Independent Options (North West)

Independent Options (Stockport) - 55a Beech Avenue

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 31 October 2016 and was unannounced. We last inspected Beech Avenue on 29 October 2013 when we found the service was meeting the requirements in relation to all regulations inspected.

Beech Avenue provides a short breaks service to people (guests) who have a learning and/or physical disability. People supported by the service usually lived with a family member or shared lives carer. In this report we have referred to both relatives and shared lives carers as 'carers'.

The property is a four bedroom detached dormer bungalow. There are three bedrooms on the ground floor and one bedroom on the first floor. The home has gardens to the front and rear and has two shared bathrooms and an additional shared toilet. The home is located within the residential area of Gatley, Stockport. The home is close to the motorway and Gatley train station is nearby. At the time of our visit there had been three guests who had stayed the previous night. There was no-one using the service present during the day at the time of our visit.

There was an acting manager in place who was in the process of completing their application to register with the 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.

We identified breaches of six of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to assessing and reducing risk, the safe management of medicines, assessment and care planning, complaints, governance, training and supervision, and meeting the requirements of the Mental Capacity Act 2005 (MCA). We also made a recommendation in relation to reviewing guidance on the implementation of the MCA. We are currently considering our options in relation to enforcement in relation to some of these breaches of regulation, and will update the section at the end of this report once any enforcement action has concluded.

We found care plans had been completed to a variable standard. Some care plans contained only limited information on preferences and support needs, whilst others contained more detail. Care plans had not been regularly updated to ensure the information they contained was still accurate.

One person's care plan did not detail clear information about the support the person required to eat and drink. This person was also at risk of choking and this risk had not been reflected in their risk assessment.

We received mixed feedback about activities provided at the service. Some carers reported people enjoyed the activities and were given a wide range of opportunities. However, we saw feedback had also been given to the provider requesting more trips out.

Some people enjoyed the service for the social aspect of meeting friends. It had not always been possible for the provider to arrange visits so that people could stay with friends who also used the service. The acting manager told us they were reviewing the booking process.

The person we spoke with using the service told us they received a choice of meal. Staff did the shopping on a weekly basis to meet the dietary requirements and preferences of guests booked to stay that week.

There were no clear instructions in place for staff to follow in relation to the administration of 'when required' (PRN) medicines. We also found one person who was prescribed a medicine for use in emergency situations did not have the required care plan in place to inform staff when they should administer this.

The provider had submitted applications to the local authority to deprive people of their liberty. It appeared a 'blanket approach' may have been taken to this without consideration of whether people were able to make their own choice about whether they stayed at the service.

We found evidence of the use of restrictive practices to keep a person safe. However, there was no evidence in the care plan that this had been considered as part of a best interests decision as is required under the MCA.

There was a small staff team and people who used the service regularly got to know the staff supporting them. Carers told us their family members felt comfortable with the staff supporting them.

Training was provided in a variety of topics. However, refresher training was overdue in some subject areas including epilepsy. One carer commented that staff did not seem to effectively identify when their family member had seizures. There were gaps in the provision of supervision to staff.

The provider sought feedback from people using the service and their carers. Questionnaires had been sent to people and carers and there were various groups and committees in place to ensure people, carers and staff had a say in the development and improvement of the service.

The service had investigated formal complaints. However, we found a concern raised by a relative had not been handled appropriately by a former manager and had not been investigated.

A range of audits and checks were completed by the manager and provider. These covered a wide range of areas. However, actions were not always completed in a timely manner and these systems had not been effective at ensuring the issues we identified had been addressed.

Staff felt motivated and valued in their roles. The acting manager also told us they felt the organisation was supportive of them. The acting manager had identified some of the areas where improvements were required prior to our visit and was taking actions to address these shortfalls.

We received positive feedback from a health professional with involvement in the service. They told us they found staff professional and said they had found the service provided to be excellent.

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 consistently safe.

There were no directions in place for the administration of when required medicines. One person did not have information in place to inform staff when to administer a rescue medicine for epileptic seizures.

