

Epiphany Trading Limited

Chrysalis Holidays

Inspection report

St Davids Presbytery
Park Road South, Newton-le-Willows
Warrington
Cheshire
WA12 8EY

Tel: 01925220179
Website: www.chrysalisholidays.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection of Chrysalis Holidays 24 and 25 August 2017. The service was last inspected February 2015 when it was rated as 'good' overall, and in four of the five domains. The service was rated as 'requires improvement' in safe, due to issues identified with recruitment practices, although no breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

At this inspection we found the provider had addressed the recruitment issues but we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staff training, supervision and good governance.

Chrysalis Holidays provides supported holidays domestically and overseas for adults with learning disabilities. All holidays are led by an experienced manager and the activities are undertaken by qualified professionals where appropriate. The service is managed from an office located in Newton le Willows.

At the time of the inspection 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.

People using the service told us they felt safe. We saw the service had appropriate safeguarding policies and procedures in place. Staff had received some level of training in safeguarding vulnerable adults and children; however some staff were overdue refresher sessions in these areas. Despite this, when questioned staff were able to demonstrate a good understanding of how to report both safeguarding and whistleblowing concerns.

People using the service, professionals involved with booking or commissioning holidays and staff members told us enough staff were employed to meet people's needs. Staffing levels were allocated based on the needs of the people attending the holiday, with an additional staff member assigned to assist on more complex holidays.

We saw that robust recruitment procedures were in place to ensure staff working for the service met the required standards. This involved all staff having a Disclosure and Barring Service (DBS) check, references and full work history documented.

Staff comments about the quantity and quality of induction and refresher training varied. We were told training was usually held once or twice a year, but saw no plan in place to ensure new staff members could access practical training sessions outside of these planned training dates. The training matrix showed some staff members required refresher training in a number of areas. We also noted training people had completed in their previous employment had been included on the training matrix, rather than just sessions

facilitated by the service.

Staff completed bi-annual appraisals; however supervision meetings were not facilitated. Staff meetings were held at the end of each holiday, but these focussed on the 'customers' experiences and any issues identified, rather than being a learning and supportive forum for staff.

We saw there was a policy and system in place to ensure the safe management of medicines. People we spoke with confirmed they received appropriate support to ensure medicines were taken when required and as prescribed.

People spoke positively about the standard of care received. People told us that staff treated them kindly, with dignity and respect whilst also promoting their independence wherever possible. People were complimentary about the staff who supported them, which was captured on feedback sheets and cards and letters sent to the service.

We looked at seven care plans and although these tended to consist of only three pages, they contained important and personalised information about the people who used the service. The care plans also contained individual risk assessments, which helped to ensure people's safety was maintained. We saw that people had been involved in planning their care and were asked to update their care plan and risk assessment prior to each holiday, to ensure the staff knew how best to support them. We saw new processes had been introduced to address issues with the timely receipt of updated information.

We saw the provider did not have a range of systems and procedures in place to monitor the quality of the service. The only current audit in place was for personnel files, to ensure these contained all necessary checks and information. Quality monitoring of holidays had been completed three times in 2016, but had yet to take place this year. The registered manager told us these were planned, however due to having to support holidays most weeks, had yet to be completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

The service had systems and procedures in place to protect people from harm and keep them safe.

Staffing levels were appropriate to meet the needs of people who received support.

Safeguarding policies and procedures were in place and staff were aware of the process and how to raise concerns.

We saw medicines were managed safely, with lessons learned and changes made when errors had occurred.

Is the service effective?

Requires Improvement ●

Not all aspects of the service were effective

Staff reported receiving enough training to carry out their roles; however the matrix showed some sessions had not been completed or updated in appropriate timescales.

Staff received bi-annual appraisals, however supervision was only provided by way of staff meetings at the end of a holiday which focussed on the people using the service.

The service was working within the legal requirements of the Mental Capacity Act (2005).

The service supported people with any nutritional and hydration needs, ensuring these did not impact on the holiday and activities completed.

Is the service caring?

Good ●

The service was caring

People told us that staff were kind and caring and respected their privacy and dignity.

Staff were knowledgeable about the importance of promoting

independence and providing choice.

People using the service were consistently asked for feedback on the holiday and to rate the service provided.

Is the service responsive?

