling needs. They confirmed that they had attended a five day train the trainer course to enable them to provide training to other staff. They said they felt confident doing this and enjoyed it.

The registered manager explained that people usually brought their own slings when they stayed at Woodbury but they also had additional slings available to use. The registered manager confirmed that people were always assessed before an alternative sling was used. For infection control purposes slings needed to be held separately. The registered manager agreed to look into fitting a peg board in the bathroom for slings.

The servicing certificate for the tracking hoist was provided and was seen to be in date. The support worker we interviewed confirmed a visual inspection of all hoists was done before they were used.

We saw a moving and handling risk assessment had been completed for one person that highlighted the need to avoid using hoists whenever possible because the person became anxious when they were used. The documented use of other moving and handling equipment supported that the care staff were aware of the person needs and were taking steps to reduce their stress. Alternative means of support had been sourced and were in use at the service.

We looked at records that related to the premises we saw that a fire risk assessment had been completed on 20 June 2017 and actions on the report had been completed. We saw that fire extinguishers had been checked on 8 February 2017. The registered manager and the Customer Experience and Quality Lead Officer explained that fire-retardant paint had been used on the ceilings on the advice of the fire service and that door locks were linked to the fire alarm and would be automatically unlocked in case of fire.

We looked around the building. We saw that there was a thermometer in the bathroom. The registered manager confirmed that temperature checks on the water were conducted weekly and records were provided to support this. However, it was not clear on the record whether the temperatures for the bath were included in the check. The registered manager said that they would check this out. Following our inspection evidence was sent to us by the registered provider that confirmed that checks on bath temperatures were undertaken and records maintained.

Is the service effective?

Our findings

People who used both services had a diverse range of support needs ranging from minimal to profound and complex needs. We looked at what training was available to help ensure support workers have the required knowledge and skills to carry out their duties safely and effectively to meet people's needs.

A new support worker told us, "I love it. Really, enjoy it. I just want to learn and keep learning." They told us that they had shadowed established staff before working on their own and they had been helpful. "I have requested to go on an epilepsy course and this is being sorted out."

An agency staff member told us that they had been made to feel welcome by all the staff. They said, "The staff provide good care and support to people. They have good relationships and there is a strong value base."

A support worker told us that they were very happy in their role. They said, "I absolutely love this [working at Woodbury], it challenges me far more than working in houses and I'm using all of my skills." The member of staff was working towards her Qualifications and Credit Framework (QCF) Level 3 and had completed all mandatory training and updates. The member of staff said she enjoyed "the challenges the different service users bring and the constant change and watching the change in the service users' needs". She felt the challenges they face are massive and change daily.

The staff training record showed that staff at Woodbury Short Stay had received up to date training in moving and handling, first aid, medicines, safeguarding and fire safety. No other training had been recorded. However, we noted that staff had received percutaneous endoscopic gastrostomy (PEG) training prior to a long stay admission of a person who used the service. We saw on the statement of purpose that staff would receive training in relation to people's specific needs including positive behavioural management, complex autism, managing conflict, violence and aggression and dementia support. The statement of purpose is a legally required document. However, there was no evidence in records we saw to support that this had taken place. We could see no evidence either that support workers or shared lives care workers had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Following our inspection we were sent a copy of the training staff had received whilst employed by Bury Local Authority up to 27.11.2015. We saw that permanent staff at Woodbury Short Stay had not received all the training identified on the statement of purpose or MCA and DoLS training and where they had, this training had been completed sometime ago.

Although staff felt well supported, they could not remember having an appraisal and although supervisions were done, they were not carried out consistently. We saw no records to show what supervision staff had received in the last 12 months. Following our inspection we were sent up to date records that showed that permanent staff at Woodbury Short Stay had received regular supervision.

The Customer Experience and Quality Lead Officer told us that staff appraisals were held in groups unless there is a need for a one to one discussion. These were based around team objectives and the summaries

from these group appraisals that were fed back to the management team. Our guidance to providers on meeting the regulations states staff should receive regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs should be identified, planned for and supported. Following our inspection we were sent a copy of the team impact action plan dated 21 November 2016. This document does make reference to ensuring staff have the skills to support customers to make healthy food choices and engage in a more active lifestyle. However, it does not address the shortfalls in training identified on the statement of purpose or shortfalls in MCA and DoLS training.

