

# Quality Care Providers Limited

# Respite Service

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 9 May 2016 and was announced. We gave the service prior notice because the location provides a small respite service and people are not in the building during the day. We needed to make sure someone would be in the office. This was the first inspection after the service registered in April 2013 as the location was dormant and not providing a service initially.

Respite Service is a care home without nursing which provides a respite care service to up to five adults with learning disabilities and/or autistic spectrum disorder at any one time. The people they support may have varying additional needs including physical disabilities, mental health issues and sensory impairment. At the time of our inspection there were a total of two people using the service over the year. One person receives respite care for two nights a week every week. The other person receives a total of 12 nights respite care a year, they decide when and how they use those allocated nights in consultation with the service. The organisation also has a day centre next door to the respite service premises. However, this report only relates to the provider's provision of residential respite care. The day centre services fall outside the regulatory remit of the Care Quality Commission (CQC) and were not assessed as part of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. Due to other engagements the registered manager was only available for a short time during this inspection. The service manager was present and assisted us throughout the day.

People told us they felt safe staying at the home. Staff understood their responsibilities to raise concerns and report incidents, and were supported to do so. They knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. There were contingency plans in place to respond to emergencies.

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

People were encouraged to do things for themselves and staff helped them to be as independent as they could be. Staff recognised and responded promptly to changes in the needs of people who use the service.

People received effective personal care and support from staff who knew them well and were well trained and supervised. People received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans were updated where people's care or needs changed.

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

There were safe medicines administration systems in place and people received their medicines when required. The service manager was aware that medicine storage at the service was not in line with current guidance and needed addressing. People's health and wellbeing was monitored and prompt action was taken to deal with any problems as needed.

People benefitted from staying at a service that had an open and friendly culture. People told us they enjoyed staying at the service and a relative told us their family member was happy there. Staff told us the management was open with them and communicated what was happening at the service and with the people who came to stay. A relative felt the service was managed well and that they could approach management and staff with any concerns.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not assessed all risks to the health and safety of people using the service, had not done all that was reasonably practicable to mitigate any such risks and had not ensured that the premises were safe to use for their intended purpose. In addition, there was no effective system in place to enable the provider to ensure compliance with the fundamental standards. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. The provider had not ensured that the premises were safe to use for their intended purpose.

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

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

**Requires Improvement** ●

### Is the service effective?

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

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The registered manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and was making arrangements to apply for DoLS authorisations where applicable.

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

**Good** ●

### Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful. People were treated with kindness and respect.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible.

**Good** ●

### Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs.

**Good** ●

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

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

### **Is the service well-led?**

The service was not always well-led. Effective systems were not in place to enable the service to monitor the quality of their service and their compliance with the fundamental standards.

Staff were happy working at the service and we saw there was a good team spirit. Staff felt supported by the management and felt the training and support they received helped them to do their job well.

A health professional felt the service delivered good quality care and worked well in partnership with them.

**Requires Improvement** ●

# Respite Service

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 9 May 2016 and was announced. We gave the service prior notice because the location provides a small respite service and people are not in the building during the day. We needed to make sure someone would be in the office. We were assisted on the day of our inspection by the service manager.

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

We spoke with one person using the service, the service manager and two support workers. We sought feedback on the service provided from one healthcare professional and three social care professionals. We received a response from one healthcare professional. We observed people and staff working together during the day of our inspection.

After the inspection we spoke with one relative, a fire safety inspector from the local fire authority and an inspector from the local Health and Safety Executive.

We looked at one person's care plan, daily records and medication administration records. We also looked at the recruitment file of one support worker. The three support workers who work at Respite Service also work at the provider's domiciliary care service. When we inspected that service on 31 March 2016, we found all staff recruitment met the requirements of the regulations and training provision was good. We were able to use the staff recruitment and training information we had already gathered for that inspection, as evidence for this one. We saw a number of other documents relating to the management of the service. For

example, quality audit visit reports, concerns records and incident and accident reports.