Good ●

The service was responsive

Although relatively brief, care plans were person-centred and individualised with information about people's life history, likes, dislikes and how they wished to be supported.

The service had a complaints policy and people had been given information on how to complain. Any complaints received had been dealt with appropriately.

People were provided with written and pictorial reminders of their holidays, through completion of a holiday diary, which was sent to them following the trip.

Is the service well-led?

Requires Improvement ●

Not all aspects of the service were well-led.

The service did not consistently complete audit and quality assurance checks to ensure good practice was maintained. Only historical audits were available.

The majority of staff told us they enjoyed working for the service and felt supported in their roles.

People and professionals told us they would happily recommend the service to others.

Chrysalis Holidays

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 24 and 25 August 2017 and was announced. This was to ensure the registered manager was available to facilitate the inspection, as they regularly attended the holidays, during which time the office was not accessible.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection the service completed a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service. We also reviewed all the information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority.

As part of the inspection, we spoke to the registered manager and one staff member who was present in the office at the time of inspection. Due to the nature of the service, staff spent long periods of time supporting holidays which makes their availability to provide feedback both verbally and confidentially difficult. As a result we sent questionnaires to all staff members in order to get their opinions of the service. Similarly many people using the service have difficulties with communication. In order to get their views we asked their usual care provider to support them in completing a questionnaire. We also contacted professionals who commission holidays for people via Chrysalis or support people who use the service, to ask them for their views.

We looked at seven care plans, seven staff files and eight Medication Administration Record (MAR) charts. We also reviewed other records held by the service including policies and procedures, meeting notes, complaints and safeguarding documentation.

Is the service safe?

Our findings

People using the service told us they felt safe as a result of the care and support received from Chrysalis Holidays, with one stating, "Yes, too right I did." Professionals we contacted who had involvement with the service either by commissioning holidays or through being the regular care provider for people, also had no concerns about people's safety when on holidays. One told us, "They wouldn't get on the bus to go, if they didn't feel safe."

We looked at the service's safeguarding systems and procedures. We noted there was not a log or matrix in place to document safeguarding referrals, with all documentation stored electronically in named folders. The registered manager told us in the three years since they had been in post, they had only made three referrals, however at the time of inspection two further safeguarding concerns were being investigated by North Yorkshire Council, in relation to two people who had holidayed in Scarborough with the service. We saw the service had been cooperative in both current and historical safeguarding investigations, providing all required documentation, with email trails kept as evidence, and had implemented changes as a result of feedback from the investigating authority. In one instance, an investigation had determined no evidence of abuse or neglect, but did comment on poor quality care being provided to an individual. The investigating authority had made a number of recommendations which we saw had been actioned.

We asked staff via questionnaires about their understanding of safeguarding and whether the service provided training in this area. Whilst all staff had an understanding of safeguarding and knew what to look for and how to report concerns, two staff stated they had yet to receive any safeguarding training from the service. The registered manager told us during inspection safeguarding training was provided by an external company every two years. New staff were provided with training internally as part of the induction process and safeguarding information was included in the staff handbook. Whilst looking at staff personnel files, we noted safeguarding training had been provided in January 2016, which meant anyone who had commenced employment since that time would not have completed an external training course.

The service had a whistleblowing policy, which gave clear guidance on how to raise concerns. Information and guidance was also included in the staff handbook. Staff indicated they knew about the procedure and how to raise concerns. One member of staff stated, "If you see someone doing something wrong, report it straight away to management." Another wrote, "Whistleblowing is alerting the management or other relevant authorities of any abuse of our guests."

During the last inspection in February 2015 we found that historically the service had only sought verbal references for new staff and so found no evidence of written references in staff files. The registered manager told us the policy had changed after the service had registered with CQC in 2014 to include the need for two written references as part of the application procedure. During this inspection we looked at seven staff files to see if safe recruitment procedures were in place and references had been sought. We saw a Disclosure and Barring Service (DBS) check had been carried out with the DBS number and date of issue clearly displayed. A DBS check is undertaken to determine that staff are of suitable character to work with vulnerable people. Each file also contained the application form, full work history and written references,

although two of the seven files we checked only contained one reference, although two had been requested and chased up.

