

## Bracknell Forest Borough Council

# Waymead Short Term Care

### Inspection report

St Anthony's Close  
Bracknell  
Berkshire  
RG42 2EB

Tel: 01344353333  
Website: [www.bracknell-forest.gov.uk](http://www.bracknell-forest.gov.uk)

Date of inspection visit:  
05 April 2018  
06 April 2018

Date of publication:  
09 May 2018

### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Waymead Short Term Care is a care home without nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service offers short term respite care to people with learning disabilities and/or autistic spectrum disorder in the Bracknell area. Although registered for up to 10 people, the maximum number of people usually accommodated overnight at any one time is five. Each of the people who use the service have their own individual respite care package which depends on their assessed respite needs, the way they want to use the service and the support they require. For example, some people may stay at the service one night per week, every week. Another person may stay for a weekend, once a month. At the time of our inspection there were 36 people using the service.

The service had a registered manager who was present and assisted us during this inspection. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good and had continued to meet all the fundamental standards of quality and safety.

Why the service remained Good:

People benefitted from staff who had an in depth knowledge and understanding of the people who use the service. Care plans were highly individualised to each person. The service was responsive and proactive in recognising and adapting to people's changing needs. Staff were innovative in exploring ways to help people overcome their anxieties and lead a more fulfilling life.

People received care and support that was personalised to meet their individual needs. People were able to continue their usual daily activities during their stay at the service. The service also provided access to the local community to enhance social activities. This meant people were able to access activities that took into account their individual interests and links with different communities.

Staff had a good understanding of how to keep people safe and protect them from abuse. Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. There were sufficient numbers of staff and

medicines were stored and handled correctly.

People benefitted from a staff team that was well trained and supervised. We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People were supported to eat and drink enough and their health and social care needs were met.

The staff team were caring and respectful and provided support in the way people preferred. People's rights to confidentiality, dignity and privacy were respected. People were enabled and encouraged to develop and maintain their independence wherever possible.

People were relaxed and there was an open and inclusive atmosphere at the service. Staff were happy in their jobs and there was a good team spirit. Quality assurance systems were in place to monitor the quality of care being delivered and the running of the service.

Further information is in the detailed findings in the full report.

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

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service has improved to Outstanding. People received support that was highly individualised to their personal preferences and individual needs. The service was responsive and proactive in recognising and adapting to people's changing needs.</p> <p>Staff went the extra mile to work with people, and those close to them, to establish their preferences, likes and dislikes. Where anxieties led to people being unable to enjoy their respite stay to the full, staff found innovative ways to identify the cause of their anxieties and find solutions for the individual that worked.</p>	<p><b>Outstanding</b> ☆</p>
<p><b>Is the service well-led?</b></p> <p>The service remains Good</p>	<p><b>Good</b> ●</p>

# Waymead Short Term Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 5 and 6 April 2018 and was announced. We gave the registered manager 48 hours' notice of our inspection as this is a small service and we needed to be sure staff would be available.

Prior to the inspection we looked at all the information we had collected about the service. This included previous inspection reports, information received and any notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with seven people who use the service. We also spoke with the registered manager, the provider's head of learning disabilities and autistic spectrum disorder for adult social care, the administrative assistant and six support workers. We observed interactions between people who use the service and staff on both days of our inspection. As part of the inspection we requested feedback from eleven community professionals and received responses from six. We sent survey forms to 19 members of staff and received four responses. We sent survey forms to 14 relatives and received nine responses.

We looked at four people's care plans, monitoring records and medication sheets, staff training records and the staff supervision and appraisal log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, gas safety certificate, electrical wiring certificate, fire risk assessment, fire safety checks, legionella risk assessment and complaints, compliments and incidents records.

# Is the service safe?

## Our findings

The service continued to provide safe care and support to people

People were protected from the risks of abuse. Relatives felt their family members were safe when staying at the service. One relative commented, "[Name] looks forward to visiting Waymead and we feel he is safe." Another relative told us, "We are very lucky to have access to Waymead. The staff are fantastic and it feels like a home from home. It has been invaluable for me to know [Name] is safe, happy and comfortable, I can truly relax and make the most of the respite." 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. We saw people were comfortable and at ease with the staff.

