Kingston upon Hull City Council

Pennine Resource Centre

Inspection report

Pennine Resource Centre
Pennine Way
North Bransholme
Hull
HU7 5EH
Tel: 01482 839311
Website:www.catherine.spivey@hullcc.gov.uk

Date of inspection visit: 29 September 2015
Date of publication: 11/11/2015

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

Pennine Resource Centre is a two storey building registered with the Care Quality Commission [CQC] to provide care and accommodation for up to 19 adults who have a learning or physical disability. The home offers permanent placements to 13 people who have a learning disability and six respite bedrooms situated on the first floor for people who have a physical disability. The service is situated close to shops and local amenities.

This inspection took place on 29 September 2015 and was unannounced. The service was last inspected on 7 October 2013 inspection and was meeting all the regulations assessed during the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are

Summary of findings

'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.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberties Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding about these and when they should be applied. However, there had been only one DoLS application made on behalf of the people who used the service, even though the other people had been assessed and identified as meeting the criteria for DoLS applications.

These issues meant that the registered provider was not meeting the requirements of the law regarding the need to obtain lawful consent for the people who used the service. You can see what action we told the registered provider to take at the back of the full version of this report

Staff understood their roles and responsibilities for reporting safeguarding or whistleblowing concerns about the service and training had been provided to them, to ensure they knew how to recognise signs of potential abuse.

Staff were provided in suitable numbers to ensure the needs of the people who used the service were met. Recruitment checks were carried out on new staff to ensure they were safe to work with vulnerable people and did not pose an identified risk to their wellbeing.

People's medicines were administered as prescribed by their GP and staff had received training in this subject. Systems were in place to ensure people's medicines were administered safely.

People were provided with a wholesome and varied diet of their choosing. Staff monitored people's dietary needs and involved health care professionals when required. We found people received care in a person-centred way with care plans describing people's preferences for care and staff followed this guidance.

Training was provided to staff which was relevant to their role and equipped them to meet the needs of the people who used the service. The registered manager encouraged and supported staff to gain further qualifications and develop their experience.

We observed positive staff interactions with the people they cared for. Privacy and dignity was respected and staff supported people to be independent and to make their own choices. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

A range of activities were provided to people who used the service and they were given the opportunity to choose those they wished to participate in. Trips out into the community, holidays and theatre trips were also available.

People who used the service and their relatives knew they could raise concerns or complaints if they wished. These were investigated and the outcome shared with the complainant.

People lived in a well led and inclusive service; the registered manager sought their views about how it was run. The registered manager undertook audits which ensured people lived in a safe environment where their health and welfare was monitored and upheld. Staff were supported and encouraged to achieve excellence, systems were in place which identified short falls in the service and how these should be improved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew how to recognise and report abuse and had received training about how to safeguard people from harm.

Staff, who had been recruited safely, were provided in enough numbers to meet people's needs.

Systems were in place which made sure people lived in a well maintained, clean and safe environment.

Staff handled people's medicines safely and had received training.

Good

Is the service effective?
The service was not always effective and required improvements to be made in implementing the requirements of the Mental Capacity Act 2005 to ensure people's rights were promoted and upheld and to ensure people were not being deprived of their liberty unlawfully.

People who used the service received a wholesome and nutritional diet which was of their choosing.

Staff received training which equipped them to meet the needs of the people who used the service.

Staff supported people to lead a healthy lifestyle and they involved health care professionals when required.

Requires improvement

Is the service caring?
The service was caring.

People were cared for by staff who were kind, caring and enthusiastic.

Staff understood people's needs and how these should be met.

People or their representatives were involved in the formulation of care plans.

Good

Is the service responsive?
The service was responsive.

Activities were provided for people to choose from.

People received care which was tailored to meet their needs and was person centred.

Health care professionals were involved in people's care and treatment and staff made appropriate referrals when this was required.

Good

Summary of findings

People knew how to make a complaint and have these investigated and resolved whenever this was possible.