There was a lack of clarity on one care plan in relation to the requirements to thicken their drinks. This person was at risk of choking and this was not reflected in their risk assessment.

Staff told us they thought there were always sufficient numbers of staff on duty to meet people's needs. The acting manager told us they were looking at a more robust way of determining staffing requirements.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff used restrictive practices with one person they supported. There was no evidence in the care plan that the decision around restrictive practice was the least restrictive option or had been considered as part of a best interest's decision.

Staff received training in a range of topics. However, some of this training, including epilepsy training was overdue a refresh for most of the staff. Supervision had not been provided as frequently as intended by the provider.

Staff had information on people's dietary requirements and preferences. Family carers told us these requirements were met by the service.

Is the service caring?

Good

The service was caring.

There was a small staff team, and people who had been using the service for a longer period of time had got to know staff well.

Family carers told us staff were caring in their approach.

Staff and an external professional told us they would be happy for a friend or family member to use the service if they required such support.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans were not always accurate and up-to-date. Information recorded about preferences and support needs were variable in level of detail.

The provider had investigated and responded to formal complaints. However, one family carer told us they had raised a concern with a previous manager that had not been investigated.

A range of activities were offered to people using the service. This included trips out and themed events. Some carers reported their family members enjoyed going to the service and the activities offered. However we saw feedback from other carers who had requested more trips out be provided.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There had been four managers, including the current acting manager in the preceding 18 months. The acting manager had been at the service for one month and was in the process of registering with the Care Quality Commission (CQC).

There was a comprehensive system in place of audit and quality assurance. However this had not been effective at ensuring all issues were identified and action taken in a timely manner.

Staff felt supported and motivated in their job roles.

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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.

The inspection took place on 31 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we held about the service. This included notifications the service is required to send us about safeguarding, serious injuries and other significant events. We also reviewed any feedback on the service provided to us via our online 'share your experience' forms since our last inspection.

Before the inspection, the provider 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 reviewed the information contained in the PIR and used it to help plan our inspection.

We sought feedback about the service from the local authority quality assurance team, Stockport safeguarding, Stockport Healthwatch and other professionals the provider had given us contact details for. Stockport Healthwatch shared general comments made about the provider in questionnaires they had received, and a community nurse with previous involvement with the service provided us with positive feedback on the service.

During the inspection we spoke with one person who had stayed at the service the previous night. There were no people using the service present during the majority of our inspection. We attempted to contact some people who used the service and would be able to speak with us by phone following the inspection, but were unsuccessful in our attempts. We spoke with the acting manager, a deputy manager from the sister short-breaks service and two support workers. We also spoke briefly with the Chief Executive Officer (CEO) for Independent Options who visited Beech Avenue during our inspection. Following the inspection we spoke with a further four support workers and four relatives/carers by phone.

We reviewed records relating to the care and support people were receiving. This included handover records, daily records, four care plans and four medication administration records (MARs). We looked at records related to the running of the service, including records of servicing and maintenance, the provider's quality assurance audits and records of staff training and supervision.

Requires Improvement

Is the service safe?

Our findings

We saw staff had completed risk assessments in relation to potential risks to people's health and wellbeing. These covered risks such as self-neglect, community access, road safety and medicines. Risk assessments identified measures to help reduce and control identified risks, and they stated a 'desired outcome' of following the control measures, such as a person receiving their medicines as prescribed.

However, we saw risk assessments did not always identify all relevant risks, and care plans in some cases were not clear on what steps staff should take to reduce these known risks. For example, two people's care plans identified they were at risk of choking and neither person's risk assessment identified this hazard. Whilst both care plans detailed the support these people required to eat and drink, one of the care plans was unclear and contradictory in the guidance provided about the requirement for staff to thicken this person's drinks. We reviewed records of food and fluid intake and found records only occasionally stated the food consistency, and we could find no record of the consistency of drinks provided or whether staff had used thickener. We asked staff how they prepared this person's drinks and meals. Three staff told us the person's drinks were thickened, and a fourth member of staff told us they would refer to the care plan for instructions. As the care plan was unclear on the requirement for thickener to be used, this increased the risk that drinks of the incorrect consistency could be provided, which would increase the risk of choking. The acting manager assured us they would confirm this person's support requirements and update the care plan prior to their next stay.