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling and epilepsy. 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. Community professionals thought the service and risks to individuals were managed so that people were protected. One professional commented, "I have used Waymead many times for people I support and have never felt concerned about any of the care they have received whilst staying at Waymead. Staff are very good at reporting any concerns they have about an individual to the Community Team for People with a Learning Disability."

Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been taken to minimise those risks. Safety checks of the premises were carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. Emergency plans were in place and were followed. For example, there were emergency procedures in case of fire.

Staff received training in responding to behaviours that challenge. Staff had access to a challenging behaviour specialist with the local Community Team for People with Learning Disabilities. Advice from the specialist and techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. We saw people were comfortable with staff and reassured by any actions they took to help reduce their anxiety.

People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. We checked the information the service held about external agency staff they used and found that one external agency was not confirming they had carried out all required checks. The registered manager contacted the external agency used and obtained written confirmation that all required recruitment checks

had been completed. Arrangements were made to ensure this would always happen in the future.

Staffing levels were calculated based on the assessed needs of the people staying at the service at any one time. Care staff and people who use the service, where they wanted to be involved, worked together on meal preparation. An external company was contracted to provide daily cleaning staff and the provider's maintenance team dealt with any necessary repairs. Staff told us there were usually enough staff at all times to do their job safely and efficiently. The majority of relatives said staff were available when people needed them, one said staff were "mostly but not always" available and another said that more staff would help to make sure staff were always available. Community professionals thought the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. One professional commented, "Whenever I have been in the service the staffing ratios are good." Another professional told us, "This is an area which I have found the [registered] manager to be particularly vigilant about."

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. Accidents or incidents were recorded in a central log and reviewed by the registered manager and the provider's health and safety team. Steps were taken to prevent a recurrence if possible.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people.

People received effective care and support from staff who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. This was confirmed by the relatives who provided feedback. The care plans were kept under review and a system was in place where staff phoned relatives a few days before a booked respite stay to ensure there had been no changes to the person's care or medicines. This enabled staff to have everything ready for the person when they arrived. We saw a compliment from a relative that had been sent to the service last year, which demonstrated the effectiveness of the service. The relative wrote, "We feel we really had a chance to recharge the batteries and get some rest and relaxation so that we were refreshed when we came back to caring. It meant we also felt like 'normal' people again, being able to go away as a couple." We saw a comment from a community professional made to the service after a young person, moving from children to adult services, visited the service for the first time. The professional commented, "Please can you thank the staff on the late shift yesterday who supported [Name's] transition tea visit. We were both made to feel very welcome and the staff were very attentive and eager to meet and learn [Name's] routines and get to know him. [Name] was clearly very comfortable in his surroundings and was happy to approach staff..."

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. The service provided training in topics they considered mandatory, such as fire safety, safe moving and handling, medicines and food hygiene. All mandatory training was up to date. We found staff received additional training in specialist areas, such as epilepsy and providing emergency treatment for a life-threatening allergic reaction. This meant staff could provide better care to specific people who use the service. Community professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented, "I have trained Waymead staff at least once a year for the last 3 years and have seen good understanding and progress in supporting people with behaviour that challenges. The staff team have demonstrated an awareness of the importance of promoting individualised and person centred approaches to achieving good quality of life outcomes for their service users."

Staff were encouraged to study for additional qualifications. Of the 23 care staff, five held a Qualifications and Credit Framework or National Vocational Qualification in care at level 2 and eight held a qualification at level 3.

We noted the mandatory training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training fire safety every three years. However, Skills for Care "Ongoing learning and development guide" sets out that staff competence in fire safety should be assessed at least annually and that learning and development opportunities should be provided when identified or required at least annually. Other topics recommended for social care staff were not included in the provider's training curriculum, such as



recording and reporting.