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

We saw that monthly short stay care team meetings took place and records of these meetings were kept. Areas discussed included health and safety issues and people who used the service.

We saw that there was an induction book available for Woodbury Short Stay which was a useful reference for casual and agency staff to use. However, this would benefit from being updated to incorporate the many handwritten additions when it is reviewed in September 2017.

Before they were approved shared lives carers completed a 'Learning the Ropes' training which covered a wide range of areas for them to consider. These included, working on your own looking at a range of scenarios, what motivates people to learn, managing and reducing stress, person centred values in social care, stigma, labelling and stereotyping, prejudice and discrimination, spiritual and emotional wellbeing, language and assumptions, listening and barriers to communication. Shared lives carers told us they had received training, the most recent being online but had received some face-to-face first aid training. They told us staff from the scheme was monitored to make sure they were up to date with training. We saw on the schemes records that training was up to date with the exception of medication.

We used the shared lives Carers Handbook as a point of reference about what was expected from the scheme. Although the Carers Handbook was detailed, some of the information was out of date. The registered manager amended and updated the Carers Handbook during our inspection.

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 parents we spoke with told us that their relative had a deprivation of liberty safeguard (DoLS) to cover when they stayed at Woodbury Short Stay and confirmed that the family and the person's doctor had been involved in making the decision.

We asked the registered manager about mental capacity assessments for people who used the Shared Lives Scheme. We were informed by the registered manager that the provider had submitted applications for authorisation for people who used the service and were waiting for a response from the local authority.

We looked at what arrangements were in place to ensure that people received adequate food and drink at Woodbury. The parents of a person who used the service told us their relative needed food to be cut up into

small pieces. They said their relative brought in their own cutlery when staying at Woodbury, which helps them to maintain their independence, and staff were happy to accommodate this. The person had a fluid chart to monitor their fluid intake and a copy of this is always provided when they pick their relative up so they were kept informed. Staff had consulted with the parents about techniques to help their relative to drink.

We were told that a second person might have an undiagnosed condition that might affect the person's ability to swallow. A meeting had been arranged to discuss this to ensure the person received the nutrition they needed during their stay at Woodbury and whilst using other services during their stay. The support worker was aware that people's dietary needs varied and in addition to religious or cultural needs they had experienced some people who refused to eat white coloured food and explained how they worked with them to ensure they received adequate nutritional intake.

The staff told us they tried to cook an individual meal for everyone but it depended on each person's dietary needs and what they wanted to eat. Staff told us, "We have two people who use the service who are both on a Halal diet. One person likes spicy food but the other doesn't so we make them different things." This was evidenced in the food diary where there were entries indicating three people had had one meal but a different meal had been made for a fourth person. On other days, four different meals had been prepared and in one instance, a roast dinner had been made for people with a separate gluten-free one.

A food diary was kept recording what each person had had to eat to ensure they receive a variety of meals. Staff told us; "We like to involve people in cooking. A favourite is making pizza dough from scratch and letting them choose what toppings they want." They said, "We use very few ready meals, only for one customer who has a special diet and likes to eat them." We saw that staff involved people in choosing their meals by asking them; "What are we having for tea? What do you fancy?" People were asked individually what they would like to drink and they were made immediately. The drinks were placed in the person's line of sight and they were prompted by staff to remember to drink them. The drinks given to people were then recorded on their fluid chart.

People who used Woodbury Short Stay were usually not involved in routine health appointments, which were the responsibility of the person's main carer. We were informed that staff had recently attended epilepsy training, which covered the use of emergency rescue medicines. Some staff had also attended percutaneous endoscopic gastrostomy (PEG) feeding training to help ensure they could use the feeding tube correctly. Hospital passports, detailing important information about the person were also in place should a person need to be admitted to hospital.

We spoke with the parents of a person who had used the service at Woodbury for four years. They told us they thought that there was a significant improvement between the old premises and the new premises. They said that they were happy with the new premises and confirmed that their relative used the same room whenever possible. We saw that the person's name was on the door to their room.

