

Bracknell Forest Borough Council

Waymead Short Term Care

Inspection report

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13 April 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 April 2016 and was announced. We gave the provider 24 hours' notice as this is a small service and the people are often out all day. We needed to be sure someone would be in. We last inspected the service in April 2014. At that inspection we found the service was compliant with the essential standards we inspected.

Waymead Short Term Care is a care home without nursing. The service offers short term respite care to people with learning disabilities and/or autistic spectrum disorder in the Bracknell area. Although registered for up to 10 people, the maximum number of people accommodated overnight at any one time is five. Each of the people who use the service have their own respite care package. The care packages differ for each individual person and depend on the way they want to use the service and the support they require. For example, some people may stay at the service one night per week, every week. Other people may stay for a weekend, once a month. The total number of people using the service throughout the year at the time of this inspection was 28.

The service had a registered manager who became registered with the Care Quality Commission on 4 November 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. On the days of our inspection the registered manager was on leave. We were assisted during the inspection by the provider's head of service for people with learning disabilities and autistic spectrum disorder and the new deputy manager.

People told us they felt safe staying at the home. Staff understood their responsibilities to raise concerns and report incidents, and were supported to do so.

People and their relatives told us staff were available when they needed them and staff knew how people liked things done. Staffing levels and skill mixes were planned, reviewed and implemented to ensure there were enough staff to meet people's needs. The system used took into account the specific people staying at the service at any one time.

People were protected from staff who were not suitable to work with them. We found some recruitment checks had not been fully completed for all staff and agency staff employed to work at the service. However, this was rectified by the head of service and deputy manager before the end of the inspection. A new final check system was being developed for use at the home before any new staff were employed.

People were encouraged to do things for themselves and staff helped them to be as independent as they could be. Risk assessments were person-centred, proportionate and reviewed. Staff recognised and responded to changes in risks to people who use the service. There were contingency plans in place to respond to emergencies.

People received effective personal care and support from staff who knew them well and were well trained and supervised. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans reviewed with them and/or their main carers prior to each stay at the service.

Medicines were stored and handled correctly and safely. Meals were nutritious and varied and people told us they enjoyed the food at the service.

People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People were treated with care and kindness. During our inspection the atmosphere at the service was calm and happy. People were busy going about their daily lives, with staff support where needed to assist them getting to their day time activities. People's wellbeing was protected and all interactions observed between staff and people staying at the service were respectful and friendly.

People benefitted from staying at a service that had an open and friendly culture. People and relatives felt staff were happy working at the service and had a good relationship with them. Staff told us the management was open with them and communicated what was happening at the service and with the people living there. People and relatives felt the service was managed well and that they could approach management and staff with any concerns.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that the premises were safe to use for their intended purpose. Measures designed to make sure people were safe from the risks of legionella had not been fully implemented. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe. Measures designed to make sure people were safe from the risks of legionella had not been fully implemented and were not always followed.

People were protected from abuse because staff knew how to recognise abuse and knew what action to take when necessary.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Good ●

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

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and how to make a DoLS application if required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure people's health and social care needs were met.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful. People's dignity and privacy were promoted and respected.

Staff worked well with people, encouraging their independence where possible and supporting them in what they could not do.

Is the service responsive?

Good ●

The service was responsive. People received care and support

that was personalised to meet their individual needs.

People were provided with consistency during their stays, based on their known likes and preferences and usual daily activities. Staff knew them well and were quick to respond to people's changing needs.

People and their relatives knew how to raise concerns and felt they were listened to and taken seriously if they did.

Is the service well-led?

Good ●

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

Health professionals felt the service demonstrated good management and leadership, delivered good quality care and worked well in partnership with them.

Waymead Short Term Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out by one inspector and took place on 12 and 13 April 2016. We gave the provider 24 hours' notice as this is a small service and the people are often out all day. We needed to be sure someone would be in.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with five people who use the service and four relatives. We spoke with the head of service, the deputy manager and four support workers. We observed interactions between people who use the service and staff during the two days of our inspection. Prior to the inspection we requested feedback from five healthcare professionals and two social care professionals. We received feedback from four healthcare professionals.

We looked at four people's care plans, associated documentation and medication records. We looked at the recruitment files for four members of staff employed since our last inspection, staff training records and staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, quality assurance reports, the utility service certificates, fire risk assessment, food safety checks and the complaints and incidents records.

Is the service safe?

Our findings

The premise's legionella risk assessment and required monitoring checks were not available at the service at the time of our inspection. We later received a copy of the last risk assessment, which had been carried out in May 2007, there was no evidence this had been reviewed since that date. The guidance from the Health and Safety Executive (HSE) is that the risk assessment should be reviewed every two years. No actions had been taken to arrange for the legionella risk assessment to be reviewed. The HSE guidance also expects the premises to have a member of staff allocated as the person responsible for ensuring the legionella control regime is carried out. The guidance states the responsible person should receive appropriate training. At the time of our inspection there was no allocated responsible person. We were told after the inspection that the registered manager had been assigned the responsible person role and had been booked on appropriate training to take place in June 2016.

