Medway Council

36a Birling Avenue

Inspection report

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Ratings

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

Overall summary

The inspection was carried out on Wednesday 18 November 2015 and was unannounced. The service provided accommodation and personal care within a respite service for up to seven people with a moderate to severe learning disability.

The accommodation was spread over two floors with bedrooms on the ground floor as well as the first floor. There was one double room, mainly used by siblings or friends who chose to share but were also used for emergency accommodation at times. The accommodation was well presented with a large communal area. A garden of good size at the back of the property was well maintained and provided a good space for people to use. There were four people staying for respite care at the time of our inspection

There was a registered manager employed at the service. 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.

Summary of findings

The provider did not have systems and processes in place to monitor the quality and safety of the service. We found discrepancies in two people's medicines records.

People and their relatives said they felt safe at the service and knew who they would speak to if they had concerns. A safeguarding procedure was in place and staff knew what their responsibilities were in reporting any suspicion of abuse. Staff could also describe how to recognise the signs of abuse.

People were kept safe by the management of risks without impacting on their independence. Plans were in place with safety measures to control potential risks. Risk assessments were reviewed regularly so had up to date information for staff to follow.

Fire prevention and safety was well thought out and managed. The premises and gardens were well maintained, clean and well presented. All maintenance and servicing checks were carried out, keeping people safe when staying at the property.

There were enough staff on duty to support people with their assessed needs. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

Accidents and incidents were reported and recorded following the provider's policy and procedure. There was evidence of the registered manager and the team learning from these experiences. This kept people safe from similar incidents occurring in the future.

The staff had the skills and knowledge to support the people who came to the service for respite care. Training plans were in place and all staff had the required training to meet the needs of the individuals attending the service. Additional training was also provided as necessary so the development of staff was taken seriously. Staff received regular support and supervision from the management team.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff showed that they understood the Mental Capacity Act 2005 and DoLS. The registered manager understood their responsibilities as Mental Capacity assessments and decisions made in people's best interest were recorded.

People's needs were assessed before moving into the service with involvement from people and their family members/carers. Care plans contained detailed person centred information and guidance. All aspects of a person's health, social and personal care needs were included to enable staff to meet their individual requirements. People were encouraged and supported to engage in activities within the service and in the community.

People said the food was very good and there was plenty of it. People were able to choose from a menu but also choose something different if they didn't like what was on offer.

People and their relatives confirmed the service was a caring environment. The staff knew people very well. We observed a relaxed atmosphere with everyone chatting together.

People's privacy and dignity were respected by staff who could describe what this meant. There was an emphasis on maintaining and increasing independence. People described helping to make meals and making their own drinks.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Summary of findings

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

People were protected from abuse and harm which was supported by a safeguarding procedure and up to date local authority protocols for reporting suspected abuse.

The staff team knew what constitutes abuse and how to report anything they suspect as being abuse.

Individual risks were identified and measures were in place to manage the risk without impacting on people's independence.

There were enough staff to ensure people's assessed needs were taken care of and extra staff were deployed dependent on individual need. There were safe recruitment procedures in place to ensure that staff working with people were suitable for their roles.

A medicine administration procedure and risk assessments were in place.

Is the service effective?

Good

The service was effective

People were supported by staff who had the training and skills to support them with their assessed needs. Staff had one to one meetings and annual appraisals with their manager to support and develop them in their role.

Staff had a good understanding of the Mental Capacity Act 2005. People's capacity to make decisions was appropriately assessed and Deprivation of Liberty Safeguards authorised where necessary.

People spoke highly of the meals, snacks and choice available.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring

People said the staff were caring and knew their circumstances, likes and dislikes well.

There was a friendly and relaxed atmosphere in the service with good conversation and rapport between staff and people.

Staff understood confidentiality and their responsibility to ensure people's privacy was respected at all times.

Summary of findings

Is the service responsive?

Good 

The service was responsive

People had their needs assessed before using the service and they were involved in care planning along with their relatives where appropriate. Care plans were reviewed regularly.

Activities were flexible and planned dependent on the wishes of the people using the service on a given day.

People and their families knew who to go to if they wished to complain. A complaints procedure was in place.

Is the service well-led?

Requires improvement 

The service was not consistently well led

The provider did not carry out quality assurance audits to ensure a safe and good quality service was being provided.

A registered manager was in place who ensured good communication in the team through regular and informative team meetings.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Staff were aware of what their roles and responsibilities were and the roles and responsibilities of others in the organisation.