There were no personal emergency evacuation plans (PEEPs) in place for people using the service. PEEPs provide staff or the emergency services with important information about the assistance people would require to leave the building in the event of an emergency. We acknowledged that the risks in relation to emergency evacuation were reduced due to the relatively small size of the service. However, prompt action to address this shortfall had not been taken, as this issue had also been raised during an inspection of the provider's other short breaks service on 21 September 2016 and in previous audits by the provider.

We saw a legionella survey had been completed by an external contractor in July 2015. This made a number of recommendations in relation to regular checks, cleaning and other remedial work that should be completed to adequately control risks of legionella. The acting manager told us they had identified that there were still outstanding actions required in relation to this survey when they joined the service, and said they were sourcing quotes for the work. They also acknowledged that some of the recommendations had not been completed.

The issues identified above show the provider was not taking all practicable steps to identify and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there was lockable storage for people's medicines in each of the four bedrooms. The acting manager told us medication was checked in on each visit by staff who completed the medication administration records (MARs) by checking the details against the pharmacy label and any instructions sent

in by people's carers. We saw staff had fully completed the MARs without gaps during people's stays. We saw evidence that where the service had been informed about changes to people's medicines, staff had updated the MARs accordingly. A log of any medicines discrepancies was kept by the service. This demonstrated appropriate actions had been taken in response to any medicines errors. For example, the records showed medicines errors were investigated and that advice was sought from a health professional.

Staff told us no-one using the service was administered a controlled drug. Controlled drugs are medicines that due to the risk of their misuse are subject to additional legal controls in relation to their safe storage, administration and destruction. However, we reviewed one person's MAR that showed staff had received and administered a medicine (Buprenorphine), which is a medicine subject to the safe storage requirements of controlled drugs. The service did not have storage available that met the requirements for handling controlled drugs. The acting manager and deputy had been unaware this medicine had been received into the service and told us they would look at developing new procedures that would ensure this did not happen again.

Some people were prescribed medicines to be taken 'when required' (PRN). These medicines included medicines for pain relief such as paracetamol. There were no PRN protocols in place to inform staff when they should administer PRN medicines, or to ensure they were administered safely, such as ensuring an adequate gap between repeat administrations. However, we saw evidence that staff did understand these conditions, and the reasons for administration of PRN medicines had been recorded on the MARs. Some people were prescribed 'rescue medicines' such as buccal midazolam, which are used in specified circumstances when a person is experiencing an epileptic seizure. Most people had specific care plans in place for the use of such medicines that detailed when to administer the medicine and when to call an ambulance. However, one person did not have an epilepsy care plan in place, or other clear instruction on when their rescue medicine would be required. This meant there would be a risk the medicine would not be administered safely and in accordance with that person's need in the event of an emergency. The acting manager assured us they would ensure the required information would be put in place prior to this person's next stay.

These issues in relation to the safe management of medicines were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager told us usual staffing levels were two staff members on duty at all times. This included two sleep-in staff during the night period. They told us staffing levels could occasionally drop to one staff member if there were fewer than three guests staying who did not have needs that dictated two staff were required, such as moving and handling support needs. Staff told us shifts were always covered and that they felt there were sufficient staff on duty to meet people's needs.

We looked at rotas and saw on one occasion in October 2016, there had been three guests staying and only one staff member on duty during the night. We spoke with the carer of one of the guests who told us they had had some concerns about the staffing level that night due to their family member's support needs. However, they said they had been reassured as the acting manager had arranged to be present at the home early in the morning. We spoke with the acting manager about this who told us that in addition to the support they provided to staff, the deputy manager was also on-call overnight and would have been able to provide any assistance required. The acting manager told us they acknowledged that a more robust process for determining staffing requirements based on people's needs and preferences, such as activity preferences was required.