The Customer Experience and Quality Lead Officer told us that at Woodbury Short Stay they had introduced a 'hotel model' aimed at providing a similar experience to a guest in a hotel where there was a TV in every room and an en-suite bathroom. People who used the service were also able to use the facilities in the adjacent care home, which included the facilities of a hairdresser and a bistro.

The room was furnished with a height adjustable bed, LED lighting, fire guarded radiators, window opening restrictors, a track hoist, a TV, a call alarm, good quality lockable storage for clothes and personal items. The room was connected to a bathroom with a disabled toilet, blue grab rails and a wheelchair height hand

washbasin. The room also contained an assisted bath, which enabled people to be lowered into the bath. The bath had an emergency stop button. An emergency call bell was also in the bathroom.

The scheme has a communal area with a kitchen, seating, TV and a sensory room, which people could use if they want some quiet and privacy. Both internal and external windows had shaped transfers on which although letting light in protected service users' privacy, for example, if they forgot to close their curtains.

The registered manager told us that different mattresses and assistive technology were used to suit peoples individually assessed needs. Staff explained and showed us that movement and epilepsy sensors were available for use if required. The sensitivity of the sensors could be adjusted to match each person's needs to help promote their independence such as being able to go to the bathroom in the night without triggering the alarm. Alarms for other people were set to alert staff immediately. Door alarms were fitted to all bedroom doors but were only used if this was specified in the person's care plan.

We saw that to support one person who regularly put themselves on the floor staff used an inflatable cushion know as a 'Camel' and this helped staff to assist the person to get up. Staff explained that this provided more stability and reassurance to the person than the inflatable cushion they had used previously.

Additional thought had gone into the design of the corridors, with grab rails running the length of them along with kick-plates on the walls and door protectors to protect the fabric of the building. We were told that one person who used short stay was able to pull their wheelchair along the corridor using the grab rail, which promoted their independence. The Customer Experience and Quality Lead Officer told us that radiators had been placed in the ceiling to maximise space in the corridor and reduce obstacles. They said that each radiator including those in the bedrooms were able to be controlled individually. Corridor lights were fitted with sensors so they would dim when no one was in the corridor but go bright as soon as someone was detected so they could see what they were doing.

We saw that the communal area was small depending on how many staff were supporting people and whether or not they were wheelchair users. Work also needed to be completed to ensure that the garden area was more user friendly.

Is the service caring?

Our findings

We spent time in the communal area at Woodbury Short Stay initially with three people who used the service. There was a calm atmosphere and staff were engaging with people in different ways and people who used the service were engaging with each other. Later a person arrived who was just beginning their stay. The person went straight to a member of staff they recognised, said hello and gave them a hug.

Staff were very aware of the different needs of people. Staff said, "I just love my job, absolutely love it, I feel like I make a difference. I feel supported and valued" "I like to make [peoples] lives better and try my best to help them." Shared lives carers told us, "I feel like I'm giving something back and making someone else's life more bearable. I've really enjoyed it" and "The best thing is you're helping someone. The small things make it worthwhile."

The management of the system used when people booked the service was as flexible as possible to try to meet people's needs and bookings could be made at short notice. Example such as additional support being given where there was an illness in their family and by contacting relatives if they had unused allocated nights.

We spoke to a person who used the shared lives scheme. They told us they had lived there for a long time and that they were happy. They told us they went to the day centre and enjoyed watching DVDs.

The shared lives carers told us they were aware of people's different needs and accommodated them. They said about the service user we spoke to, "She likes to do what she wants to do, she's happy if you leave her to it." They told us they had obtained travel training for the other person that lived with them and they were now able to travel independently to the day centre every day. The shared lives carers told us that one person received respite care at Woodbury and they were waiting for a response to the referral for the second person.

Nine completed quality monitoring surveys of shared lives users were available. The response from the users of the scheme, and in some instances their families, was overwhelmingly positive, "I have lived with them for 18 years so they know all about me. I'm very pleased shared lives have helped me stay with them. Love them both (they're) very kind and respectful," "It enriches dad's life and helps with many day to day tasks" and "Dad's needs have changed during the four years and his befriender has been flexible and proactive in his approach. [The shared lives carer] treats my dad with great respect and is a positive advocate for him in day to day life."