Is the service well-led?

Good

The service was well led.

The registered manager consulted people about the running of the service.

Audits were undertaken to ensure people lived in a well-maintained and safe environment.

The registered manager held meetings with the staff to gain their views about the service provided.

Pennine Resource Centre

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 registered 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 29 September 2015 and was unannounced. The inspection was completed by one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information within the required timescale. The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with two people who used the service and three of their relatives. We observed how staff interacted with people who used the service and monitored how staff supported people throughout the day, including meal times.

We spoke with the registered manager, the deputy manager, two care staff and the cook.

Six care files which belonged to people who used the service were looked at and other important documentation relating to people such as; incident and accident records; six medication administration records [MARs] were also reviewed. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

A selection of documentation relating to the management and running of the service was looked at, this included; three staff recruitment files, training records, staff rotas, staff supervision records, minutes of meetings with staff and relatives, safeguarding records, quality assurance audits, maintenance of equipment records, cleaning schedules and menus. We also made a tour of the building.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe, comments included, "I always feel safe here and my husband has piece of mind when I am here" and "Staff can't do enough for you, they always have time to chat and they are always there for you."

Relatives spoken with told us, "They are absolutely safe, we have no worries on that score" and "Without a doubt, they are very safe, absolutely."

All of the staff we spoke with were able to describe the registered provider's policy and procedure for the reporting of any abuse they may become aware of or witness. They told us they received training about what abuse is and how to recognise the signs of abuse, for example, bruising or a change in mood. One staff member told us, "If I can't stand up for the guys, then I am in the wrong job."

Staff spoken with were aware they could approach other agencies to report any abuse; this included the local authority and the CQC. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was updated annually. There was a record of all safeguarding incidents and the outcome. When we spoke with the local authority safeguarding team, they told us they had no concerns about the service and there were no outstanding safeguarding investigations on going at the time of the inspection.

Staff understood their responsibility to report any abuse they may witness and knew they would be protected by the registered provider's whistleblowing policy. They told us they found the registered manager approachable and felt they could go to them and trusted them to undertake the appropriate investigation and keep people safe. We saw all accidents and incidents had been recorded and action taken where needed, for example seeking medical attention following falls by either calling the emergency services or attending the local A&E department. The registered manager undertook an analysis of all the accidents and incidents which occurred at the service to establish any patterns or trends so working practises could be changed if required to keep people safe.

The registered manager undertook risk assessments of the environment to ensure it was safe for the people who used the service. We saw emergency plans were in place to make sure the service continued to be delivered if anything should happen, for example, floods or breakdowns in essential services like water, gas or electricity. People's care plans contained emergency evacuation plans which instructed staff in what to do in the event the person needed to be evacuated from the building. The evacuation plan took into account the needs of the person and their level of mobility and support they may need.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. We saw there were rotas in place which showed the amount of staff that should be on duty daily and the skill mix. Staff told us they thought there was enough staff on duty and we saw staff going about their duties both efficiently and professionally, with time to engage with the people who used the service. The registered manager told us they used the dependency levels of the people who used the service to calculate the appropriate staffing levels.

We looked at the recruitment files of three staff and saw these contained references from previous employers, an application form which covered gaps in employment and experience, a check with the Disclosure and Barring Service [DBS], a job description and terms and conditions of employment.

We saw people's medicines were stored and administered safely. Staff received training about the safe handling of medicines and this was updated annually. Records we looked at were accurate and provided a good audit trail of the medicines administered. We saw any unused or refused medicines were returned to the pharmacy. Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines. The supplying pharmacist undertook audits of the medicines system as did the registered provider. Records were kept of the temperature of the refrigeration storage facilities. Further detailed profiles were in place for medication showing what medication they took, what it was for, where creams should be applied and the persons preferred way of taking any oral medicines.

Requires improvement

Is the service effective?