Staff told us, and records confirmed that they had received training in safeguarding. Staff we spoke with

were aware of how to identify potential safeguarding concerns, and told us they would be confident to report any concerns to a manager. One staff member told us; "I would document any concerns and would contact the manager to alert the appropriate person. I would report any concerns. You have a duty of care." We saw the provider had followed the local authority's guidance around the recording and reporting of safeguarding concerns.

Staff we spoke with told us they were aware of how they could raise concerns or 'whistleblow' within or external to the provider if they felt this was required. Staff told us they would feel confident about whistleblowing if required. One staff member said; "I'd definitely be confident [to whistleblow]. Anything regarding people's safety or wellbeing, I always would."

We were not able to look at records of recruitment during the visit to Beech Avenue as the relevant records were kept at the provider's Human Resource (HR) department at their head office. Following the inspection the acting manager sent us details of checks carried out for staff members when recruited. This indicated staff had a disclosure and barring service (DBS) check, and that references and identification had been checked. An inspection was also undertaken of the provider's shared lives service based at their head office on the same day as the inspection of this service. We therefore checked with that inspection team that they were satisfied with the procedures followed in relation to recruitment checks. They informed us they did not have any concerns in relation to recruitment at that time.

The environment at Beech Avenue was clean and tidy. We saw a staff member was employed to undertake general maintenance jobs and to clean the bedrooms between each person's stay at the home. The local authority's health protection nurse had completed an infection control audit in July 2016, where they had identified a number of areas where improvements were required. We saw the acting manager had discussed the findings of this audit with staff and there was evidence of a number of improvements having been made as a result of recommendations made. The acting manager also pointed out additional areas where they intended to make changes to help control the risks of spread of infection, such as removing material lined laundry baskets in the guest bedrooms. There were schedules for cleaning in place and staff completed checklists on the handover document to show these were complete. However, we saw one of the chairs in the lounge area was stained and looked unclean. The acting manager took action during the inspection to clean the chair and told us they would remind staff of the need to clean this equipment on a regular basis.

We saw evidence that staff recorded accidents such as falls, and that factors contributing to accidents had been considered, along with any steps that could be taken to reduce the risk of a reoccurrence. The acting manager told us any serious incidents would also be discussed at the provider's health and safety committee. Staff carried out regular checks in relation to the safety of the environment, including checks relating to fire safety and means of escape. Checks of first aid box contents, medicines and finances were also recorded at every handover. The service had an emergency contingency plan that provided details of actions to be taken in the event of staffing shortages, loss of utilities, fire, flood and other events that could disrupt service provision. Staff were not able to locate this during the inspection, but a copy was sent to us shortly after our visit.

We saw routine inspection and servicing of the property and equipment had been completed as required. For example, there was evidence lifting equipment such as hoists had been checked by a competent person. The gas safety and electrical fixed wiring inspection certificates were both in date.

Requires Improvement

Is the service effective?

Our findings

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 so that they can 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 , and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider information return (PIR) sent to the Care Quality Commission (CQC) in February 2016 stated that the manager had completed DoLS applications for each guest that accessed Beech Avenue. This was also the approach that staff suggested was taken, which they told us was due to the service having a locked door. We challenged this approach and queried whether any person the service supported would have capacity and be able to access the community independently. Staff agreed that some people did have capacity and would be able to leave if they wanted.

We were unable to determine how many DoLS applications had been made from records held at the service. The deputy manager located a file, which contained applications for approximately half the people supported by the service. The provider had indicated in their PIR that four people had an authorised deprivation of liberty in place in February 2016. The provider is required to notify CQC of any authorised DoLS, and had notified CQC of one authorisation in 2015. The provider was also only able to find records of one DoLS application having been authorised. We checked with the local authority DoLS team who informed us no DoLS applications had been authorised in the past year for this location, which indicated the information in the PIR had been incorrect. The one authorised DoLS had expired in November 2015 and the service had been instructed to re-apply for a further DoLS if the restrictions were still required 21 days in advance of the authorisation expiring. We saw a re-application had not been completed until approximately two weeks after the expiry date. This showed the service was not managing DoLS effectively.