The views of people and relatives were gathered by questionnaires.

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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 inspection took place on 18 November 2015 and was unannounced. The inspection team consisted of two inspectors.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with the registered manager, two support staff and two people who were staying at the respite service at the time of our inspection. We have also gained feedback from two relatives, one health care professional and one local day service manager following the inspection.

We spent time looking at two people's care records, two staff records, staffing rotas and training plans and records. We also looked at policies and procedures, complaints and accident and incident recordings and medication records.

A previous inspection took place on 15 December 2014 when the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us they felt safe when staying at the home. One person told us, “Yes I feel safe here”. Another person said, “The carers give me my tablets every other morning”. People were comfortable and relaxed in the company of the staff, laughing and having a joke.

People knew who to speak to if they felt unsafe. One person said, “I would speak to (the registered manager)”. Another person gave names of others they would speak to, so people had a good understanding of what to do if they felt unsafe.

Relatives told us their family members were safe. One relative said, “Very safe, we can’t speak highly enough, we’ve never had concerns, ever”. Another relative told us, “It’s been a lifeline for us. We can rely on him being safe when he is there”. Relatives also told us they knew where to go if they had concerns. A health and social care professional told us, “They [staff] pick up on issues that social services may not already know about and use the safeguarding process to protect and alert”. Staff at a local day centre said “We have many service users who access the home from our day centre and all receive excellent care and they feel safe when they stay there”. People were protected from abuse and mistreatment.

There was an up to date safeguarding procedure in place that set out the steps to take if abuse was suspected. The local authority protocols were available for staff to follow. This policy is in place for all care providers within the local authority area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The staff were able to describe what abuse is and the different forms it can take. The staff also understood their responsibilities to report any concerns and could describe clearly the steps they would take if they were in that situation. All staff had up to date safeguarding training and had regular refreshers to check their knowledge.

Relevant policies and procedures were in place to support the staff to keep people safe and free from harm. Staff were aware of the policies and how to follow them.

Possible risks to people in their everyday lives had been identified. Each risk had been assessed in relation to the impact that it had on each person. Control measures were in place to reduce the risks. Staff therefore knew the action they needed to take to protect people from harm.

Environmental risks to people, staff and visitors were appropriately identified and managed. People were kept safe as measures were also in place to appropriately assess and manage the risk of fire within the service. The registered manager had asked the Kent fire safety service to visit in May 2015 to support them in their duty to keep people safe. They gave advice to staff about the property and how to evacuate safely, observing an evacuation while there and giving advice. The registered manager used the advice given to inform changes to their evacuation procedure.

Three people who used the service had been identified as requiring a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire.

People’s safety in the event of an emergency had been carefully considered and recorded.

The home had thought about what needed to happen should an emergency situation arise. A business continuity plan was in place and reviewed annually which included examples of when the plan would be put into action.

Accidents and incidents were recorded, following the provider’s policy and procedure. There had been an incident involving a person, resulting in the need to attend the hospital accident and emergency department. Following the incident, the registered manager had a de-briefing meeting with the staff on duty at the time. The incident was also raised in the following team meeting and the opportunity was taken to check staff members understanding of the accident and incident procedure. This meant that the registered manager reflected on incidents, learnt from mistakes and put actions into place to ensure the continued safety of people.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The staff carried out health and safety checks of the environment and equipment. Procedures were in place for reporting repairs and records were kept of maintenance jobs carried out. Records showed that the firefighting equipment was properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. These checks enabled people to live in a safe and well maintained

Good

Is the service safe?

environment. The garden was kept in very good order by a company who was contracted to maintain them. People could enjoy using a garden that was safe and free from obstruction.

There were sufficient staff on duty to meet people's needs and keep them safe. There were always two care staff on duty through the daytime and two staff sleeping in at night. Although the registered manager and deputy manager did manage other services they were present at the location most days. Staffing levels were set to meet peoples assessed needs. For example, one person who visits had been assessed as requiring observation overnight due to their specific needs, so a waking night member of staff is provided on these nights. Two sleep in staff continue to also be available on these nights. A relative told us, "There has always been enough staff when I have been there. My brother would tell me if there was a problem, he himself says it's excellent".

A local day service manager told us, "We visit on a regular basis and there are always adequate staff and they are experienced in the field of learning disability".

Safe recruitment practices were in place to ensure only suitable people were employed to care for vulnerable adults. Application forms were seen and checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. These checks were repeated every three years. The provider had also checked each staff member's right to work in the UK.