Our findings

People we spoke with were happy with the food they received, comments included, "I am a bit fussy when it comes to food. When I come here I am able to have what I want whether it is on the menu or not, the cook will come and see me and make sure I get what I want. Nothing is too much trouble." They told us they felt the staff were well trained and could meet their needs, and, "They seem to do lots of training and they are very professional", "It is like being part of one big family. They know how I like my pillows done in a certain way and always get it spot on" and "They keep my room and my laundry lovely and they always make my husband welcome when he visits me. They cater for my every need, your well-being is really important to them."

Relatives told us they felt the meals provided were of a good quality and said, "He is always offered a choice of food, and they know what he likes and always cater for his preferences. We are invited in for events so we can confirm the quality is very good." They told us they felt the staff were well trained and could meet their relative's needs, comments included, "I do think the staff are well trained, they are always doing additional training. It is one of the things that puts my mind at rest."

People who used the service were encouraged and supported by staff to plan their own preferred menus. Pictorial menus were seen to be displayed in the dining area. When we spoke to the cook she explained how new dishes were regularly introduced into menu's for people to try, so they had the opportunity to try new foods and provide feedback and input into menu planning. Choices were available at each meal time and additional options were provided if people wanted something else or a lighter meal. Staff we spoke with told us how they supported people to engage in making decisions about food preferences. They displayed a good knowledge of people's specific nutritional needs and their preferences of food and drink and how these were catered for. Each person had an individual placemat which detailed their likes and dislikes and how they preferred to be supported during meals, including details of adapted crockery and cutlery and whether they used a cup or preferred to use a straw to drink. The information provided corresponded to the information detailed within people's care plans.

We observed the lunchtime meal in the dining area and saw people were prepared for their meal and offered clothes protectors and appropriate equipment to support them with managing their meals independently, for example adapted cutlery. People were supported by staff who sat at the table with them, and offered assistance in a patient and unhurried manner. We saw that when people pushed their food away they were asked if they would prefer something else and an alternative meal was provided. While staff were supporting people with their meal, we saw they took the time to tell people what they had loaded onto their cutlery before assisting them with eating. Records in care plans showed that nutritional assessments had been completed when risks had been identified. For example, for the risk of choking and appropriate referrals had been made to the speech and language therapist and dietician for advice and support. We saw that weight records for people were completed on a regular basis.

In discussions, staff told us how they gained consent from people on a day to day basis prior to carrying out care and support tasks. They told us they encouraged people to make their own decisions. Staff said, "We ask people and most people can do some things for themselves, with some people needing more time than others to complete tasks. We wouldn't do anything they didn't want us to."

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards [DoLS]. This is legislation that protects people who are not able to consent to care and support and ensures that they are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS but had only made one DoLS application despite having completed mental capacity assessments for each of the permanent people who used the service. Each person had been assessed as lacking the capacity to make their own decisions, this meant that potentially the remaining eight people living at the service were being deprived of their liberty unlawfully, as they were unable to consent to their care and treatment and were unable to leave the building independently.

We found the application of the Mental Capacity Act 2005 [MCA] in regards to applications for DoLS authorisations

Requires improvement

Is the service effective?

needed to be improved. When we spoke to the registered manager about this they acknowledged that these had not been fully completed and they would ensure the remaining applications would be made promptly.

This is a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as effective systems were not in place to ensure the registered provider acted in accordance with the Mental Capacity Act 2005 to obtain consent from people who used the service; who were unable to give consent, because they lacked capacity to do so. DoLS ensure where someone may be deprived of their liberty, the least restrictive option is taken. You can see the action we have asked the registered provider to take at the end of this report.

Other staff we spoke with also displayed a good understanding of the Mental Capacity Act [MCA] and the use of DoLS, we saw from records kept they had received training and this was ongoing. The registered manager was reminded of the need to notify the CQC of the outcomes of applications made for a DoLS.