We reviewed one person's care plan, which instructed staff to use restrictive practices in order to protect the person from harm as a result of self-injurious behaviours. Staff we spoke with confirmed they followed the guidelines documented in the care plan and used other restrictive practices that were not described in the care plan. There was no evidence in the care file that a capacity assessment or best-interests decision had taken place to determine whether the restrictive practices were in this person's best-interests and the least restrictive option, although the provider told us that this was the case. There were also no strategies recorded to help staff manage these behaviours in a less restrictive way if this was possible. We asked the acting manager to look into this concern and clarify what discussions and assessments had taken place in relation to these restrictive practices prior to the person's next stay. The provider was unable to locate any further information in relation to the decision making process followed in relation to this practice. We therefore referred this concern to the local authority safeguarding team.

The provider was not acting in accordance with the requirements of the Mental Capacity Act (2005) and could not demonstrate the required steps had been taken to ensure restrictive practice was necessary and in a person's best interests. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that four of the six support workers who regularly worked at Beech Avenue had received training in the MCA. We asked staff how they would seek consent from people prior to providing any care or assistance. Staff told us they would follow people's care plans, inform people what support they were going to give and would ask their permission. One staff member told us; "[If a person can't communicate their consent] we would act in their best interests. We do ask people if they have capacity, and we will support people to make choices such as choosing their meal."

There was no call-bell system in the home, and the acting manager informed us that some people had listening monitors in their rooms at night for safety reason, such as to monitor if anyone had a nocturnal seizure. This was also reflected in people's care plans, though there was no evidence that people had consented to such practices or that a best-interests decision process had been followed.

We recommend the provider reviews national guidance in relation to the implementation of the Mental Capacity Act (2005).

Staff told us they felt they received sufficient training to enable to undertake their roles competently. We saw training had been provided in topics including safeguarding, moving and handling, first aid, infection control, epilepsy and food safety. All staff had undertaken what the provider determined to be 'mandatory training' in the past three years, although some courses were past the dates refresher training was indicated as required. For example, five staff had completed epilepsy training in 2015, and one staff member had completed this in 2016. The training audit indicated that this training was to be provided annually and was now overdue refresh for all six staff members. Whilst carers we spoke with felt staff were generally competent, one carer we spoke with questioned the competence of staff in recognising and recording epileptic seizures.

The training matrix (record) listed additional training courses that did not appear on the mandatory training. This included training in communication, autistic spectrum conditions and learning disability. However, few staff had completed these courses and for most staff who had completed the training, this was over five years old. The service was following the care certificate standards to provide induction training to new staff. . The care certificate is a set of minimum standards that should be covered for any new care workers. We saw existing staff were also in the process of completing elements of the care certificate to refresh their knowledge in certain areas, including safeguarding and learning disabilities.

Staff told us they had received regular supervision, but that this had lapsed during a period of changeover between managers. One of the six regular staff working at the service had not received a supervision session for five months, and most staff had received only two supervisions (including appraisal sessions) in the previous 11 months. The acting manager showed us they had planned to hold future staff supervisions on a regular six weekly basis. Staff told us they found supervisions useful, but told us they could also share any concerns they might have at regular team meetings. The acting manager told us that due to the small size of the service, they found they were able to work closely with staff to provide support and monitor staff performance.

These gaps in the provision of training and supervision to staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with one guest about the food they received at Beech Avenue. They told us they received a choice of meal and enjoyed what was provided. The service had a good stock of food, including fresh fruit available. Staff told us they did the shopping on a weekly basis and checked which guests were staying so they could purchase foods that met people's dietary requirements and preferences. One carer we spoke with told us they found their family member drank well when staying at Beech Avenue, and another told us the service always bought in Halal foods (specially prepared food) when their family member was staying. We saw guidance was available to staff on suitable food for people with specific dietary requirements such as a Halal diet or a gluten free diet.