We recommend that the provider review their staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff received formal supervision approximately four to six times a year to discuss their work and how they felt about it. Staff received annual appraisals of their work every year. Staff confirmed they had regular supervision and said they felt they were supported by the registered manager and seniors. They felt they could go to the registered manager at any time if they had something they wanted to discuss.

Menus were planned in advance with input from people who use the service on their likes and dislikes. When they stay at the service they are then able to choose their meals, either from the menu or from other food available at the service. We observed lunch on both days of our inspection and saw people were enjoying their meal. Relatives told us their family members enjoyed the food provided. One relative added, "[Name] has some special requirements with regard to food/eating, but these are accommodated and they know [Name's] favourite foods." Staff consulted with people on what type of food they preferred and ensured foods were available to meet peoples' diverse needs.

People were supported with their health care where needed when they stayed at the service. Usually this would involve telling their relatives if a problem occurred that may require a GP appointment. If there were any concerns that could not wait, the service would arrange for the person to receive the necessary professional input. Community professionals felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One commented, "Waymead has excellent links with local health services and have fostered good working relationships with members of the health team. Where appropriate they seek health input and implement advice given."

People benefitted from monitoring and improvements to the service that ensured the premises remained suitable for their needs. Discussions were underway at provider level to see if bed capacity could be increased to take into account the increasing demand for respite care for people with learning disabilities in the local area.

People's rights to make their own decisions were protected. Throughout our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 found that conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations.

# Is the service caring?

## Our findings

Waymead Short Term Care continued to provide a caring service.

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and were confident in their dealings with them. Relatives said staff were caring when they supported their family members. One relative added, "I believe staff are caring, understanding and supportive." Other comments made about staff by relatives included, "There are some exceptional staff who really go out of their way to give the residents a very enjoyable stay." We saw a message from one relative who asked that staff were thanked on their behalf saying staff "all do a sterling job." Another compliment seen from a relative praised their family member's key worker. They said, "We have had absolute confidence in [staff name], [Name's] current key worker, and we know she has always had [Name's] best interests at heart. She has been so kind and caring, and very conscientious, we felt, in fulfilling her role."

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 each person and what they liked to do. Relatives said staff knew how their family members liked things done and confirmed they and their family member were involved in planning their care.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

People's rights to privacy and dignity were supported. People and their relatives felt staff knew how they liked things done and did things in the way they preferred. People and their relatives said people enjoyed their time at the service when they stayed for a respite break. Relatives told us, "The service is a godsend to us as carers as it provides us with true respite where we can actually relax knowing our son is being very well looked after and knowing he will really enjoy his stay at Waymead." and "We are happy with Waymead and my son seems to enjoy being there which for us is a good indicator that he is very well looked after."

Community professionals thought the service was successful in developing positive caring relationships with people. They also thought staff promoted and respected people's privacy and dignity. One professional told us, "From my observations, the staff team have a positive attitude to the service users, they are very friendly, enthusiastic and caring." Another said, "Many of the staff go above and beyond." We also saw feedback to the service from a professional who had carried out a review visit with someone last year. The professional stated, "Compared to how he was when I first met him 6 months ago the transformation is remarkable. [Name] appeared very relaxed and settled and told me he liked coming to Waymead and he hoped to continue coming to the service as he enjoys it. In my view this change is not down solely to the passage of time but is due to the way in which he is being supported and the kindness and compassion of the staff team."

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted, with changes made to their care plan and support as necessary. People's equality and diversity needs were identified and set out in their care plans. Staff were respectful of people's cultural and spiritual needs.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service.

## Is the service responsive?

### Our findings

The service provided outstanding, responsive care and support to people who use the service.

People received support that was highly individualised to their personal preferences and individual needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. This was confirmed by the relatives who provided feedback.

We saw a number of examples of how work by the staff had led to excellent outcomes for people who use the service. For example, one person who stayed at the unit one night a week had problems settling to sleep at night. The person used non-verbal communication and was unable to explain their anxiety, which led to them spending the night banging in their bedroom and moving the furniture around. The staff involved the local behaviour specialist and the decision was made to try removing the majority of the furniture from the room. The decision was agreed by the person's care manager and parents. The idea worked and we were told the person now settles and sleeps well during their stay at the service each week. The provider had wheels fitted to the furniture so that it was safe for staff to move the furniture out of the room each time the person stays at the service.

