Creative Support Limited

Creative Support - Trafford Respite Service

Inspection report

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This inspection took place on the 7 and 10 March 2016. The service was given 48 hours' notice because the location is a small respite service and we needed to be sure that someone would be available to provide us with the required information.

Creative Support – Trafford Respite was last inspected in January 2013 when it was found to be meeting all of the standards reviewed.

Creative Support – Trafford Respite Services is registered to provide short break and respite services for a maximum of seven adults who have a learning disability. Some people may also have a physical disability. At the time of our inspection 31 people used the respite service. Some people visited for 1 or 2 nights each week, others accessed the service for a week at a time, several times throughout the year.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

We found that the monitoring of the fire alarm and emergency light systems had improved however the visual light fire alarms for people who are hard of hearing had been identified as not working on more than one occasion when tested. This meant that people who used the service and staff who are hard of hearing may not be safe in the event of a fire due to the visual fire alarms not working correctly.

People told us that they felt safe in the service. Their relatives also told us that they thought that the service was safe. Staff had received training in safeguarding vulnerable adults and could clearly describe the action they would take if they suspected any abuse had taken place. People told us that the staff were always kind and caring.

The service had a safe system in place for the recruitment of staff. We saw that the number of staff on duty varied depending on the number of people accessing the service and their needs. This was assessed by the registered manager, however two staff we spoke with said that there were not always enough staff on duty in the evenings when there were two or three people who needed two staff for support staying at the service at the same time.

We found that medicines were safely administered and staff received training in the administration of medicines. Clear guidelines were in place for any 'as required' medication that had been prescribed.

People's care records and risk assessments contained personalised information about an individual's needs and provided guidance for staff as to the support people needed and the routines they followed. However we found that one person did not have their risk assessment and management plan completed.

If people's needs changed a system was in place to liaise with the person, their family and other professionals to update care plans and risk assessments. Where required people's health and medical needs were met, with access to GP's and health professionals.

We saw that the service had facilities to support people with a range of needs, including the availability of track hoists and a sensory room.

The home was clean and tidy throughout and staff used personal protective equipment (PPE) such as gloves and aprons when undertaking personal care tasks.

Plans were in place in the event of an emergency, such as a utility failure. All equipment was found to be maintained to the manufacturer's instructions. Weekly Health and safety checks had started to be completed in December 2015.

We found that the service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. These provide legal safeguards for people who may be unable to make their own decisions. People's respite support was assessed and agreed with the person, their families and the local authority commissioning team prior to a referral being made to Creative Support – Trafford Respite Services.

An induction programme was in place for new staff to complete required training courses and shadow existing staff. Staff training was available and staff confirmed that they had completed training courses relevant to their role. However not all staff had received refresher training in infection control and food hygiene. As per the company's policy.

People told us that staff members respected their privacy and dignity. Staff we spoke with could provide examples of how they did this. We also saw that staff knew the people they were supporting well.

We saw that activities within the service and in the community were available for people if they wanted. Art and craft resources, a sensory room and a large garden area were available. Trips were arranged, especially at weekends.

Staff told us that they felt supported by the registered manager. Formal supervisions had been restarted in January 2016 after a gap of six months. Regular team meetings were also held and staff were able to raise any issues or concerns at these meetings.

A system was in place for responding to complaints. We were told by relatives and staff that the registered manager was approachable and would listen to their concerns.

We saw that an internal audit had been completed in November 2015. A system of manager's audits and health and safety checks had been implemented following the audit. We will check in our next inspection that these have continued to be carried out.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

The lights of the visual fire alarm had been noted not to be working on more than one occasion when tested. No evidence was seen of action taken to rectify this.

Care records included information about the risks people may face and guidelines for staff in how to minimise or eliminate the risks. However one person's combined risk assessment and management plan had not been completed. A professional behaviour support plan had not been reviewed. People were at risk of potentially receiving inappropriate care.

Medicines were safely administered and a safe system for the recruitment of staff was in place.

Staff had received training in safeguarding vulnerable adults and knew the correct action to take if they witness or suspect abuse.

Is the service effective?

Good

The service was effective

People had been assessed and consented to using the respite service before they were referred to the service. This meets the requirements of the Mental Capacity Act (2005).

Staff received training and an induction to meet the needs of people using the service.