The service had recently re-decorated some of the communal areas at Beech Avenue, and a new bathroom had been recently installed upstairs in the property. We saw equipment such as tracking (ceiling) hoists and portable hoists were available to aid people with moving and handling support needs. The service also had a large garden that was accessible to people who used wheelchairs.

Good

Is the service caring?

Our findings

The provider told us there was a small staff team of between six to nine staff who worked at Beech Avenue on a regular basis. Due to the frequent change in guests staying at Beech Avenue, some carers told us they did not always know the staff member on shift. However, carers of those that had been attending the service on a more long-term basis told us their family member's did get to know staff and told us the service did appear to try and ensure people were supported by a staff member that knew them well. One carer told us; "I think [my family member] is cared for well. Staff know [family member] really well. They do really try and speak to me to tell me who is on, and try to get someone on shift who can meet [family member's] needs as continuity and familiarity are an important factor to [family member]."

The person we spoke with who was using the service told us; "I like Beech Avenue and the guests. I get on with the staff. I know [staff name] and [staff name]. I know all the staff." Relatives and carers we spoke with told us they found staff to be approachable and caring, and told us their family member's appeared comfortable with staff supporting them. One carer told us; "[Person] is comfortable with staff and I am comfortable with staff… [staff name] is a very nice person. If [family member] had an issue, they would definitely tell me." Another carer told us; "They [the staff] are caring, very much so. There is a particular staff member [staff name] that they get on with very well."

We asked three support workers whether they would be happy for a friend or family member who might need to use a similar service to go for short breaks at Beech Avenue. All three staff confirmed they would be happy. One staff member said; "Yes definitely. Guests have a good service and the workers are really good." We also received feedback from a health professional with previous involvement with the service who told us; "If I had a family member with a learning disability, I would choose them for support." They also told us they had always found staff to be helpful and professional and that any feedback they had had from people using the service had been positive.

Information was recorded in people's care plans about how that person communicated and how staff could support effective communication. This information varied in level of detail, with some care plans providing detailed information about any non-verbal communication used by the person, whilst other care plans stated the person used non-verbal communications, but didn't explain what different behaviours and facial expressions meant. One carer told us their family member could struggle to communicate. They said the service always provided a written report at the end of their family member's stay, which included information on what they had done. They told us they had been 'really impressed' with this and told us staff were 'definitely' effective at communicating with their family member.

Staff told us they would help ensure people's privacy and dignity was respected by ensuring doors were closed when providing assistance with personal care, allowing people time in their rooms if they wished, and by being discreet when offering assistance with any care needs. Carers we spoke with also felt their family member's privacy and dignity was respected. One carer told us they had requested that a male staff member provided support to their family member with bathing, and that the service had accommodated this request.

The acting manager told us Beech Avenue provided a service that they compared with the service of a guest house. However, they told us that if people wanted to be involved in day to day tasks about the home, such as assisting with the cleaning they were welcome to do so, and that some people did enjoy taking part in domestic tasks. Staff told us they would promote independence by supporting people to develop skills such as using public transport, setting tables or making their own drinks. Both staff and carers we spoke with talked about the service having a 'homely' and welcoming feel.

Requires Improvement

Is the service responsive?

Our findings

The acting manager acknowledged at the start of our inspection visit that over half of the care files required review to bring them up to standard. We saw they had a tracker in place to track the progress of work on updating care files, and the acting manager told us training in care planning was scheduled to take place within the following two weeks. Care plans had been completed to a variable standard in relation to the information and detail they contained about people's support needs and preferences. For example, one care plan stated a person required 'full support' with their personal care, but did not provide any detail on how this should be provided or the person's preferences in relation to personal care support. Another care plan however contained much more detailed information around the support they required. Information on preferences, likes and dislikes was also recorded to varying levels. Whilst some care files contained an 'all about me' document providing information on aspects of the person's life, such as important people in their lives, interests and social connections, one care file we reviewed did not contain this document, and another showed no evidence of review since it had been completed in 2012.