Another example related to a person who stayed at the service each week. We sought and received permission from the person and their family to use the following story and quotes as they may identify the person. The person suffered from high levels of anxiety which resulted in him not enjoying his respite stays at the service and also displaying some behaviours which were challenging. This made the respite stay even more difficult for him. At a goal setting meeting in September 2017 a goal was agreed for the person to spend two consecutive nights at the service with reduced anxieties and reduced challenging behaviour towards other guests and staff. At this time the provider had partnered with the charity Dogs for Good to provide intervention sessions with a specially trained community dog for people with learning disabilities or autism. The trial aimed to teach participants new or adapted behaviours and improve their independence through working with the dog. At the goal setting meeting for this person it was agreed that the person would be referred to take part in the Dogs for Good trial. The purpose was for the person to work on his empathy and reduce his challenging behaviours. The referral was made by Waymead Short Term Care and the person was accepted on the trial in November 2017. Dates were then arranged for the person to be at the service at the times of the eight sessions. Waymead staff went out on the sessions with the person, the dog handler, the dog and an occupational therapist.

In the local news an article was printed that described the success of the pilot for this person. "[Name] has autism, learning disabilities and mental health difficulties that all contribute to him having a high level of anxiety. [Name] was one of the participants in the Dogs for Good pilot scheme. During intervention sessions from Dogs for Good, [Name's] anxiety reduced considerably enabling him to access the community and respite care, use public transport and attend medical appointments." In the same article his mother was quoted, "Through working with Dogs for Good, [Name] has been able to carry out activities such as crossing a road safely, queuing for a bus (demonstrated in the arena at Crufts), using public transport, attending medical appointments, shopping and accessing busy public places while supported by an occupational

therapist, support worker or a member of his family. The sessions with Dogs for Good have benefitted [Name] considerably, improving his general wellbeing and quality of life. I would like to thank Bracknell Forest Council for including [Name] in this initiative which has allowed him to make positive progress in his daily life." The article continued, "In March 2018 [Name] took centre stage alongside his mother and sister in the demonstration arena at Crufts. [Name's mother] shared their family's experience as to how the programme had improved [Name's] wellbeing and quality of life." In the article the person's mother was quoted, "[Name] was proud to represent Bracknell Forest in the arena at Crufts together with myself and his sister, alongside Ursa the dog and [Name] from Dogs for Good."

The service told us about the benefits of this innovative work on the person's subsequent respite stays at the service, "On [Name's] visits during January, February and March 2018 all have been positive and there has been noticeably reduced anxieties and increased empathy from [Name] towards staff and guests." At the review meeting held in March at the end of the trial the person's mother stated, "There has been a change in [Name's] behaviour since working with Dogs for Good which has reduced his anxiety and this has impacted on his enjoyment of going to Waymead."

Another person was at a high risk of choking due to swallowing difficulties and, due to a physical disability, was also unable to safely feed themselves without assistance. The staff at Waymead worked with the person towards their goal of becoming more independent when eating snacks and drinking. The staff introduced "hand-under-hand" feeding as a way of helping the person to be more independent with their snacks and drinks. The staff hold the cup or spoon with the snack on it in their hand. The person then holds the staff member's arm and directs when they are given the next mouthful of snacks or drink. This puts the person in charge of their eating and drinking. During a visit to the person's school to meet with the person's speech and language therapist (SALT) and class teacher a member of Waymead staff was able to show them the hand-under-hand technique they were using during the person's respite stays. This led to the person's eating and drinking passport being updated with photographs of the technique so that all staff at the person's school could help the person to be more independent when he was with them. The SALT later emailed the service saying, "Thanks again for showing us some new techniques during your visit."

Community professionals thought the service provided personalised care that was responsive to people's needs. One community professional told us, "Staff always seem enthusiastic about the people they are supporting and responsive to their needs. The atmosphere at Waymead always seems a welcoming one." They went on to say, "In emergency situations I have found Waymead to be very flexible and responsive to the needs of the person."