## Is the service safe?

### Our findings

As part of our inspection we toured the building and grounds. We found a number of concerns that related to the safety of people. Throughout the home, in bedrooms, communal rooms and shower rooms, radiators were not covered and no steps had been taken to prevent people getting burnt from the hot surface. We checked the hot water from the showers on the second floor and on the ground floor. Both showers ran very hot. Using the home's own thermometer, the water temperature coming from the ground floor shower was 52.7°C. This was much higher than the Health and Safety Executive's (HSE) guidance for a maximum of 44°C for hot water in care homes. The service manager told us neither of the showers were fitted with thermostatic valves to limit the temperature coming from the showers to reduce the risk of scalds. We saw a monitoring sheet that listed daily temperature measures of that same shower. A temperature of 42°C had been regularly recorded for that shower. A staff member told us they used the same thermometer we had used that had got the reading of 52.7°C. Staff were not able to explain the discrepancy.

The HSE guidance on health and safety in care homes states, "You should assess potential scalding and burning risks in the context of the vulnerability of those receiving care. A general assessment of the premises should identify what controls are necessary overall, and how the systems should be managed and maintained. This should then be supplemented by the inclusion of hot water and hot surface considerations in individuals' care assessments." However, no effective risk assessments had been carried out of the premises, or of the people using the service, in relation to risks from hot water or hot surfaces. We also saw that people visiting the respite service unsupervised from the day centre were potentially at risk of scalds from the ground floor shower as they had free access to the premises and to the hot water and hot surface risks. When we highlighted this to the service manager they arranged for urgent quotes to deal with the risks from hot water and hot surfaces on the ground floor. The service manager told us that the person staying that night would be supervised at all times when mobilising or using the ground floor shower room. They also told us that the door on the ground floor, leading to the upper floors, would be kept locked and stated that the two upper floors would not be used until the risks to people relating to the hot water and hot surface temperatures on those floors had been resolved.

The fire risk assessment for the premises had been carried out in January 2016. However, the document did not include all items required under the fire safety order guidance. For example, there were no details included of the procedure for evacuating the ground floor of the premises. We saw the risk assessment contained a personal evacuation plan for the two people using the service. However, that plan stated, "There are no mobility issues for any of the service users in case of a fire." This was not accurate as one of the two people using the service had recently been identified as having reduced mobility. Staff told us the person needed two members of staff to walk with them when they were walking. We contacted the local fire safety inspector who visited the service the day after our inspection. A number of deficits were identified that needed to be rectified before the two upper floors could be used.

We asked to see the legionella risk assessment for the premises. This had not been carried out, as required by legislation, and there were no control measures in place to ensure people were safe from the risks of legionella. After the inspection the service manager contacted us to say the legionella risk assessment had

been arranged for the 18th May 2016.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not assessed all risks to the health and safety of people using the service, had not done all that was reasonably practicable to mitigate any such risks and had not ensured that the premises were safe to use for their intended purpose. In addition, the registered person had not taken steps to assess the risk of, and detect and control the spread of, infections. For example, related to legionella.

Other safety concerns were identified during our inspection which the service manager took steps to address and rectify on the day of our inspection, once we had pointed them out. For example, the door to the one bedroom in use on the ground floor did not shut properly and did not provide a barrier in the case of fire. This door was removed, shaved and replaced by the maintenance person. We saw the door closed properly before we left at the end of the day. On each of the three floors of the building, a number of light bulbs were not working, these were replaced before we left. In the kitchenette on the ground floor, the cupboards were old and water damaged, the door to the cupboard under the sink was broken and came off in our hands. This was repaired before we left. In that cupboard there were a number of cleaning substances that were hazardous to health and should have been kept in a locked cupboard, such as bleach and toilet cleaners. These were removed by the day centre staff who had been using the cupboard and kitchenette of the respite service for storage. On the adjacent cupboard door the handle had broken off, leaving the sharp ends of two screws sticking out of the door at knee height. The screws were removed before we left. The sink was stained with paint from use by the day centre staff. This was cleaned before we left. There was a microwave in the room that, when opened, was being used to store two boxes of gloves and an aerosol can. These items were removed from the microwave when we pointed them out. The service manager told us that the microwave belonged to the day centre, did not work and had been left in that room to get it out of the day centre. In the garden, the area was very overgrown and there were loose bricks from walls in the garden that were scattered about the paths. The garden was not safe for a person to access or use, especially if they had mobility problems. Before the end of our visit a member of staff had cut down the weeds and bagged up the garden waste to be taken away.