Medicines were managed safely. All medicines were stored securely and clear records were kept of all medicine that had been administered. A medication policy was in place and included guidance around the Mental Capacity Act 2005 and how to support a person to administer their own medication. It also highlighted the procedure to follow should an error occur. The staff were able to describe what they would do in this instance. As this was a respite service, the staff team did not order medication as people brought their own medication with them when visiting. This was mainly in the form of pharmacy dispensed boxes or containers. This was a container where the medicines prescribed by a doctor were dispensed into the correct and measured doses by a pharmacist for ease of use. Where a pharmacy dispensed container wasn't used by the person the staff only accepted medicines in the original box with prescription label.

All staff that administered medication had been trained appropriately. There were no gaps in recording during administration and medication was counted during the handover between shifts. The medication administration recording (MAR) sheets had photographs of the person to ensure safe administration of the correct medication to the correct person.

Good

Is the service effective?

Our findings

People told us that staff knew how to look after them. Comments included, "They know how to look after me". "They asked me what I liked and what I didn't like" and "We can choose our rooms, I like my room".

Relatives told us that staff had the right level of training to meet their family member's needs. A relative told us, "I think the staff 100% have the right skills. They can sometimes encourage my sister to do more than I can". Another relative said, "He knows the staff well and they know him well". A health and social care professional told us, "I feel very lucky to have this level of skill on our patch".

The staff had the skills and knowledge to support people who came to the service for respite care. The staff team was a consistent team who had worked there for many years. The registered manager had been in the role for three years and no team member had left in that time. This meant all of the staff knew people well.

Staff were well supported and development was a key feature within the service. All staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider's mandatory training such as, safeguarding adults, mental capacity act and DoLS, fire and first aid. Staff attended additional training to enable them to meet the needs of people such as autism, epilepsy, diabetes and challenging behaviour.

Staff had good knowledge and understanding of their role and how to support people effectively.

Staff told us they could ask for additional training when they needed it. One staff member told us "It was raised at a team meeting that we needed diabetes training and they put this on, we can ask for extra training".

Staff had regular one to one supervision meetings with the registered manager to discuss their performance in the role. For example, incidents that may have happened since their last meeting, training attended or needed, or updates to policies and procedures. All staff had an annual appraisal based on their performance over the previous year and planning development for the coming year.

Team meetings were held every month and scheduled on an annual basis for the coming year. This meant the staff team could make sure they were able to attend most meetings. They were occasionally cancelled if enough staff were not available to attend such as the height of holiday periods in the summer months. Staff were able to add items to the agenda as they wished.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services. Ensuring that if there are any restrictions to people's freedom and liberty, these have been authorised by the local authority as being required to protect them. The registered manager understood their responsibilities regarding DoLS. They had appropriately ensured people's capacity to make complex and day-to-day decisions had been assessed. Consent to stay at the service was considered from the beginning of the referral and assessment process. The registered manager asked the question 'Has the person consented to the referral' and 'Does the person know about the referral'. There was evidence in care files of people's capacity to be able to consent to care at the service being considered. Mental Capacity assessments had taken place. Where it had been assessed a person did not have capacity to make that decision themselves, appropriate applications had been made to the local authority for DoLS authorisation.

Staff had a good understanding of the Mental Capacity Act and DoLS. They told us "We get to know them as well as possible" and "We always ask first before doing anything". Staff confirmed if they weren't sure that a person understood they would "Use pictures, show people things" and "Look at body language". Staff knew which people had been assessed as not having the capacity to consent to care. They knew that DoLS authorisations were in place for these people. This showed that communication was good and staff had the knowledge required to support people with choice and consent.

People told us they were happy with the food, snacks and drinks available. One person said, "The food here is very good, we choose what we want". Another person told us "I help to cook here, I cook spaghetti bolognaise". Pictorial labels were on all cupboards in the kitchen which meant that people were able to see what was stored in each cupboard, maintaining their independence and confidence. People were able to make their own drinks

Good

Is the service effective?

whenever they wanted. One person told us, “Yes I can make a drink, I make my own tea”. Staff frequently asked if people wanted a drink. We were also told “I get staff to make me tea or coffee”.

Weekly menus were available for planning purposes and these were available in picture format. However the service was flexible and deviated from the menu if that was what people wanted. Take away meals were sometimes agreed upon by group consensus. People were able to choose from the stores what they would have for a meal or snack if they didn’t like what was on the menu. All the staff team were responsible for cooking meals. One staff member told us, “We all cook. Some people are fairly regimented with their meals. We give them a choice and we look at their referral forms for likes and dislikes. We can always go to the shop on the corner if there is nothing that they like in the cupboards or fridge”. Records of meals were made, these were complete and accurate. Records were kept on peoples files if they had specific dietary needs. One staff member told us, “We have one diabetic person so we have to make sure we have low sugar foods and drinks available when they stay”.