We looked at how accidents and incidents were managed. The service logged all incidents onto the computer system. Staff completed any reports directly onto an electronic device which uploaded them to the system. The registered manager informed us a new system had been introduced which automatically sent an email to their inbox to flag when an incident or accident form had been submitted. This allowed them the ability to review the incidents and what action had been taken promptly. We noted the electronic forms had been recently amended to include a specific text box for the recording action taken, to ensure staff included this information. Each person who used the service had their own folder on the database, where incident and accident forms had been saved. We saw examples of completed accident and incident forms for five people who used the service, and saw these concisely described what had occurred and what action staff had taken.

We looked at staffing levels and whether enough staff were deployed to safely support each holiday. The six staff members who answered our questions told us there was. One stated, 'There is always enough staff allocated to each holiday, the nature of the job means that we all have to rely on working together as a team.' A second wrote, 'I believe so, we can get a little stretched during the summer months, but I would say staffing levels are adequate.' People using the service also confirmed enough staff were employed, with one telling us, 'Yes, more than enough.'

The registered manager told us staffing on the holiday was based on people's needs and the type of holiday being provided. People's support needs were determined by a number of methods including information provided on the initial assessment visit, information recorded by the person's usual care staff on update sheets and actual experience of supporting the person on holiday. A rating system had been employed to determine the person's level of need to assist with the correct allocation of staff. This ranged from people who could be grouped with other people through to people who required two staff to assist with transfers and other tasks. The service also provided 'Advanced Care Holidays', for people with more complex needs. Each person on these holidays had their own staff member, with an additional staff member also attending to provide cover if and when needed.

We looked at a planning board in the office, which listed all upcoming holidays, who was attending, their level of need using the rating system and number of staff supporting. We saw staff numbers allocated was sufficient to meet people's identified needs. The registered manager told us if people or their care staff, 'undersold' a person's support needs, they would attempt to provide the correct level of support on the holiday, however if this was not feasible, they would support the person to return home to ensure their safety. Recommendations for support on future holiday's would then be provided.

A risk assessment had been completed for each person using the service. This was a standardised document which covered a range of areas including allergies, phobias, mobility and travel, personal care, activities, eating and drinking and 'any other risks'. For each area, 'key care information' or the specific risk were documented along with the 'control measure' to address this.

We found the quality and quantity of information varied in the care files. Information for each area tended to be brief; usually one or two sentences, but in some instances only a few words. For example one person's risk assessment just stated 'no road sense' with the control measure stating 'full supervision needed'. We were told information was kept brief, in order to ensure staff were aware of the key risks and how to deal with them, without having to read lots of information.

The registered manager also told us information on the risk assessments was generated following the initial assessment, any updates provided from the person or their care staff prior to each holiday and staff observations during each holiday. Despite sending out the risk assessment and asking for any new information to be included before each holiday, often these had not been returned. Not having the correct information had led to some issues on holiday, which had to be managed in the moment. As a result of this, the registered manager had implemented measures to prevent re-occurrence by implementing new documentation which was sent prior to the holiday to inform people if the risk assessment was not returned by an agreed date, the person would not be able to go on holiday.

We looked at medicines management and how people had been supported with their medicines whilst on holiday. The registered manager told us approximately 20 percent of people brought their own Medicine Administration Record (MAR) charts with them on holiday. For those that didn't bring their own MAR, the service completed a MAR chart. These were usually completed by the holiday manager then checked and signed by a different staff member to ensure the information was accurate. We looked at a random selection of 20 MAR charts and saw this procedure had been followed. The service's MAR charts contained sections for the person's name, medicine name, strength and any special instructions, quantity to be taken, time to be taken, boxes to sign to confirm medicines had been administered and a section for any comments.

We saw any special instructions relating to medicines had been transferred onto MAR charts, for example avoid indigestion remedies at the same time or do not apply cream if sunny. This ensured staff had the correct information to administer medicines safely.

Where medicines had not been supplied in a blister pack or similar pre-packaged dosage system, the service had recorded the amount of medicines received at the start of the holiday and amount remaining at the end, as well as recording a running balance on the MAR chart. At the end of a holiday all MAR charts were scanned and stored on a database for future reference if a discrepancy was to arise.

The registered manager told us previously two people had to administer medication to ensure this was done correctly, however at times this resulted in people having to wait until two staff were available. Therefore they had changed the procedure and now one person could administer the medicine but a second person needed to check this has been done and countersign.