The home had facilities to meet the needs of a wide range of people, including hoists and a sensory room.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives told us that staff were kind and caring. We saw positive interactions between people and staff throughout the inspection.

Staff we spoke with showed that they knew the people who used the service well and understood the principles of person centred care.

A system was in place to ensure that any changes in people's needs between their respite visits were known and communicated to staff.

Is the service responsive?

Good

The service was responsive

Personalised care plans and guidance for staff were in place. Detailed routines for people were clearly written for staff.

People new to the service were able to visit the service before staying overnight for the first time.

A number of activities, both at home and in the community were available for people.

Information on how to make a complaint was available for people and their relatives. Relatives told us that any informal issues they raised were dealt with by staff and the registered manager.

Is the service well-led?

Good

The service was well-led.

Systems had been re-introduced following an internal audit.

People who used the service, relatives and staff told us that the registered manager was approachable and would act on any concerns that they raised. Staff said that they enjoyed working in the service.

The registered manager had informed the Care Quality Commission of any notifiable accidents or incidents which occurred in the service, as is required by law.

Creative Support - Trafford 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 the 7 and 10 March 2016. The service was given 48 hours' notice because the location is a small respite service and we needed to be sure that someone would be available to provide us with the required information.

The inspection was carried out by one adult social care inspector.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. 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 also reviewed all the information we held about the service including notifications the provider had made to us.

We contacted the local Healthwatch organisation and the local authority commissioning team to obtain their views about the provider. No concerns were raised about the service provided by Creative Support – Trafford Respite Services.

With their permission we spoke with 4 people who used the service, 4 relatives of people who used the service, 3 members of staff, the registered manager, the deputy manager and two local authority social workers who commission services from Creative Support – Respite Services.

We looked at the care and medication records for four people who used the service. We also looked at a range of records relating to how the service was managed including three staff personnel records, training

records quality assurance and audit records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

All the people who used the service we spoke with said that they felt safe when they stayed at Creative Support – Respite Service. One said, "I feel safe; I like coming here every week." The relatives we spoke with also told us they felt that their loved ones were safe at the service. A relative told us, "[relative] is safe and gets the support they need." Another said, "[relative] loves coming here; I'm very confident to leave them here."

The training records we reviewed showed that staff had received training in safeguarding vulnerable adults. This was confirmed by the staff members we spoke with. Staff were able to clearly describe the correct action they would take if they suspected or witnessed abuse taking place. They were confident that the registered manager would act on their concerns. We saw that a safeguarding file was in place to log any safeguarding incidents reported. However an internal audit undertaken in November 2015 had identified that evidence of investigations into safeguarding issues had not been kept and Creative Support's head office had not been involved as the policy stated they should be. We were told that this had been actioned and saw a log of reported safeguarding incidents. The senior care worker had also started to complete safeguarding adult supervisions with staff to discuss safeguarding and the procedures to follow if any abuse is suspected. This should help ensure that the people who used the service are protected from abuse.

We saw that some people who used the service were assessed as needing support with their finances during their respite stay. We saw records for the safe management of their money. People's money was recorded when they arrived and left the respite service. Details of all transactions were recorded and receipts kept. Staff counted each person's money at each change of shift.

We looked at three staff personnel files and saw that a safe system of staff recruitment was in place. The files contained a fully completed application form, including a full employment history, two references including one from the most recent employer, proof of identity documents and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. People who used the service could be confident that they were protected from staff that were known to be unsuitable to work with vulnerable people.

We were told that the service had a regular staff team of two staff on duty during the day and a waking night and a sleep-in member of staff overnight. However we were told that the needs of the people who used the respite service had increased since this rota was established resulting in additional staff being required. At the time of our inspection we saw from the rota that two waking night staff were on shift and three staff were working during the day at weekends. We saw that agency staff were used to cover some of these additional shifts when regular staff were unable to cover. We were told that this was arranged centrally by Creative Support's head office. We were told that a preferred agency was used and regular staff were requested. This meant that where possible people were supported by staff who knew them.

The registered manager told us that they booked people in to stay at the service and would assess the

number of staff that would be required for each shift. They also ensured that the people booked to stay at the service were compatible with each other. However two staff we spoke with said that they did not think that three staff was always sufficient in the evening when there were two or three people who required two staff to support them when using the hoist and with personal care. They said that this was an issue when people were preparing to go to bed. Staff told us that at other times of the shift they had time to spend with people.