Peoples health needs were taken into account whilst they stayed at the respite service. Health needs were detailed in peoples care files and who to contact if necessary such as their GP. Although this was an infrequent occurrence due to the short term nature of the service, the information was available. Records were kept in files of when this had happened and the action taken. One of the bedrooms was fitted with epilepsy sensors to keep those with the condition safer when staying. A Speech and Language Therapist (SALT) confirmed their close involvement in visiting people and giving advice to the team. They told us “They are very skilled at interdisciplinary work”.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments included, "They are very nice, I like it very much here" and "I look forward to coming here".

Relatives told us that staff were kind. One relative said, "They know her very well, inside out"

Another relative commented, "He has always liked going there. Yes, it is a caring environment".

We observed good interaction between staff and people. There were good conversations and chats throughout the day. For example, talking about families and how they were and what they were doing. We heard conversations about Christmas, what people were doing over the festive period and who they would be visiting. Discussions about healthy eating, what people like to eat and what foods were healthy. There was chatting in the kitchen about a musical act while making tea together.

As the staff team had all been in post at the respite service for more than three years, they knew people well. Staff told us "We know people from the admissions pack that is sent out for people to complete before using the service" and "We ask people about themselves and talk to them to get to know them".

Care files contained detailed personal histories about each person and their likes and dislikes with the involvement of people and their families. Relatives had signed the care plans which evidenced they were also involved in the care planning process.

We heard the registered manager talking with a person about their family members, they knew the person and their relatives and was aware of their family situation. The registered manager explained to the person what the plans were for their return home and when this would be. The registered manager kept checking the persons understanding and answering questions. This was followed up by other members of staff later in the day. They were making sure the person was happy with arrangements and had the opportunity to talk if needed.

A day service manager said the service "Put the service users at the centre of everything they do".

People made requests for their friends to be booked in for respite care at the same time. Often the service catered for sibling groups to stay together. This would be facilitated to try to make sure people had a good, enjoyable experience when in respite. The staff knew people's preferences about who they liked to stay with and would let them know when booking who else was due to be staying. Rooms were colour coded so that people could request a room by colour when booking. People would be able to picture the room and this would aid their decision making as to which room they would prefer.

As the service was a respite service, people often stayed who may have difficult situations in their life at the time. An example of this may be a parent being admitted to hospital unexpectedly. There was good communication in the staff team so that they were aware of the situation. Clear details were written within the care plan in order to make sure the correct support was given to the person. This involved other people such as relatives, friends and health and social care professionals.

A health care professional confirmed this, telling us "They facilitate stressful things and do so with calm and a feeling of security".

People were afforded privacy in their own bedrooms when staying at the service. There were some shared rooms. However these were mainly for emergency use or by people requesting to stay in the same room together. For example, if two members of the family wanted to stay together. The registered manager explained that if the service was fully booked except for a shared room, people would be given the option of sharing or choosing another date to stay. Bedrooms had televisions and DVD's so people could spend time in the privacy of their room. People were encouraged to bring in their own personal items to personalise their room while they were staying. One person told us "I sometimes go into my room for some peace and quiet"

Staff told us they would always ask people before doing anything with them such as support with personal care. One staff member said, "I always talk people through what we are doing" and another said, "I always make sure the door is closed before supporting someone to undress". They also said "We always check the curtains are closed as sometimes people open them and forget to close them again before getting undressed". The staff also confirmed they were always aware of privacy and confidentiality when talking with people. One staff member told us, "We don't

Good

Is the service caring?

have personal conversations in public and in the house we always shut the office door and put things away". All records and documents were stored securely in appropriately locked storage.

People were supported to maintain their independence. The staff encouraged people to do things for themselves and asked if they would help to do things around the house such as tidying up and changing their beds. People were also encouraged to take part in group decisions such as activities or choice of meals.

Good

Is the service responsive?

Our findings

People told us they had plenty of activities to keep them occupied. Comments included, "Some people like to go bowling, some to the cinema" and "Today we've been bowling, tomorrow we're going to see a film".

Some people used the service because they were planning their future and had a plan in place to move out of the family home into supported living. Staying at the service was a stepping stone for them and gave them an opportunity to get used to being away from the family home. This showed that the service was responsive to people's individual needs.