We looked at how the service managed medicines errors. Over the last six months we noted five errors had occurred, mainly involving people either being given the wrong dosage or not being given them as prescribed. In each case we saw an investigation had been completed and the matter addressed with the staff involved. An email had also been sent to all holiday managers, who are responsible for medicines, regarding errors and importance of ensuring vigilance.

Is the service effective?

Our findings

We asked people who used the service if they thought staff were well trained. One told us, 'Very well trained', a second stated, 'Yes, I do.' Professionals we contacted also had no concerns about the ability of the staff.

We received differing feedback from staff about the training provided by the service both initially as part of their induction and ongoing training to ensure their knowledge and skills were refreshed and up to date. Two people stated they had not received any training when they started, other than either shadowing an experienced staff member or going through the staff handbook, whereas others reported spending a full day reviewing policies and procedures, completing training sessions on the computer, watching videos and answering questions. It was apparent from the information provided by staff members, the service took into account the training and experience staff had gained from previous employment in the care industry, in determining the level of training they required when initially commencing in the role.

In terms of ongoing training, staff feedback varied. One stated this took place every four months, two more stated this was bi-annually, whilst another said it was held at 'regular intervals'. However despite the differing opinions on its frequency, all but one staff member felt what was provided was enough. One stated, 'We have training twice a year, I feel this is enough as I feel competent in all aspects.' Another reported, 'We have just undergone training in respect of Stoma and catheter care and diabetes. We have formal training sessions in January and will have more next January.'

The service had a training matrix, however at the time of inspection this had not been updated to reflect the recent training provided or that completed in January 2017. As a result, it was not possible to confirm staff had completed all mandatory training sessions. We looked at seven staff files and saw these contained certificates for all completed training sessions. Staff who had been in employment in January 2017 had completed sessions in manual and patient handling, medicines awareness, challenging behaviour and the mental capacity act. Another staff member had completed manual handling in April 2017 and first aid in July 2017. However two staff that had only recently joined the company, had no certificates or training information in their files. We were sent a copy of the updated matrix following the inspection. We noted some gaps in people's training records and others were overdue refresher training. For example two people had not completed any first aid training, two people needed to update manual handling training, as they had not completed training in this since 2013 and 2014 respectively and five people had not refreshed safeguarding adults training since January 2014. We also noted for some staff, training completion from a previous employer had been recorded on the matrix, which also required updating.

We asked the registered manager about training provided to staff. They told us, "I do the common induction standards initially with new staff as the Care Certificate process is too long to help support our customers. Staff will be put through the certificate at a later stage, dependent on their background and experience." They confirmed the majority of training was completed in January, when they also held a full staff meeting. Due to the number of holidays provided, especially over the summer months, freeing staff up for training at any other time was difficult. Staff also had access to a large range of online training, provided by an external provider.

The service completed bi-annual appraisals with all staff members, with a one to 10 system employed to rate staff's performance over the last period in a range of areas, as well as discussing areas of good practice, areas for improvement and any issues staff wished to discuss. As staff spent the majority of their time in work facilitating holidays, supervision tended to be group meetings held at the end of each holiday, when they had an opportunity to raise any issues or concerns. The registered manager said they and other senior staff were also available to meet and speak with staff individually if they wished to do so. We were told in January 2017 staff had only completed informal appraisal meetings, as a former staff member responsible for completing formal meetings had failed to do so. We saw further appraisals had been planned for the week following our inspection.

This was a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had failed to ensure staff received appropriate support, training and supervision to enable them to fulfil the requirements of their role and meet the needs of the people they support.

Support provided to people to assist with nutrition and hydration varied depending on individual needs. All meals were provided on holiday, either prepared by staff or purchased in a café or restaurant, with account taken of people's specific dietary requirements. Where Speech and Language Therapy (SaLT) had been involved with a person, information or guidance was included in their care file and on their risk assessment. For example one person had been identified as being at risk of choking, this was included on their risk assessment and guidelines were in place relating to meal times and support needed. A staff member told us during inspection, "We take blenders out to the pub and ask for food to be blended, or take soup in a flask, so people can go on the outings and take part with everyone else." People using the service had no complaints about the food provided or the support they received in this area. One stated, 'Yes, they supported me [with my meals], I had lots to eat.'