There was a door that led from the respite service into the day centre. This door was marked as a fire door but was not effectively self-closing. The door did not have a lock and throughout the day we saw staff, and people using the day centre, freely moving in and out of the respite service premises. We also saw the room beyond the kitchenette was being used to store day centre equipment. The cupboards were full of craft supplies and there was a therapist's table, chair and manicure equipment in the room. This meant part of the care home was being used by the day centre for purposes that did not relate to the respite service. It also meant people using the day service, and others, were able to enter the respite service and potentially have unsupervised access to the people staying there and their belongings. By the end of the day of our inspection the service manager had the maintenance person fit a lock to the interconnecting door so that the door could be locked and prevent the free access of staff and people into the respite service. The service manager stated the door would be kept locked in future.

People were, generally protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. People told us they felt safe when they stayed at the service. A healthcare professional felt risks to individuals were managed so that people were protected.

People were protected from risks associated with their care provision. Staff assessed such risks, and care

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

Accidents and incidents were recorded in people's care plans and reported to us as required. The registered manager investigated accidents and incidents and took any actions needed to prevent a recurrence where possible.

People were protected by the provider's recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included the recruitment information required by the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. People's reasons for leaving previous employment with vulnerable adults had also been verified.

People told us staff were there when they needed them. Staffing levels were planned, reviewed and implemented to ensure there were enough staff to meet people's needs. The system used took into account the specific needs of people staying at the service at any one time. Staff told us there were usually enough staff on duty at all times. They confirmed they could have extra staff when needed, for example if someone was staying who required additional support.

People's medicines were administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff, at the time of administering the medicines. Medicines were being stored in a locked filing cabinet. This was not in line with the guidance from the Royal Pharmaceutical Society of Great Britain (RPSGB), "The Handling of Medicines in Social Care" which states that filing cabinets are not suitable for storing medicines. The service manager said they would get a copy of the RPSGB guidance and arrange alternative storage for medicines that was in line with the guidance.

## Is the service effective?

### Our findings

The staff team comprised the registered manager, the service manager and three support workers. The staff also worked at the provider's day centre and for the provider's domiciliary care service. The two people who use the service also attended the provider's day centre and used the provider's domiciliary care service when they were not at the respite service. This meant they received effective care and support from staff they knew and who knew them well.

People were protected because staff had received training in topics related to their roles. Staff received induction training when first starting employment with the organisation. The service manager was developing a new induction training programme for all new staff which was based on the requirements of the Care Certificate from Skills for Care.

Staff had received induction or update training in topics such as first aid, health and safety, fire safety and moving and handling. Other training routinely provided included medication, safeguarding adults and the Mental Capacity Act 2005. Additional training included autism spectrum awareness, epilepsy awareness and putting dignity into action. Staff felt they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences. A relative told us staff had the training and skills they needed when working with their family member. The healthcare professional felt the staff had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff had one to one meetings (supervision) with their manager every month to discuss their work and training requirements and all staff had annual appraisals of their work.

People's rights to make their own decisions, where possible, were protected. A relative told us they were involved in decision making about their family member's care and support needs. We saw staff asking consent of the person staying at the service before providing any care or support.

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

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). The MCA DoLS require providers to submit applications to a 'supervisory body' (funding authority) for authority to do so.

We checked whether the service was working within the principles of the MCA DoLS. The service manager

was aware that applications must be made to a supervisory body where people were potentially being deprived of their liberty in care homes. At the time of our inspection, the service manager was not aware that the DoLS also applied in care homes that only provided respite care. As the people who use the service were potentially being deprived of their liberty while using the respite service, the service manager agreed they would contact the local authority. If applicable, they said they would make applications for DoLS authorisations for the two people currently using the service.

Meals provided at the service were based on people's stated likes and dislikes and people chose what they ate and when. Daily records included information on the food and drink people had while at the service. One person told us they enjoyed the food and we saw they chose what they had to eat and drink during our inspection.

Any health concerns were passed on to people's relatives or dealt with at the service if urgent attention was required. The care plans contained details of local health and social care professionals involved in the care of the person staying at the respite service. For example, their GP, dentist, optician and care manager. This meant staff were able to contact the appropriate professionals for advice or support whenever needed.

## Is the service caring?

### Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. When asked if the staff were kind, one person gave the thumbs up sign, meaning they thought staff were kind. A relative told us their family member was happy staying at the service. A healthcare professional felt staff were successful in developing positive, caring relationships with people using the service. One professional told us, "The staff I have met are dedicated and have treated service users with respect and compassion, even when they were not aware we were looking."