People had access to a busy activity schedule. Most people continued with their usual daytime activities such as going to day centres during the week. At other times everyone kept busy with activities they enjoyed, either inside or outside the service. Within the constraints of funding and staff availability, people could choose what they wanted to do and were also able to try out new activities when identified. We saw a complimentary email sent to the service last year after someone had stayed at the service and visited a local club. In the email the relative stated, "I thought that days of [Name] participating in social events were over but with the appropriate, caring support [Name] has managed this activity... Although [Name's] respite is limited even one night has had a positive effect on [Name] and relieved the pressure on us for a few hours."

People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for all people to get involved with. This took into account their individual interests and links with different communities. One relative commented, "Wonderful day out recently with [names of two staff members] to Hants museum. Lovely trip to the ballet another time. There are lots of outings and different experiences provided with all the necessary backup for

a vulnerable individual such as [Name]." Another relative explained, "Activity options are discussed with clients and staff are always willing to accommodate clients preferences. (This may occasionally depend on having a driver available.) Occasionally [they] organise special theatre visits etc. in advance that they think clients will enjoy. When planning the stays the management try to put like-minded people together (in our case a group of young men) so that they can enjoy the activities/outings that they know they like."

Relatives knew what to do and who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. We looked at the complaints records for the previous year. We saw the complaints and outcomes were recorded with details of the actions taken to try to resolve the complaints raised. When asked if they felt the service listened and acted on what they said, six relatives answered "yes" and three left the response blank.

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

# Is the service well-led?

## Our findings

The service continued to be well-led.

The service had a registered manager. 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

Community professionals felt the service was well-led. Staff also felt the service was managed well. Community professionals said the service demonstrated good management and leadership. One professional commented, "The manager and senior support staff are easily available, work well in partnership and do seem to lead by example when supporting the service users. The service appears to be very well led and the rapport between the staff team members is good."

There was an effective audit system in place that included monthly audits of different aspects of the running of the home including care plans, staff training, health and safety and other documentation. Where issues were identified, actions had been identified and carried out to ensure everything met the required standard. The audit system had been designed to enable the provider and registered manager to establish the service was working to the fundamental standards.

Some relatives spoke with us raising concerns regarding the availability of places at the respite service and how they were not always able to book the dates they wanted. Whilst this was outside the remit of our inspection we did discuss this with the service. The provider was very aware of relative's concerns in this area and that the demand for respite beds in Bracknell was larger than the availability. The head of learning disabilities and autistic spectrum disorder for Bracknell Forest Council's adult social care explained the plans and discussions that were underway at the time of our inspection. We were shown a letter that will soon be sent to the carers of all the people who use the service. The letter explains what the provider is doing/plans to do to try to resolve some of the issues that relate specifically to Waymead Short Term Care.

Community professionals felt the service worked well in partnership with other agencies and delivered high quality care. One professional commented, "There have been compliments from professionals and families." Relatives made a number of complimentary comments regarding the management of the service. One relative told us, "I believe we are fortunate to have access to what appears to be a well-managed, competent, safe and friendly service." We saw an email to the registered manager from one relative saying, "Thank you for running Waymead so well and efficiently and in such a 'user-friendly' way, not only for [Name] but for us, as parents, for whom the respite is meant. You have always been very approachable and hands on and we have felt confident that if we had a problem we could get this addressed swiftly and with understanding... You have made us feel that [Name] matters and that we matter too."

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues and said they felt they were provided with training that helped them provide care and support to a good standard. They said they were asked what they thought about the service and felt their views were taken into account. One member of staff stated, "Waymead is a kind and friendly place to work, all the staff I work alongside are fully competent and know what they are doing and everyone has the guests best interests at heart...The guests come first in all areas of decision making and they are involved as much or as little as each individual wishes. I am extremely proud of the service I work in, and the support we provide. I take great pride in what we do and look forward to the challenges ahead as I know us as a team will triumph."