The acting manager told us all people using the service were supported either by relatives or shared lives carers when not accessing the short breaks service. They explained that people using the service usually brought a letter with them completed by their carers that would provide an update in relation to any changes to that person's support needs. One of the files we looked at contained a number of detailed letters sent in by the carers, whilst the other files did not contain any such communication. The provider required that care plans were reviewed on an annual basis, and the provider's audit showed this had been achieved for 35 out of 42 people at the time of their audit in August 2016.

However, we found that care plans had not been updated with relevant information when this had been received between reviews. For instance, letters received from one person's carer noted changes to their required support following an operation. The care plan noted this operation was planned, but had not been updated since the operation, which took place in 2015. As discussed in the safe section of this report, another person's care file contained contradictory information about support requirements around eating and drinking. This care plan also noted that a swallowing assessment had been arranged with a speech and language therapist (SALT) in February 2016. However, there was no information about whether this assessment had taken place, or what guidance, if any, had been provided. A third care plan we looked at indicated the person required frequent support to reposition to reduce the risk of pressure sores. The care plan didn't state how frequent repositioning should take place, and no record of this support being provided had been kept.

The acting manager told us staff were allocated half an hour at the beginning of shifts to read the care plans for any guests due to stay, and we saw staff signed to confirm they had done this. Staff we spoke with also frequently told us they would refer to care plans for information due to the frequent changes in guests staying. It is therefore important that the information in the care plans is accurate and up-to-date.

These gaps in the assessment and planning of support were a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We saw information, including information in pictorial format, was available to support people to make complaints. All the carers we spoke with told us they would feel confident to raise a complaint should they feel this was necessary. We saw evidence of one formal complaint that the former manager and chief executive had investigated and responded to appropriately. The provider's audit also noted any trends in informal complaints raised. This noted complaints had been received in relation to the laundry service and guests items not being sent home. Actions were identified to help address these concerns.

Despite this evidence of good practice, one carer we spoke with told us about a serious complaint they had raised with the former manager. They told us they did not think their concern had been investigated, and said the former manager had instead passed them onto the staff member to provide an explanation. We asked the current acting manager if there was any record of this concern, which they confirmed there was not. They told us they would investigate this complaint and respond to the carer if they wished.

The provider had not identified this concern as a complaint and had not taken proportionate action to investigate and respond accordingly. This was a breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We received feedback from a health professional who told us the service had provided 'excellent support' to a person to meet their changing needs. We asked carers whether they found the service to work flexibly. One carer told us; "It's great. It provides the respite we need," but added that the booking system had appeared a bit unorganised as their preferences appeared not to have been accounted for initially when dates had been provided to them. Another carer told us they had at first found the service to be a 'lifesaver', but that now their family member was reluctant to go other than when their friends were also saying. The acting manager had told us they were aware some people only wanted to stay when their friends were there because of the importance of the social aspect of their stays. They told us they intended to review the booking system to help try and accommodate such preferences to a greater degree. A third carer told us they had been contacted by the service asking them to pick their carer up one day as the service had forgotten their family member didn't attend their day service on that day of the week and hadn't arranged staff cover for the day. This shows the processes for managing bookings and meeting people's assessed needs and preferences were not well managed.

Many of the people accessing the service attended day services during the day when staying at Beech Avenue. However, daytime support was provided when people did not have other arrangements. We saw care plans identified activities of interest to individuals and the level of support they would need to take part in different activities. The service also arranged trips out and themed events, which had included a recent visit and activities at an indoor ski slope. One carer told us; "They take [family member] out and about. He gets to meet with friends." Another carer told us; "Each time seems to be action packed, with trips to the cinema and shops for example. [Person] does enjoy their stays." We saw from minutes from one of the provider's 'coffee morning' events in March 2016 that one of the family members had been asked to raise a complaint about activities. The carers had requested that the variety of trips out was increased and recent surveys completed by carers also requested more activities and less TV. The acting manager told us staff would try and accommodate any activity preferences and that reviewing the booking process would help facilitate this.

Requires Improvement

Is the service well-led?