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.

We checked whether the service was working within the principles of the MCA. We found the service had an appropriate MCA policy and associated procedures in place and staff had received training in this area. One staff member stated, 'The mental capacity act allows people to make choices providing they have the understanding and mental capacity to do so.' Another told us, 'Protects vulnerable adults who lack capacity to make decisions independently.'

People using the service told us staff sought their consent before providing any support or interventions. Staff were also knowledgeable about the importance of gaining consent and confirmed this was sought. One stated, 'Generally with verbal requests to the guests, if the guest is non-verbal look for visual agreement i.e. nod of their head, thumbs up etc.' Another wrote, 'Verbal consent if the guests are able. However, guests who are non-verbal I talk them through with signs etc to inform them of what I am doing and try my best to gain some sort of consent.'

People's health needs were being met with each person supported to visit the nearest GP surgery to their holiday destination and registering as a temporary resident, should they report feeling unwell or had an accident, which did not require a hospital visit. Any medical issues or concerns had been recorded on incident forms.

Is the service caring?

Our findings

Both people using the service and professionals we contacted were positive about the care and support provided by Chrysalis Holidays. One professional told us, 'I have supported several people with learning disabilities to have holidays with Chrysalis.and always found it to be a positive experience for those who have booked.' They added, 'I have dealt with [name] and other members of staff.and always found them helpful and efficient.' Another stated, 'We find them to be very good, very caring with good communication, would recommend them to others.'

Staff were reported to be kind and caring. One person stated, 'Yes, I did like them [staff]. They were very kind.' Another described them as 'kind and polite'. Comments on feedback sheets from people who had recently used the service included, 'To [staff names], thank you for your help and support, I have really enjoyed the holiday with you.' Staff were great with all my needs, looking forward to my holiday at Butlins next.' 'Staff were great, really interacted with me, helping me knit and always there for me. A person's usual carer had written, '[name] has enjoyed all his holiday's with Chrysalis, everyone is so helpful and kind it makes the holiday so much better.'

We also read a letter which had been sent in by a relative, who had spent time on a holiday with the person being supported by the service. The relative wrote, 'the staff are great, professional and safety conscious. Also good at having fun and encouraging people and with great patience.'

Following each holiday people were asked to complete a survey / satisfaction form to capture their views on the experience on how this could be improved. We saw the form contained a range of questions such as what did you enjoy about your holiday, anything you didn't enjoy, any destinations you would like us to consider. The survey also contained seven statements which people needed to rate. This was done by circling one of five different coloured faces, which ranged from a large green smiley face to a red frowning face. Statements included, staff made me feel welcome and looked after my needs, food was of a high standard, holiday itinerary was varied and interesting and accommodation was clean and had all facilities I need. We looked at 15 completed surveys and noted all feedback had been positive.

People who had used the service told us staff respected their privacy and treated them with dignity. One stated, 'Yes, I was [treated with dignity], someone would always knock on my door.' A second told us, 'Yes, they knocked on my bedroom door.' Staff were knowledgeable about the importance of treating people with dignity and respect and how this could be achieved. One told us, 'be aware of surroundings and other people when carrying out tasks such as bathing and changing.' Another stated, 'I always treat guests as unique individuals and maintain their dignity and respect their choices at all times. Personal care can be very intrusive...communicating and maintaining privacy is important.'

We saw an information booklet was sent out to each 'guest' in advance of a holiday. This included the dates of the holiday, pick up and drop off times, details of where they will be staying, proposed itinerary, which staff would be attending the holiday, along with a photograph of each staff member and a short paragraph about them. Information was also provided in relation to luggage and what to take on the holiday, spending

money and medication.

Is the service responsive?

Our findings

People using the service told us they had been involved in decisions about the care and the support they received whilst on holiday. One stated, 'Someone came to my house and chatted with me and my staff.' Another reported, 'Yes, they came to my house to speak with me.'

We looked at the assessment process in place. A 'home visit' had been completed with every new person wanting to use the service, which included the completion of a questionnaire. The information gathered during the visit had been used to generate the initial care plan and risk assessment. People were then contacted prior to the holiday by a manager so they could update the service on any changes to the person's presentation or other information the service may need to know to support them effectively. For people who had holidayed with the service before, updates prior to each new holiday were also requested, with documentation sent out for completion, followed by a phone call a week before the holiday.