The registered manager completed an annual template of bookings and kept this updated throughout the year to avoid dates being overbooked. People were booked to stay for various amounts of time, two or three days to one or two weeks. The dynamics of people staying was constantly assessed using the staff team's knowledge of people. This ensured a successful stay and enjoyable experience for everyone. People could also reschedule at any time if the date didn't suit them anymore.

Requests for respite services came from the local authority. The registered manager received a copy of the persons long term needs assessment to gain an initial understanding of need.

The registered manager also worked closely with the local children's respite service. This was to support the transition from children services to adult services. Some young people would have been used to attending the children's respite service most of their life. The move into adult services means a move from those respite services too which could be quite unsettling.

Following referral and initial information gathering an informal visit to view the service was arranged. This was followed by up to three visits to have tea and stay for a short while. Once this was successful and people felt secure an overnight stay was planned. People were able to say at any stage that they did not want to proceed further or to speed the process up. The registered manager had planned how to make people's stay at the respite service a success and how to include them fully in the process.

Pictorial care plans were completed with the full involvement of the person during their first two to three night stay. Pictorial aids such as descriptive cards were also used to support people with the process. Care plans included information about people's health and medication, activities and interests, likes/dislikes, personal care and hygiene and important people. Other important information such as what time a person liked to get up and what time they liked to go to bed were also included.

Care plans were reviewed as and when needed dependent on when and how often people used the service. Family members and carers were involved in the assessment and care planning process. We saw signed agreements between people and the service which were also signed by family members.

Life and family history was written within each person's care plan with full involvement of people and their families. The staff team's knowledge of individual circumstances enhanced the settling in period and relationship building. A discharge letter went home with each person at the end of their stay with a brief description of what they did whilst they had stayed in the service. This included any important information which staff needed to share.

A health and social care professional told us, "Staff individualise their approach to meet client need, so everyone who goes feels special".

Due to the nature of the service, activities were planned on a weekly and often daily basis. This included the activities people would normally be involved in whilst they were at home. Discussions had taken place whether people wanted to continue with these while at the respite service. If they did, then this was facilitated. We saw people leaving to go to a day service when we inspected. If people didn't want to attend their usual activities they were supported to do different things instead. While we were visiting people went out bowling with staff. There was an activities list available for people to give them ideas of what was available in the local area. Staff told us "They say what they want to do, but they can change their minds if they want". One staff member told us that one evening people wanted to go to a night club. They explained that people "Then decided that they didn't want to go, so we stayed at home". The registered manager told us of other favoured activities such as the carers relief disco, Bar Chocolate or going to the pub.

Staff commented to us "It's what the individual wants" and "Sometimes people have Pyjama days if they want to. We

Good

Is the service responsive?

split the day according to who's in, then we go with a majority vote". The registered manager told us a lot of young people use the service and they often tend to want to relax as they see it as a holiday. Some people wanted to spend time using hand held tablet computers, playing games or watching TV. Relatives told us "She loves going there, so much so, she chooses to attend her day service less when she is staying" and "They do day trips sometimes. He likes going there, it's a very restful break". A health and social care professional told us, "Service users think of it as a holiday, time there is active and fun".

People knew how to make a complaint and who to go to if they had a concern. One person told us "I would tell (the registered manager) or staff". There was a complaints procedure in place. This included who to go to if the registered manager did not deal with people's concerns to their satisfaction. Should the organisation not deal effectively with the complaint outside agencies were also listed within the procedure. These included the Local Government Ombudsman and the Care Quality Commission. The service had not received any formal complaints in the last 12 months. Staff knew what role they played when complaints were received. A member of staff told us "I would pass on any complaints to the manager".

The registered manager listened to people's observations and suggestions for improvements to the service. A staff member told us that some verbal, informal comments had been made "Some people complained about the lighting and now we are getting spot lights fitted".

Requires improvement

Is the service well-led?

Our findings

People told us they were asked for feedback about the service they received. Comments included, "I have done surveys, I like the smiley faces" and "The service is very good, I look forward to coming, I'm coming next year".

Relatives complimented the service on the booking system in place and were complimentary about the service. A relative told us "It's managed well they're doing a wonderful job". Another relative said "We can't fault it, we don't know what we would have done without it".

A Health and Social Care professional said they had "No issues of concern, excellent service, excellent lead and we are very thankful for the excellent professional relationship we have with this service".