We were sent the results of annual monitoring checks carried out by an external company in January 2016. The checks covered monitoring of the hot and cold water systems to make sure the water temperatures, both hot and cold, were within guidelines. The checks also covered servicing of the thermostatic mixer valves (TMV) on hot water outlets to make sure people were protected from being scalded by water that was too hot. The external company had produced a report setting out their findings from their visit. The report detailed what action needed to be taken by the provider to ensure people were safe from the risks of legionella and scalding water. For example: the report listed that the hot water temperature failed to reach 50°C at three of the hot water outlets. The actions required were that the provider should take appropriate measures to ensure the hot water temperature achieved 50°C at each outlet and then the TMVs should be recalibrated. Another fault highlighted was that one TMV was in a poor condition and should be repaired or replaced. A third issue was that three of the TMVs could not be 'failsafe tested' for a variety of reasons that needed rectifying. TMV's also provide a failsafe safety function. Failsafe means that the valve is designed to automatically shut and prevent the flow of mixed water to the outlet spout should there be a disruption to either the hot or cold water supply. This prevents either very hot or very cold water entering the bath or coming from the shower head.

After the inspection we asked the registered manager to confirm the work identified in the report had been carried out by the provider. The work had not been carried out, we were told the provider was in the process of getting prices for the remedial works identified in the reports. However, the report was received by the service over four months ago. This meant people were not being protected from the potential risks of legionella or scalding.

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

After our inspection the provider approached the external company to book a review of their legionella risk assessment. The provider notified us that the review had been arranged for the week commencing 25 April 2016. Arrangements had also been made for the contractors to complete the work identified in the January 2016 annual monitoring checks report during the week starting 25 April 2016. A risk assessment had been

carried out and measures put in place to protect people from harm until the remedial work was completed.

Monthly health and safety audit checks were carried out. These audits covered the premises, furniture, furnishings and equipment. They also covered whether or not other safety checks had been carried out, such as food hygiene checks of the kitchen. The staff monitored general risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. We noted that the fridge temperature check list instructed staff to ensure temperatures of fridges were under 8°C. We pointed out to the head of service that the Food Standards Agency guidelines for care homes states that fridges in care homes should be kept at 5°C or under. The head of service amended the monitoring sheet to read 5°C. The head of service noted that the thermometer being used for one fridge required the fridge door to be open. New fridge thermometers were purchased to ensure accurate records could be kept. Other premises checks were also carried out routinely. For example fire safety and equipment checks and hot water temperature checks of baths used by people staying at the service.

The service had a fire risk assessment in place which had been carried out in 2014. The fire risk assessment review had been arranged for 25 April 2016. The head of service established that any risks identified in previous fire risk assessments had been dealt with. Fire systems and equipment had been serviced in June and July 2015. Other equipment such as freestanding and overhead hoists were up to date with their latest service checks. Staff said any maintenance issues were dealt with quickly when identified.

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe when they stayed at the service. Relatives told us they felt their family members were safe at the service, with one adding: "Absolutely." The healthcare professionals felt risks to individuals were managed so that people were protected.

People were protected from risks associated with their care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reduced mobility or risks related to specific health conditions such as epilepsy or difficulty swallowing. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans and reported to us as required. The registered manager investigated accidents and incidents and took any actions needed to prevent a recurrence where possible. Accidents and incidents were also recorded on the provider's internal incident reporting system and reported to the provider's health and safety team. The reports were also reviewed by the head of service when filed.

People were protected by the provider's recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the majority of recruitment information required by the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. People's reasons for leaving previous employment with vulnerable adults had also been verified. Two files did not contain full employment histories but these were obtained from the staff before the end of our inspection. The head of service designed and implemented a recruitment file check list. This was done before the end of our inspection so the registered manager could be sure in future that all required information was recorded before staff started work. The service used some agency staff to cover staff absence and shifts their own staff could not cover. They had a core of agency staff who knew and were known by people who use the service.

The service obtained profiles of the agency staff used. The profiles contained information regarding the agency staff member. The profiles sent by one agency confirmed that all recruitment checks required of the regulations had been carried out. However, the same confirmation was not included in the profiles sent by the second agency. The deputy manager contacted the second agency and asked them to provide confirmation that required recruitment checks had been carried out before sending anymore staff.

People and their relatives told us staff were there when they needed them. Staffing levels were calculated and implemented dependent on people who were booked to stay each day and night. We saw staff were available when people needed them and they did not need to wait. Staff told us there were usually enough staff on duty at all times. They confirmed they could have extra staff when needed, for example if someone was staying who required one-to-one support. Staff commented that the manager also helped at busy times.