We looked at whether the service was responsive to people's needs. People using the service, told us it was, with one person stating the staff knew he didn't like a certain type of food, so ensured he was not given this. One of the professionals we contacted, told us a person they supported had not enjoyed a holiday due to being more independent than some other people on the trip, as a result the staff had changed how they supported the person and they were now supported to attend more independent holidays, which better met their needs.

The registered manager told us they were reliant on the person or professionals that supported them providing detailed and up to date information to ensure care plans were accurate and needs could be met. If information was not provided or what had been was not correct, they would do what they could to meet people's needs whilst on that holiday, whilst updating the care plan and risk assessment in preparation for any future trips.

We asked staff how they ensured care provided was person centred, especially as they only saw and supported people for short periods of time each year. Staff told us they did this by following the care plan. One stated, 'By following the information provided in the guest personal profiles.' Another told us, 'By tailoring to the individual and taking into consideration the customers individual care plan.' Whilst a third stated, 'By respecting their individual beliefs and choices. Making sure a person receives the right care to their needs.'

As part of the inspection process we looked at seven care files. The service was currently in the process of converting to an online system, with the majority of documentation, including care files stored electronically, however paper based files were still being kept in the office. We noted the quality and quantity of information varied across each of the seven files. Some contained brief but person centred and descriptive information, which would positively impact on a person's experience, for example one person liked structure and the care file clearly stated, 'tell at the start of the holiday what the plans are and inform immediately of any changes to the itinerary', whereas for other people only a few words to a line of text was used to describe their support needs in each section of the care plan. It was noticeable that people with

more complex needs, had the greater amount of information in their files, the majority of this forwarded to the service by the person's full time care professionals.

We saw each care file contained a personal details form, along with general notes which covered specific guidelines or support needs other than those contained in the care plan; for example 'help [name] to take photos on camera during holiday'. Medication history and other information such as allergies was also included. The care plans themselves were one page documents which contained six sections, ability outline; which covered general difficulties and support needs, personal care, specific communication techniques, conversation, interests and routines. For each section, the person's difficulties and needs were listed, along with the support or intervention required. Where no issues were reported in an area, the box was either left blank, or one / two word suggestions recorded to assist staff in generating conversation, such as hobbies, TV programmes they liked, life history and so on.

Despite the care files being brief; most were three pages in total; the personal detail sheet, another for the care plan and a third containing the risk assessment, the majority of staff told us care plans provided enough information to support each person safely and effectively, although a couple said a bit more information would be beneficial. One told us, 'Majority of care plans provided to us do give adequate outlines of guests abilities, likes dislikes and general routines and information. However many are lacking specific information.' Another stated, 'Information... may sometimes be limited. There may be further information in the holiday manager's pack.' A third commented, 'Generally yes, there are occasions where the guest's full time carers will neglect to give us enough information, but for the most part, they will contain all the information required.'

Following a holiday, each person was sent a holiday diary, which included a day by day account of the activities they had completed, places they had visited, and meals they had eaten along with photographs taken during the holiday to keep as a memento. The diary was completed by the staff member who had supported the person and was written in the first person. The staff member also included a message from themselves, which tended to include how much they had enjoyed the holiday and spending time with the person. People we contacted told us they appreciated receiving this. One professional stated, 'Chrysalis also provide pictures as a nice memory for individuals of holidays taken.'

We looked at how complaints were managed. The service had a complaints policy and procedures in place, with people being given a copy of the procedure as part of the assessment process. People using the service told us they knew how to complain, but had never needed to. One stated, 'Yes, [I would complain] to the boss at Chrysalis, but I have not had any reason to complain.'

Complaints received were stored electronically, with documentation relating to actions taken stored with the original complaint. We saw two complaints had been received within the last three months, both from relatives of people using the service, regarding issues which had occurred on holiday. In both instances, we noted a full investigation had taken place, with a written response apologising for any errors and detailing actions taken. In one instance the service had introduced a new process as a result, this was in relation to request for information prior to holidays.