The registered manager carried out a monthly audit check of care files. The service manager visited the service every 6 weeks. The service manager always chatted to the people using the service at the time, talked to staff and spent time with the registered manager. However, this was an informal visit. The provider did not have formal arrangements in place to check documents, care practice or processes to check the quality of the service. There were no systems in place for the provider to check that the environment was kept safe. For example monitoring that risk assessments and maintenance checks were carried out appropriately. The provider had not checked that the service was safe.

We looked at people's medicines records. We checked how many medicines were counted in when people were admitted to the service for their stay, the amount administered whilst they stayed and the amount counted out and sent home at the end of their stay. We found discrepancies in these recordings on two separate occasions. The amount recorded on discharge did not correspond with the amount recorded on admittance and the amount taken. For example, one medication was recorded as 48 tablets when admitted. Six tablets had been taken while staying at the service and 43 were recorded as being sent home. The correct amount when discharged should have been 42 tablets. Another example was nine tablets arrived with the person and three tablets had been administered while staying at the service. The discharge summary recorded that seven tablets were returned home when the correct amount should have been six tablets.

The medication administration recording (MAR) sheet stated clearly that two members of staff should sign to confirm they had counted the medication that the person had brought with them on being admitted for respite care. Although two staff members names were printed on the sheets no staff had actually signed as directed to confirm they had counted the medication when people were admitted. The registered manager and provider had not carried out any medication audits. Therefore they were unaware of the discrepancies. This meant that there was a potential for errors to be made in the administration of people's medication and that these would go un noticed.

The examples above were a breach of Regulation 17(1)(2)(a)(b) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had up to date knowledge of the changes to the Health and Social Care Act 2008. They regularly attended local provider forums to meet with other organisations and keep up to date with local and national issues. The service also had close links with other local organisations such as day services and children's respite services. The day service manager said "(The registered manager) is a very competent manager and is well thought of by all service users, always willing to give advice and pass on relevant information to ourselves, she is an asset to Birling Avenue".

There was an open culture where the registered manager was well thought of by the staff team. Staff told us that if things did go wrong, it would be dealt with in a way that didn't apportion blame. We saw an example of this in the way an incident was handled by the registered manager. A team meeting was held and documented in order to de brief and learn from the experience.

We were told by staff "It's an open culture, we say what we think. I would say I'm happy with this or not happy with that". As well as "It is open, we learn by mistakes". Staff understood what whistleblowing was and were able to describe the purpose of it. They explained to us what they would do and told us there was a phone number they could call although they had never needed to use it. Staff were confident if they raised a concern this would be listened to and taken seriously.

The service had a clear vision and values that were understood by the registered manager and the staff team. The service had a friendly and relaxed atmosphere where

Requires improvement

Is the service well-led?

people chatted openly and moved around freely. People were encouraged to be independent as a matter of course without pressure. One staff member told us "We promote independence for the clients, take on board what they say and give them a good break from home life. It's a rest from home. We work as a good team and everything is centred on the clients". A local day service manager told us "It's a home from home environment, friendly staff and management".

The registered manager was available and visible in the service most days of the week. The staff team were empowered to carry out their duties supporting the people with a level of autonomy and responsibility. Staff knew what their roles and responsibilities were as well as those of the registered manager and deputy manager. They felt supported and able to raise concerns or ideas for improvement.

Staff told us, "Definitely supported and I have regular supervision. A lot of things I would discuss informally as well"; as well as "Yes I am supported. I like it here, it's different every day and we work as a good team" and "I think it's a brilliant service, I love working here".

Regular surveys were carried out to gain the views of those people who used the service, their families and carers. The most recent was completed in the last four months. We viewed completed surveys. The surveys were in an easy read style to encourage responses from as many people as possible. This included smiley faces and sad faces to aid understanding. We didn't see any negative responses, all responses were positive. Comments included, 'I like to relax at Birling Avenue, watching TV and going on my ipad'.

Relatives survey results had been collated onto spreadsheets. Graphs and pie charts were produced to show at a glance the range of responses to each question asked. All of the surveys gave positive feedback about the service. Thirty seven relatives returned their surveys. Thirty four relatives strongly agreed that the service was a safe and comfortable environment for their family member. Three relatives mostly agreed with the statement. The provider looked for the views of people and their relatives in order to find out if they were providing the service people wanted. People and their relatives had a positive experience of the service provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not in place to ensure the provider and the registered manager could identify, assess and monitor issues with quality and risk withinthe service Regulation 17(1)(2)(a)(b)