At the time of our inspection there were two waking night staff on duty throughout the night due to the assessed needs of the people staying at the service. The registered manager told us that on some occasions there could be one waking night staff or a sleep-in staff or both. We saw that there was a staff sleep-in room available. However a member of staff told us that sometimes there is only one person on waking night duty but people staying at the service require two staff to support them with personal care or using the hoist. This means on these occasions the people using the service who require two staff to support them had to be in bed by 9.30pm and cannot get up until 7am when the day staff start their shift. This could put people at risk in the event of an emergency.

We saw that the care files contained a risk assessment and management plan. This provided guidance for staff in how to minimise or eliminate the identified risks. Detailed guidelines were given for staff to de-escalate any anxiety and what actions to take if the challenging behaviour escalated. We saw risk assessments were in place for manual handling, accessing the community, safe bathing and whether people needed bed rails in place to keep them safe at night.

However in one file we saw that the combined risk assessment and management plan had not been completed. We saw that one person who used the service had a lone working risk assessment for when staff supported them in the community on their own. The risk assessment detailed that the person required staff support when they went out, however did not contain any information for staff on how they would minimise any risk to themselves when supporting the person 1:1. This meant that staff may not have the information they require to minimise risks when supporting people or how to keep themselves safe.

We saw in one file that a behaviour support plan had been written by a specialist learning disability nurse. It was dated October 2014. There was no evidence that the document had been reviewed and was still the current guidance. Guidance for staff should be regularly reviewed to ensure that it is current. And staff have the correct information to safely support people.

We saw that environmental risk assessments had been completed and included bathing, the use of knives and fire assessments and the use of cleaning chemicals.

We looked at the way that medicines were managed in the service. We saw that an up to date medicines policy was in place. We saw in people's care files a medicines support plan detailing whether people self-administered their medicines or required staff support. Each bedroom had a lockable medicine cabinet. Individual's medicine file was also kept in their room. The registered manager said that this had been introduced to reduce medicines errors as each person's medicines were kept separate. We noted from the PIR form the service had completed that there had been ten medicines errors in the last twelve months. We saw that new staff were questioned about their knowledge of medicines administration and observed by the registered manager as part of their probation training.

Medicines were recorded, along with the quantity received, when people arrived for their respite stay. A medicine administration record (MAR) sheet was hand written. This was not signed by two staff as per the current best practice guidelines. When medicine had been administered the quantity of tablets remaining

was recorded. We looked at the MAR sheets for four people and found that they had all been signed to confirm that people had received their medicines as prescribed. All the people we spoke with said they received their medicines when they should do. We observed two staff booking in a person's medicines, however the records showed that one staff usually signed the medicines record book.

Staff told us that most people who used the service could tell them if they required an 'as required' medicine such as pain relief. For those people who could not verbally communicate they used facial expression and increased agitation as an indicator. Staff said that they tried to contact people's families initially if they thought people may be in pain and need an 'as required' medicine. One staff also told us that information as to when to administer 'as required' was requested from a person's family or GP if the medicine was prescribed to reduce a person's anxiety.

We observed that the service was clean throughout. Personal protective equipment (PPE) such as gloves and aprons were available in each room. Laundry facilities were available, however most people visited for one or two days at a time and so did not launder their clothes during this time. Sluice facilities and red bags were available for any soiled items, which were laundered separately.

We checked the systems that were in place to protect people in the event of an emergency. We saw that sensors were in place to alert staff if a person with epilepsy had had a seizure during the night. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service. These were kept in each person's individual file. This would make it difficult for staff to collect the PEEPS for each person using the service in the event of an emergency.

We saw from management audits and a fire risk assessment by an external company in February 2016 that weekly fire alarm and emergency lighting checks had not been regularly completed. Checks had started to be undertaken in January 2016 and had continued to be completed. Records of fire alarm checks showed that the visual alarm lights above some of the bedroom doors had not flashed on more than one occasion. There was no record of the action taken to rectify this. There was a record of only one fire evacuation drill being completed in 2016. This involved one person who used the service.

This meant that monitoring of the emergency systems had improved however the people who used the service and staff who are hard of hearing may not be safe in the event of a fire due to the visual alarms not working correctly.