We saw that there was information on the Persona website about Woodbury Short Stay and other Persona registered services. However, we could not find any reference to the Shared Lives Scheme. We saw that there were leaflets available about the Shared Lives Scheme but these related to the local authority and made no reference to Persona as the registered provider of the service. We also saw information provided by Shared Lives Plus.

Is the service responsive?

Our findings

Parents we spoke with told us that an assessment was carried out before the person began to use the service. They said when the person came to have a stay they always updated staff. They told us that staff were attentive and listened to what they were saying and were happy to discuss any issues they might have and following the person's stay they were contacted by the service to be given feedback about the person's stay.

We reviewed a care plan for a person using Woodbury who was an emergency placement. We saw there was a summary of people's needs, which included their personal preferences for example if they wanted to bring their own bedding in or how they needed to be bathed in a specific way to minimise anxiety. This task was broken down into clear stages with an explanation of the steps required to reduce the person's stress. A food and nutrition plan was in place along with additional advice leaflets relating to the service user's feeding and hydration needs. Daily records were also maintained.

Discussions with staff regarding the person indicated that they had made a lot of progress, for example, the person was starting to sleep better and new equipment was in place to help with moving and handling support. Staff said they had started to recognise a connection between the person's day-to-day health management and vocalisation so were able to communicate better with them and enable them to regain their physical strength, which help to promote their independence and reduce their behaviours that challenged others.

We saw that there was a pathway through the service for people who used the emergency placement to ensure that appropriate accommodation was found for them as soon as possible. We saw that plans were already in place to move the person on to their own home and staff from the new service were working alongside staff from Woodbury Short Stay in a gradual transition process.

On the second record, we again reviewed evidence to show that people's needs and religious preferences were recorded, for example, eating Halah products and no alcohol in any form including the use of hand gels. We saw an epilepsy care plan was in place but the person's dietary needs record required updating. We saw that at the end of a person's stay at Woodbury families received a record that covered activities, health and hygiene, medication and general comments about the stay. Telephone calls were also made within 48 hours to families following their relatives stay to check people were happy with their stay and raise any concerns.

We saw on shared lives carers files we looked at the office that placement agreements were in place, as were there annual reviews which had been carried out and shared lives worker visits were recorded.

We looked at the reviews of fifteen households and found the majority of placements were successful. We saw that the shared lives workers ask people who used the service as part of the review if they were happy with the placement.

We saw people who used Woodbury Short Stay going out for walk to the local park throughout our inspection. People were able to make trips to the café in the local supermarket, which was accessible to wheelchair users, and the scheme's proximity to the tram service meant some service users were able to get the tram to Bury or Manchester. We saw that people brought items that they liked in with them during their stay.

A shared lives carer told us "I usually meet (the person) in Bury but sometimes go to [the person's] flat. [The person] knows quite a few people I know. We do a bit shopping and get a coffee."

We saw that the registered provider produced a newsletter. A request had been made for the Shared Lives Scheme to have a regular slot in the newsletter but this was still to be addressed. In a recent survey one shared lives carer had suggested regular meetings with other shared lives carers would be useful. The senior member of staff advised us that two shared lives carer meetings had been held and were well received. The senior support worker said they thought that the meetings would build relationships between carers and help identify respite opportunities between them. These meetings will continue to be held quarterly.

The complaints policy and procedure was on display in the lobby along with a variety of brochures relating to the service. Information about making complaints was seen in the carer's handbook and direction to the details was included on the placement agreement.

We saw that the registered provider had carried out an operation performance information review about the supported accommodation covering a period between June 2016 – 2017. The report covered notifications, types of notifications, compliments and complaints. We saw that during this period, no complaints had been made and there were no on-going complaints at the time of our visit.

Is the service well-led?

Our findings

We looked at the quality assurance systems used by the provider to ensure systems and processes were effective in monitoring and improving the quality of the service provided. The provider's systems were not always effective. For example, the shortfalls we found in medicines management, people's risk assessments and staff training and supervision. We were also concerned that on our visits to shared lives carers they were not able to demonstrate that records were being maintained about people's risks, needs and preferences or their reviews or monitoring visits. Some documents such as the shared lives carers handbook and the induction guidance for staff at Woodbury Short Stay needed to be updated. Shared lives carers told us that people who used the service no longer had a named social worker/care manager but had a central number they could phone and ask for the duty social worker if required. It was therefore not clear whether social workers/care managers carried out an annual review of the placements as identified in the placement agreement.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The service had a manager in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration. In the weeks before our inspection, the registered provider had restructured the service.