Staff had the opportunity to submit anonymous complaints through an online portal. The registered manager told us one had been received through the portal a few weeks prior to the inspection, to complain about staff using e-cigarettes on minibuses. We saw an email had been circulated to all staff re-iterating the company's smoking policy, following which no further issues had been reported.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

The registered manager was responsible for the day to day operation of the service, as well as attending and supporting holidays. The company also had a managing director, who oversaw finances and from evidence seen, dealt with complaints, safeguarding concerns and other interactions with stakeholders and professionals. Each holiday was overseen by a holiday manager, whom staff were accountable to during the course of the trip.

We looked at what audits and quality monitoring systems were in place. We saw a staff file audit had been implemented to ensure all necessary checks had been completed and documentation was present. The registered manager told us the managing director had also completed quality monitoring visits by turning up unannounced to a number of holidays. The quality audit form was a one page document which covered a range of areas under three main headings; care work, atmosphere and interaction; food, itinerary and activities and guesthouse condition. The audit assessed if people were enjoying the holiday, were being supported appropriately and activities were being provided as scheduled. However, we noted the last completed quality monitoring visit had taken place in October 2016. We saw visits had also occurred in March and May 2016.

Aside from these, no other audits or quality monitoring systems were in place. The registered manager told us the plan was for them to do one holiday a month and spend three weeks in the office or completing quality assurance checks for holidays, however due to a number of reasons they had been supporting holidays most weeks this year. Ensuring the holidays were appropriately staffed and people had a positive experience had been the priority, over ensuring documentation was fully up to date.

This was a breach of Regulation 17 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance, as the provider had failed to operate effective systems to assess and monitor the quality, safety and effectiveness of the service.

We received mixed feedback from staff about the management team and the support they provided. Due to the nature of the service and the number of 'managers' employed, it was not possible to determine for whom the feedback related, however the majority of staff commented on feeling supported from some holiday managers, but not others. One stated, 'Yes, from certain managers. If I had a problem I could go to the other managers.' Another told us, 'It's hard to say as we have a holiday manager and other managers. Dependant on the manager of that holiday, yes I feel supported. But some managers I feel no support from.' Whereas a third stated, 'Yes I feel managers support me and it's nice to know they are there.'

During the inspection we were told concerns had been raised about one of the holiday managers, and after

meeting with this person, a decision had been taken to demote them.

We also asked staff for their opinions on the culture of the service. All but one provided positive feedback, using words such as 'good' and 'great'. One stated, 'Honest, ethical, supportive and person centred.' Whilst another told us, 'Generally good team work. Occasionally staff personal issues or personality clashes cause problems.'

We looked at whether the service held regular staff meetings. Due to the nature of the service, two different types of meetings were completed. Meetings were held at the end of each holiday with the staff in attendance, predominantly to discuss the holiday and more formal meetings for the whole staff team held once or twice a year, usually after training sessions had been completed. We were told due to the geographical spread of the staff and the frequency of holiday's, more frequent meetings were not practical. Any information staff needed to be aware of in between meetings was communicated via emails and phone calls, with staff also having access to the online portal where information was stored.

We asked the registered manager about contingency planning and what was in place to deal with emergencies whilst on holiday. We were told the service worked on a 'as it happens' basis, with the holiday managers, who were all very experienced, dealing with issues as they arose. If necessary they would liaise with the registered manager for advice and support. The service had reserve staff in place who could travel to any of the UK based trips to cover for sickness or provide additional support where needed, whilst an additional member of staff always attended overseas trips, for the same purpose.

We asked people who used the service and professionals who had involvement with them, whether they would recommend Chrysalis Holidays to others. All told us they would, one person told us, 'Yes, I would. I am so glad I can get away for a holiday.' A professional stated 'I would and have recommended the service to others.'

The service had a range of policies and procedures in place. This included key policies on medicines, safeguarding, MCA, moving and handling and equality and diversity. Policies were in the process of being updated and amended to enable them to be uploaded onto portable electronic devices, so they would be more accessible to staff. Currently key policies and procedures were included in the staff handbook.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate systems to assess and monitor the quality, safety and effectiveness of the service. Whilst quality monitoring processes of holidays and people's experiences were in place, these had not been completed since October 2016.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff received appropriate support, training and supervision to enable them to fulfil the requirements of their role and meet the needs of the people they support. Staff training, as detailed on the matrix, was not up to date for all staff and supervision meetings were not facilitated.</p>