We found this was a breach of Regulation 15 (1) (e) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We also saw that water temperature checks and fridge temperatures had started to be checked and recorded from December 2015 following the internal audit.

Records we reviewed showed that the equipment within the home such as hoists, firefighting equipment, emergency lighting and catering equipment were serviced and maintained in accordance with the manufacturers' instructions. Records we looked at showed that regular checks were carried out on gas and electrical items and the water system. This helped to ensure that people were kept safe.

We saw that a business continuity plan was in place for dealing with any emergencies that could arise. This informed the registered manager and staff what to do if there was an incident or emergency that could disrupt the service.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager was knowledgeable about the MCA and DoLS procedures. We were told that a DoLS application had previously been made on behalf of one person who was a long term emergency placement at the service. Most people who used the service visited for one or two nights respite each week or month. Some people visited for one or two weeks at a time. This was assessed and agreed with the person, their families and the local authority commissioning team prior to a referral being made to Creative Support – Trafford Respite Services. Therefore decisions around people's choice and consent to the respite care had been addressed prior to a referral to the service being made.

During the inspection we looked at whether the staff received the training they needed in order to carry out their roles. We looked at the training matrix and saw that staff had completed training in manual handling, health and safety, first aid and epilepsy for example. Some staff had also completed training in managing behaviour that challenges. However we saw that half the staff team required refresher courses in infection control and food hygiene. The registered manager told us that courses had been booked but then cancelled by the trainer. Staff we spoke with were able to clearly explain infection control procedures and the use of PPE to us. The service is waiting for new courses to be organised by the Creative Support training department. We were told by the registered manager that e-learning courses were starting to be used, with staff being given time on their rota to complete the courses. This was confirmed by the staff we spoke with.

This meant that staff had received the required training to support people effectively; however the refresher training was not up to date for two courses.

Staff told us that when they started work at the service they completed an induction programme. This included completing all mandatory training courses and shadowing experienced members of staff. This meant that they could get to know the people who used the service, their needs and routines. We saw that direct observations of staff practice were completed by the registered manager. We were told that when staff had completed their six month probationary period they were enrolled on a nationally recognised qualification in social care.

Handover meetings were held at every shift change. A handover sheet was used to record who was using the

respite service that day and included a checklist of tasks to be completed by staff such as emptying the bins or completing health and safety checks. People's money was counted and signed for. People's medicines were also checked. Any appointments in the diary were noted.

We looked at the records of staff supervisions. These showed that supervisions had not been completed between July and December 2015 for existing staff. This was confirmed by the staff we spoke with. We saw that new staff had received supervisions as part of their probation period during this time. We saw that supervisions and direct observations of staff practice had begun to be completed from January 2016. All the staff we spoke with said that they felt well supported by the registered and deputy managers and had the necessary knowledge to support people safely and effectively.

We saw that a picture menu was used to offer people a choice of meal. The menu had been agreed with the people who used the service. People we spoke with said they enjoyed the food. One person said, "The staff make nice meals," and another said, "I like the food here; I think it's lovely." One relative told us, "They always make sure that they make a meal they know [name] like's." However another relative thought that healthier meals could be offered. Where applicable we saw that eating and drinking guidelines and food / fluid charts were in place for people who required support.

We asked how the service supported people with any health concerns that arose during their respite stay. We saw that details of medical practitioners were kept in people's files. Staff told us that if someone became ill they would initially contact their families. If their immediate family had gone away another contact was always left for staff to use in an emergency. Following contact with a person's family the person who used the service might go home. Alternatively the staff would contact the person's GP and follow the advice given. A 'grab sheet', which included emergency information for each person, was available if people needed to go to hospital.

For those people who lived at the service for longer periods on an emergency placement staff would re-order their medicines through the person's GP and collect them from the pharmacist. Staff would also arrange any GP appointments the person required.

This meant that people's health needs were met when they were at the respite service.

We saw that the service had facilities to support people with a range of needs. Two rooms had track hoists which went into the bathroom from the bedroom. People who needed to use a hoist brought their own personal hoist sling with them when they visited the service. We saw that all the rooms had an en-suite bathroom with a walk in shower. Shower seats and a shower bed were available for use when required. Communal bathrooms were also available with adapted baths in place if people wished to have a bath.