We spent time with the outgoing registered manager. They had worked for the provider and previously the local authority for 30 years. The registered manager held a Level four registered manager's award, Level five leadership and management and coaching qualifications and a diploma in the management of care services.

Staff spoke highly of the registered manager who was said to be both approachable and supportive. One support worker said, "[Registered manager] is lovely and encourages you to speak to them." The registered manager also knew people who used the service and their family and friends well. A support worker said that they felt safe to speak up and challenge management if they thought people were at risk.

The shared lives carer told us that there had been changes at the service. They said, "The people who have taken over seem to have it under control. They are approachable and I'm happy" and "I've got a good relationship with the office and will speak to them if there are any problems." Other shared lives carers said, "We have the support we need if we want it. They have a very big task and they are very much appreciated by us."

Ten completed surveys of shared lives carers were available. People largely felt the shared lives team had been supportive to them. Some people indicated they did not receive adequate information about the scheme.

The Customer Experience and Quality Lead Officer said that they thought the transfer from local authority

management of the service to Persona was smooth and feedback from service users and their families has been excellent. They said that they felt since the change, the management had been able to be more responsive to people's needs. They explained about the management oversight and governance. A quality audit process had been developed and audits were conducted according to the reports supplied by locations to the internal audit team. The Customer Experience and Quality Lead Officer said that the internal audit team acted as a critical friend to the locations. A detailed report on locations is presented to the operational board of Persona who in turn act as a critical friend to the quality team.

Stakeholder meetings and customer satisfaction surveys were fed back to the employee forum. This was a way to share ideas and discuss any issues arising to see if improvements to the service could be put in place. In addition, there is an employee area on the Persona web site, which aimed to increase employee engagement. Employees can pass messages of thanks to each other through the employee area and there is a 'You said, We did' section informing staff of changes made as a result of feedback.

A new electronic record management system was being developed and would begin to be piloted in another location in September 2017. All service user reviews and daily plans can be held in the system. Tasks relating to care can be allocated to staff and staff can log on the system when they have been completed. Relatives of service users can be given limited access to the system so that they can see up to date information about the care their relative is receiving.

We saw information that demonstrated the service worked in effective partnership with other health and social care professionals to ensure people received the service they needed. We looked at the services plans for continuous improvement. We saw information relating to and discussed with the registered manager about the development work by two senior support workers to develop computer pads to be used as teaching aids for specific needs, for example, moving and handling. We saw an exercise carried out by the service that looked at the different outcomes for people who used the service to demonstrate and evidence good person centred practice. We saw that the registered provider also used a HIVE system, which enabled staff to send positive messages acknowledging work that had been carried out well and ask questions anonymously of the management team.

The registered provider held annual Persona Awards to celebrate excellence. We were not aware that staff or shared lives carers from Woodbury Short Stay or the Shared Lives Scheme had been nominated for the awards.

We saw that the service had carried out an impact review at which 69 staff had attended over six meetings about Person's Business Priorities and how staff could have a direct impact on these in their everyday work. Persona business priorities included, safe, caring, responsive, effective and well led services as well as implementing service redesign, efficiency and a business culture and developing a 'people business'.

Prior to our visit, we had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. Due to technical reasons this was not received by us; however the registered manager was able to provide us with a copy that gave us information about the service.

We saw that the service had a statement of purpose in place. A statement of purpose is a legally required document, which tells people what the service does, and who for. We saw that the registered provider held copies of policies and procedures on the Persona website and were accessible to all staff to support them in their roles and the delivery of care and support to people.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We also contacted the local authority safeguarding and commissioning team. They raised no concerns about the care and support people received from the service.

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 Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The arrangements for the management of people's medicines was not always safe. Regulation 12 (2) (g) Risk assessment about people's specific health needs were not always up to date and did not protect them from unsafe or unsuitable practice. Regulation 12 (2) (a) (b)
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected by the services quality assurance systems. Regulation 17 (1) (2) (a) (b) (c)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was insufficient evidence to show that staff training, supervision and appraisal was up to date. Regulation 18