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. Medicines competency assessments were underway during our inspection. The service's policy was that two staff members administered medicines together. This was to make sure they carried out the appropriate checks so the right person received the right drug and dosage at the right time.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew how to support them and did things the way they wanted them done. Relatives told us they felt staff had the training and skills they needed when looking after their family members. Healthcare professionals said the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

The care staff team was made up of the registered manager, the deputy manager, thirteen support workers and five relief support workers. Additional staff included an administrator and a driver/handy person. Catering and laundry tasks were carried out by the support workers.

New staff were provided with induction training designed to introduce them to the provider organisation as well as to the location and the people who use the service. The head of service was aware of the Skills for Care new care certificate induction training and plans were in place for staff new to care to undergo the Care Certificate training. A decision had also been taken that all existing staff would be supported to work through the care certificate workbooks so that they were provided with the opportunity to refresh or improve their knowledge. New staff told us their induction had been thorough and they had never been asked to do anything they were not confident to do. Practical competencies were assessed for topics such as moving and handling and administration of medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised.

Ongoing staff training was monitored and overseen by the registered manager. The provider had a number of mandatory training topics which were updated on a regular basis. For example, training in fire safety, first aid, moving and handling and safeguarding adults. Other mandatory training included medicine administration, food hygiene, the Mental Capacity Act 2005 and health and safety. The training records showed staff were up to date with their training. Where staff were due to have refresher training, places had been booked. Additional training was provided based on specific needs of individual people. For example, epilepsy, autism, asthma and non-violent crisis intervention. Staff felt they had the training they needed to deliver quality care and support to the people who use the service. Relatives felt staff had the skills they needed when supporting their family members. Healthcare professionals told us they felt staff had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented: "Staff appear well trained and are motivated to participate in additional training."

People benefitted from staff who were well supervised. Staff told us they had one to one meetings (supervision) with either the registered manager or the deputy manager every four to six weeks. We saw some supervision sessions had been at longer intervals due to the management changes. However, dates had been booked for the rest of 2016 to make sure none were missed in future. Staff also confirmed they had yearly performance appraisals of their work carried out. We saw that all staff annual appraisals were scheduled to be carried out in April and May 2016.

People's rights to make their own decisions, where possible, were protected. Staff received training in the

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

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

People were able to choose their meals each day. Staff supported people to make choices from their known preferences where necessary. Where there were known issues with a person's nutritional intake, this was detailed in care plans. Staff knew people's preferences and likes and dislikes. They were also knowledgeable about any meal supplements or special dietary needs people had. People told us there were always snacks, fresh fruit and yoghurts available and that they enjoyed the food at the home. They confirmed there were enough staff available to help them if needed.

Prior to people arriving for their respite stay, staff would contact them or their relatives. During that contact staff would ask if there were any changes to the person's care, medicines or health. Any changes would be documented and their care plans amended where required. In this way the service was able to ensure people's needs, and how to meet them, were always up to date.

One health professional commented: "Staff have a good knowledge of individual's health needs and have responded appropriately when needing to contact healthcare services."

Is the service caring?

Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. Staff were quick to identify if someone was upset and dealt with any concerns promptly and calmly. Individual care plans included guidance to staff on what worked well if the person was distressed or unsettled. We saw staff successfully following the guidelines from the care plans. One person told us: "They [staff] are wonderful. They know everyone's pet hates and what they like." A relative told us their family member looked forward to staying at the service each month. One relative commented: "They are very kind." and another said: "They are lovely. [Name] loves it and is happy when there."

People's likes, dislikes and how they liked things done were set out in their care plans, which covered most areas of their lives. Care plans were geared towards what people could do and how staff could help them to maintain their independence safely and wherever possible. The care plans were drawn up with people, using input from their relatives and from the local authority multi-disciplinary team.

In June 2015 the service signed up to the Bracknell Support Charter. The Support Charter was developed by a Bracknell self advocacy group, Be Heard, and a local advocacy organisation. It was funded by the Bracknell Learning Disability Development Fund. Its purpose is to tell care providers and commissioners in the Bracknell Forest area what local people with learning disabilities want from their support services. The charter consists of four things people want support workers to do and four things they don't want done. The charter's aim is that the people of Bracknell will get the type of support they want and that services will understand what is and is not acceptable behaviour for support staff. The staff meeting minutes showed the Support Charter was discussed at the team meeting in June 2015.

People's wellbeing was protected and all interactions observed between staff and people staying at the service were caring, friendly and respectful. We saw staff respected people's privacy and dignity. Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives were involved in making sure the service knew about any changes in people's lives and participated in annual reviews. They told us staff knew how people liked things done and treated their family members with respect and dignity.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. We observed staff protected people's rights to privacy and dignity as they supported them during the inspection and any personal care was carried out behind closed doors.