A sensory room had been set up, with low level lighting, floor cushions and music for people to use if they wanted to. The kitchen had a rise and fall table so that wheelchair users could sit at the table for meals. We saw that the building was well decorated with photographs of people who used the service undertaking activities and art work completed by people on the walls.

This meant that the people's needs could be met by the design of the building and the equipment available.

Good

Is the service caring?

Our findings

All the people who used the service we spoke with said that the staff were kind and caring. One said, "The staff are lovely; they're very kind", another told us, "I think it's wonderful; I always have the same room" and another said, "This is the first time I've been here; it's very good. The staff are very nice; they help me."

One relative told us, "It's superb – all [relative's] needs are taken care of" and, "Staff listen to [relative] and are very patient." Another said, "the staff are calm, gentle and caring." A third said, "The staff are all brilliant; however the night staff don't always supervise that [relative] puts clean underwear on."

Throughout the inspection we observed warm and friendly interactions between staff members and the people who used the service. We saw staff members offering people choices and engaging with them in light hearted banter. The people who used the service clearly enjoyed being with the staff.

Staff members knew the needs of the people they were supporting. One relative commented, "The staff know [relative], the meals they like and the activities they enjoy."

We asked how staff kept up to date with people's needs as they may not support them very often depending on when they went to stay at the respite service. We were told that the team have a good relationship with people and their families so the families inform them of any changes in a person's health or needs before they stayed again. Staff also said that they would contact the family directly if they were unsure about anything. Relatives we spoke with confirmed that staff would ring them if they had a query about anything. From speaking with staff members it was clear that they knew the needs of the people they were supporting. We also saw that there was a board in the reception area with photographs of the staff on duty that day displayed. This meant that people could see which staff would be supporting them that day when they arrived at the service.

Staff explained how they maintained people's privacy and dignity when providing personal care.
People who used the service told us that they could spend time in their rooms if they wanted to. One person said, "If I ask to have a bath the staff will run one for me." One relative told us, "They have gone to great lengths to accommodate [relative's] needs. They always have the same room away from the noise of the main lounge."

We saw that a service user guide was available for people who used the service and their relatives in each bedroom at the service. This gave details about the service provided and included information about how to make a complaint.

We noted that all care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

Good

Is the service responsive?

Our findings

We asked the registered manager how they ensured that people's needs were met. They explained that when referrals were received from the local authority they would receive a copy of the local authority's care plan and risk assessments. They would speak to any relevant professionals and visit the day centre people attended (if applicable) and the family to complete their own assessment of a person's support needs. Information about how to support people with any specific needs such as epilepsy or diabetes would be gathered. The registered manager told us that they also attended any multi–agency meetings with social workers and day centre staff when a person's needs had changed so that they could update the care plans and risk assessments at the service.

The person and their family / carers would be invited to look round the service and short visits would be arranged. We saw one person who was visiting the service over teatime for the fourth time. They had brought their own meal from home so that it was familiar to them. Staff told us that the person was slowly starting to interact with them and other people who used the service. One relative we spoke with confirmed that the person who used the service and their family had been involved in the initial assessment and had visited the service before they had their first respite stay.

We looked at the care records in place for four people who used the service. We saw that a personalised care plan was in place. These included details about a person's communication, family and friends, personal care, health and skills. One person had a detailed document of their routine from the moment they arrived at the service. The routines were very important to the person and they became anxious if they were not followed. We saw that people were given a choice about gender specific care for personal care tasks. A one page profile had been completed for each person detailing what was important to them and how they want to be supported.

Where required we saw that re-positioning guidelines were in place for night staff. Records were kept of when a person had been re-positioned when in bed.

The plans and guidelines had been reviewed and there was evidence of changes made to the plans. This meant that staff had the information to know how each person wanted to be supported.

We saw that a new Listen to Me document was in the process of being completed with people. This included people's likes and dislikes, what people like to do, food they enjoy, their routines, what helps if I'm having a bad day and how do I look after myself. The registered manager told us that staff were completing the document with people when they were at the service. Not all had been fully completed at the time of our inspection as some people did not visit as regularly as others or did not want to spend much time filling the document in with staff when they were there.