People's needs relating to equality and diversity were assessed at the start of the service. Care plans included detailed instructions to staff on what actions they needed to take to meet people's individual cultural needs. Those instructions included guidance on people's diet, hygiene and dress. Where applicable it was noted in the file that someone should receive care from a member of staff of the same gender. We saw this was adhered to during the person's stay at the service. Each person had an assessment of their communication needs in their file, together with methods of communication specific to the person, to help staff when working with them.

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

People's wellbeing was protected and all interactions observed between staff and people staying at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about the person, their needs and what they liked to do. A relative told us staff knew how their family member liked things done and treated their family member with respect and dignity.

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

## Is the service responsive?

### Our findings

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

The service had a good relationship with the local learning disability team and staff had a good knowledge of how to care for people's specific needs. In instances where someone's needs changed the service was proactive in their response. For example, one person's ability to mobilise had decreased and the service provided an additional member of staff during the waking hours to meet the person's increased needs. The service manager had also arranged for an occupational therapist referral so that the person's mobility needs could be re-assessed.

People who use the service continued with their usual daily activities, such as attending the provider's day centre during the week. People had a range of activities they could be involved in. In addition to group activities in the day centre, they were able to maintain hobbies and interests with staff providing support as required. For example, we saw the person staying at the service had chosen to do some colouring in activities. They confirmed to us that was something they enjoyed doing.

During our inspection we were able to observe activities and speak with the person after they returned to the service from the day centre. We were also able to speak with the person, about staying in the respite service, during the day in the day centre. We saw the person was offered and made their own choices about what they did and what they ate. They looked relaxed and at home and confirmed they were enjoying their stay.

We saw staff worked well with the person and were able to communicate with them using their knowledge of the person's own individual way of communicating. The person looked to staff if they did not understand something we asked and staff were able to translate for us.

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

## Is the service well-led?

### Our findings

The provider had a number of quality assurance and health and safety procedures in place. However, those systems and checks had failed to identify the safety concerns with the premises we found during our inspection. We saw copies of the provider's monthly audit visit reports since January 2016. At each visit the auditor had checked the front of the home was clear. They had not spoken with people using the service as none had been present during their visits. The only other information included in the audit was whether the boiler, cooker, fridge, washing machine, tumble dryer, toilets, shower and taps were working. If any of those were not working staff action was recommended.

No part of the audit included carrying out health and safety checks of the premises which may have identified the concerns we found, as set out in the safe domain of this report. The auditor had not checked that health and safety monitoring was taking place. We saw fridge and freezer temperatures were measured and recorded daily, however, no other food safety checks were being carried out as required by guidance from the Food Standards Agency. For example, measurement of hot food temperatures. We also found that when the respite service was added to the provider's registration they had failed to register the premises as a food business as required by legislation. Because of this, the service had never had their food hygiene practices assessed and had not been awarded a "Scores on the Doors" rating. We passed this information to the registered manager so that steps could be taken for them to register.

In their provider information return it stated that managers were rotaed to carry out spot checks, "to ensure the service we provide is safe and the service users are happy with the service that they are getting." However, the service manager told us those spot checks had not been implemented at the respite service.

There was no effective system in place that enabled the registered person to ensure compliance with the requirements of the fundamental standards or that enabled the registered person to assess, monitor and improve the safety of the services provided. There was no effective system that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

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

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

The service had a registered manager in place and all other registration requirements were being met. The service notified us of incidents they were required to in a timely manner. Notifications are events that the

registered person is required by law to inform us of. Management records were up to date and kept confidential where required.

A healthcare professional thought the service worked well in partnership with them. They added, "They work very well with health and other voluntary services, as I have witnessed myself." In relation to one particular client a health professional commented, "From a health point of view, the management of all concerns were dealt with immediately and they welcomed training and multidisciplinary services as soon as we could manage it. They have continued to communicate all ongoing concerns and outcomes without undue delay."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not: assessed all risks to the health and safety of service users; had not done all that was reasonably practicable to mitigate any such risks and had not ensured that the premises were safe to use for their intended purpose. In addition, the registered person had not taken steps to assess the risk of, and detect and control the spread of, infections. For example, related to legionella.</p> <p>Regulation 12(1)(2)(a)(b)(d)(h).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was no effective system in place that enabled the registered person to ensure compliance with the requirements of the fundamental standards or that enabled the registered person to assess, monitor and improve the safety of the services provided. There was no effective system that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>Regulation 17(1)(2)(a)(b)</p>