Healthcare professionals felt staff were successful in developing positive, caring relationships with people using the service. They also confirmed the service promoted and respected people's privacy and dignity with one professional adding: "In conversations and observations staff treat clients with respect and dignity." Another professional told us: "I have often observed staff supporting the clients positively and with their best interests at heart. In some cases stepping up to support people in times of crisis."

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. Healthcare professionals told us they thought the service provided personalised care that was responsive to people's needs. One professional commented: "When needs can't be met the service is open to training and support so it can provide the required care." another told us: "Care appears to be person-centred and of a high level." One person told us: "They are always looking for how they can do things better. You can do what you really want to do."

People's likes, dislikes and how they liked things done were known and incorporated into their care plans. The care plans were detailed and written in a way that gave staff a clear idea of the person as an individual. People's abilities were kept under review and any changes or increased dependence was noted in the daily records and added to the care plans if needed. Any changes were also discussed with the person's relative to ensure the change was known about. Once a year the care package was reviewed formerly with the person, their relatives, staff from the service and members of the local community team for people with learning disabilities. This meant all people's needs and the care plans were kept up to date and any changes were verified.

The service had a good relationship with the local learning disability team and staff had a good knowledge of how to care for people's specific needs, such as epilepsy. In instances where someone had a need that staff at the service were not able to meet, alternatives were sought and supported. For example, one person had specific care needs that the Waymead Short Term Care staff had not been trained for. When that person stayed at the service a member of their own staff accompanied them so that they could still attend for a respite break. The person was staying at the time of our inspection and we saw the person's carer was welcomed and given support by the staff employed at the service.

The majority of people who use the service continued with their usual daily activities attending their usual colleges and day centres during the week. People we spoke with enjoyed staying at the service. Relatives we spoke with confirmed the service made sure people had consistency with their usual daily routine.

During our inspection most people were out during the day. We were able to observe activities and speak with people after they returned late afternoon on both days. At all times people were at the service they were busy and engaged in activities that were meaningful to them. We saw staff were aware of relationships between the different people who use the service. This meant they could make sure scheduled visits were not made at the same time for people who did not get on with each other. Staff knew which people had particular friends and where possible visits were booked so those people could be at the service together and maintain their friendship.

People and their relatives knew how to raise concerns and confirmed they felt listened to and taken seriously if they did. Staff recognised early signs of concern or distress from people staying at the service and took prompt and appropriate action to reassure people when needed. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Our findings

People benefitted from staying at a service that had an open and friendly culture. People and their relatives felt staff were happy working at the service and said there was a good atmosphere at the home. One person said there was always a good atmosphere when they visited.

Staff told us that over the last few months there had been a number of changes at the service, mostly related to the staff team. The previous registered manager, deputy manager and other long-term staff had left and a new registered manager had started. A new deputy manager started on the first day of our inspection. Staff told us there had been "a bit of a divide" in the staff team but that it was being dealt with and did not affect the people who use the service. All staff felt the service was well-managed and all were confident the current issues were being dealt with and would be resolved. Staff said they felt they were asked for suggestions and any issues they raised were taken seriously. Staff comments included: "I do enjoy my work. I love the challenge.", "People love it and they love coming here." and: "I really enjoy my job."

Staff told us the management was open with them and communicated what was happening at the service and with the people staying there. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff had the opportunity to talk with their managers informally anytime they wanted and formally in their supervision meetings. Staff meetings took place on a quarterly basis. Staff confirmed ongoing plans for the service were discussed and shared in those meetings.

The provider had a number of quality assurance and health and safety checks in place. Those systems included management audits covering different areas of the management and running of the service. For example, checks on health and safety, concerns and complaints and maintenance issues related to the premises. Not all required monitoring checks for the control of legionella had been carried out but the provider took steps to rectify this after our inspection. We saw all required food safety and kitchen checks had been carried out by the staff.

In 2015 the service carried out a quality assurance survey with people who use the service, their relatives, staff and care managers. The survey responses had been correlated and a report written on what they do well and what they could improve. A development plan was then produced for the service to work on. We noticed from the development plan that work was underway to improve on issues raised in the surveys.

The service had a registered manager in place and all other registration requirements were being met. The service notified us of incidents they were required to in a timely manner. Notifications are events that the registered person is required by law to inform us of. Management records were up to date and kept confidential where required.

Healthcare professionals thought the service demonstrated good management and leadership and worked well in partnership with them. One professional said they felt the service worked well with them and added: "Excellent working relationships with the community team for people with learning disabilities." another told us: "Since the new manager has been in post communication has improved. Staff are being encouraged

and supported to be more innovative. This has meant training on service users with complex health needs is being completed and these service users can access respite where they previously had been unable to."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that the premises used by the service provider were safe for their intended purpose. Regulation 12(1)(2)(d)(h)</p>