People told us about the activities they liked to do when at Creative Support – Respite Service. These included art and craft, singing and going to the local pub; either on their own or with staff. We saw photographs taken on trips out to local events and places of interest. The service had a large garden area

with outdoor games available for people to play. The service had their own wheelchair accessible transport that enabled people access to external activities. One relative said, "The staff have taken [relative] out for the day; into Manchester or to the train station."

We looked at the systems in place for managing complaints to the service. We saw that an up to date policy was in place and information about how to make a complaint was displayed on a notice board in the reception area of the service. A comments / suggestion box was also situated in the reception area for any person who used the service, relative or staff member to use if they wanted to. Relatives we spoke with said that they knew how to raise a concern or complaint with the service. One told us, "I speak to [registered manager] or any staff if I have a concern. They deal with it immediately so I've not needed to make a formal complaint." One person who used the service said, "I tell the staff if I'm not happy and they will help."

We looked at the complaints file and saw that one formal complaint had been received in the last year. This had been logged and action taken. We also saw that compliments to the service had been made. One said, "[relative] has just accessed their first night at the service. It is fantastic to see [relative] accessing the service and being familiar with the staff team."

Good

Is the service well-led?

Our findings

The service had a registered manager in place. 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. An area manager supported the registered manager.

All the staff we spoke with said that the registered manager was approachable. They felt that the registered manager would listen to any concerns that they had and would take appropriate action. One said, "I feel supported, the manager will listen to staff." The relatives we spoke with were all very positive about the registered manager. One said, "If I needed to I would contact [registered manager]. They would definitely listen to my concern and take action to sort it out." Another said, "[Registered manager] has gone the extra mile to accommodate [relative's] needs."

The staff members told us that team meetings were held – though not as often as they would like. We saw minutes of team meetings, which had been held at least every two months. Items discussed included an update on the needs of people who used the service, rotas, safeguarding, incidents and accidents. We saw that staff were able to raise topics in the meetings. This was confirmed by staff who told us that the registered and deputy manager would listen to any issues raised by the staff team. The deputy manager told us that team meetings were being planned to be held every month. This would be reflected on the rota for the day of the team meeting.

We looked at the quality assurance systems in place to monitor the service. We saw that the area manager had requested a thorough internal audit to be completed by a central Creative Support team. This looked at the five areas of safe, responsive, caring, responsive and well-led. The audit had an action plan which had been implemented. We saw that monthly manager audits had recommenced in December 2015 and that health and safety checks and fire checks were now being completed weekly.

The manager's monthly audits included medicines, rotas, menus, activities, the environment, checking that the health and safety checks and fire checks had been completed, handover sheets and ensuring any repairs had been reported and completed. Following each audit actions were set to address any issues found.

We also saw that the area manager had started completing a monthly checklist, with actions detailed for any issues they found.

This meant that Creative Support – Trafford Respite had critically assessed the service it provided and completed actions to address any identified shortfalls. Regular audits of the service were now being completed. We will check on our next inspection that these audits, the health and safety checks and regular staff supervisions have been embedded into the service and have continued to be completed.

We asked the registered manager what they considered to be their key achievement since becoming the

manager of the service. They told us it was providing respite support to more people, with more people using the service each night. Also seeing some people grow in confidence as they started to use the service and becoming more independent. They identified the key challenge as responding to the internal audit last year and ensuring the staff team completed the identified actions.

We saw evidence that accident and incidents were discussed as part of the team meetings and were reviewed during the monthly manager's audit. This meant that the service could learn from the incidents.

We looked at the policies and procedures in place to guide staff at the service. We saw that local policies specific for the service, including medicines, safeguarding and whistle blowing, were all in date. However the Creative Support policy file covering all the companies policies and procedures contained some policies dated 2013, with others being dated 2015. It was not clear whether these policies had been reviewed and no changes had been required or not.

Relatives we spoke with told us that they had been asked for feedback about the respite service through a survey. We saw that six surveys had been returned in August 2014. These had been positive about the staff at the service. We saw evidence that the replies had been reviewed by the registered manager and actions identified to address any issues raised. A survey had not been completed in 2015, the registered manager told us that another survey was currently in the process of being sent to relatives.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to confirm that appropriate action had been taken by the service to ensure people were kept safe.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with the visual fire alarm lights not working. Regulation 15 (1) (e).