Our findings

There had been four managers in place at the service in the preceding 18 months. Two of these managers had been registered with the Care Quality Commission (CQC), with the last registered manager having worked at the service for six months. At the time of our inspection there was not a registered manager in post. The acting manager had joined the service approximately one month prior to our inspection. They told us they intended to submit an application to register with CQC, as is a requirement of the provider's registration. The acting manager had responsibility for the provider's two short breaks service, and was supported by a deputy who was primarily based at Hall Field Guest House.

The acting manager had recognised a number of the areas where improvements were required and demonstrated they were in the process of taking appropriate actions. For example, we saw they were in the process of reviewing care plans, and they had taken action based on the findings of the external infection control audit. The acting manager was responsive to our feedback and provided an action plan to us shortly after the inspection to inform us how they intended to address the issues we raised.

There were systems in place to help monitor and improve the quality and safety of the service. We saw a wide range of audits were carried out by the manager of the service and by the provider. Audits were based around CQC's key lines of enquiry (KLOES) to look at whether the service was safe, effective, caring, responsive and well-led. This included checks being made of accidents and incidents, care plans, training, medicines, food and nutrition, complaints, infection control, health and safety and a range of other aspects of service delivery. Action plans with specified dates had been created from the audits, and minutes from staff team meetings showed that the findings of audits were shared with staff. This would help ensure all staff were working towards common goals to improve the service.

Despite this system of audits and checks, we found the service was not meeting the requirements of some of the regulations. The provider had failed to identify issues relating to the assessment and management of risks relating to people's care and had the systems in place had not ensured care plans were up to date. Complaints had not been handled effectively on a consistent basis and the delivery of care and support had not always been well organised. This meant the systems had not been effective at ensuring issues were adequately addressed. We also saw that some actions identified in audits had not been completed in a timely manner. For example, the provider's audit conducted in August 2016 identified the requirement for PEEPs to be put in place. The audit stated this was a repeat action, and the original date identified for completion was November 2015.

Systems in place to improve the quality and safety of the service had not been operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider sought feedback from people using the service and their carers through questionnaires, a service user sub-committee to the provider's quality assurance group and 'coffee morning' events held for carers. The findings from questionnaires had been analysed and fed-back to staff and people using the service via the various groups and committees in place. Minutes from these meetings also showed carers

were able to openly discuss the quality of the service, make suggestions to improve the service and raise any concerns they might have.

As part of the Provider Information Return (PIR) CQC sends to services, we ask providers about any planned improvements they had. We saw the provider had incorporated the planned improvements they informed us of into an action plan as part of the quality assurance system. This identified the provider had achieved a number of the planned improvements, but had not met their identified deadlines for other improvements, including improvements relating to care plans.

We saw regular team meetings were held with staff. The minutes from meetings showed discussion had been held around complaints received, any new referrals, medicines, safeguarding, training and CQC requirements. This would help ensure all staff were aware of their responsibilities and any areas of service delivery that required improvement. Staff told us they felt valued and were happy in their jobs. One staff member told us; "I really enjoy working here. It's a really rewarding job. I'm passionate about it." The acting manager told us the organisation had a short management structure and said; "I think it's a very supportive organisation." We received feedback from a health professional who told us; "I can't fault this provider. Overall, they provide an essential and excellent 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care planning and assessment of needs and preferences was not always adequate. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not always taken proportionate action to investigate concerns/complaints. Regulation 16(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were gaps in the training and supervision of staff. Regulation 18(2)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. The provider was not taking all practicable steps to assess and mitigate risks to service users. Regulation 12(1)

The enforcement action we took:

We issued a warning notice to the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider was not acting in accordance with the requirements of the Mental Capacity Act. The provider was not operating systems effectively to ensure people's rights were not unnecessarily restricted. Regulation 13(4)(5)

The enforcement action we took:

We issued a warning notice to the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not operated effectively to monitoring the quality and safety of the service and to ensure the requirements of the regulations were met. Regulation 17(1)

The enforcement action we took:

We issued a warning notice to the provider.