Staff told us they received training which equipped them to meet the needs of the people who used the service. They told us some training was updated annually, this included health and safety, moving and handling, fire training and safeguarding vulnerable adults. We saw all staff training was recorded and there was systems in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. Induction training was provided for all new staff, their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction. This was for a period of, eight weeks or until they had been assessed as competent in their role.and had been assessed as being competent.

Staff told us they received supervision on a regular basis; they also received an annual appraisal; we saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

During the inspection we spoke with a professional who supported some of the people who used the service; they were complimentary about the staff's knowledge and skills, they told us they felt the staff had the right approach and followed their instructions well and maintained good records.

.People's care plans showed us staff made daily recordings of their wellbeing and took the appropriate action when required, for example calling the person's GP if they felt unwell. The care plans contained information about the involvement of health care professionals and details of hospital appointments and the outcome of these.

Good

Is the service caring?

Our findings

People we spoke with told us staff were kind. They said, "The staff look after me very well, they welcome me at the door when I come to stay. I look forward to coming here the staff are so good. If I don't ring my buzzer they always pop in to see how I am. They are worth their weight in gold 150%."

Relatives told us, "The care and attention is very good, they always go above and beyond", "We are always consulted about all aspects of our relative's care, any changes they are straight on the phone to us, which is how we like it" and "They are always happy to return after they have spent the day with me. The staff know him well and always cater for his needs", "We are kept well informed about everything and are very happy with the care our relative receives" and "I am welcome to visit at any time and the care I have seen has always been very good."

During the inspection we used the Short Observational Framework Tool for Inspection [SOFI]. SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences. We spent time in the dining room and observed staff interact positively with people who used the service showing a genuine interest in what they had to say, whether this was verbally or through gestures. Staff acknowledged their queries and waited patiently before responding to them, or using further prompts to ensure they had fully understood their request. They then responded to the information they had been given or the request made of them. Requests from people who used the service were responded to quickly by staff.

We observed the people who were more reserved and lacked verbal communication skills were constantly acknowledged and encouraged to engage by staff. The people who used the service were observed to respond positively to these interactions. When one person was asked if they would like to take their crockery away after their meal, they got up and took their plate to the kitchen, when the staff praised them for a job well done, they beamed and responded by hugging the staff member.

We saw that people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us people were supported to make their own selections of clothing and other purchases.

Staff understood how people's privacy and dignity was promoted and respected and why this was important. They told us they always knocked on people's doors before entering their room and told them who they were. This was then followed by an explanation to people of the support they needed and how they were going to provide this. We observed examples of this during our inspection, when a person approached staff, the staff member allowed them to lead to their room asking them if they were looking for something or if they needed something. Once they entered their room they went through a process with the individual asking and offering items for them to touch until they were able to establish with them what they were looking for.

During our tour of the building we saw a dignity board, where staff had been encouraged by the registered manager to engage in an activity during learning disability week. They were 'given' a disability to experience as part of a learning situation. Following this, they were then encouraged to reflect on their own experiences and write down how they felt and what they as a carer could do to prevent this happening within the service. Their thoughts were displayed on the board and how they ensured dignity was promoted.

Staff told us of the importance of maintaining family contact and supporting visits and how they supported and enabled this. They gave examples of supporting telephone calls, home visits and sending birthday cards and gifts to family members. They told us how relatives were kept informed about important issues that affected their family member and ensured they were invited to reviews and other relevant meetings.

When we spoke with staff they confirmed they read care plans and information was shared with them in a number of ways, including; staff meetings and daily handovers. Staff we spoke with demonstrated a good understanding of people's individual needs. They were able to describe their current needs, their previous history, preferred routines, what level of support they required in different areas of need and what they were able to do independently. The continuity of staff had led to the development of positive relationships between staff and the people living there.

Good

Is the service caring?

Records showed that people were supported to use advocacy services to support them to make decisions about their life choices.

The deputy manager told us about two groups that had been developed with other professionals to promote communication and postural management within the service. These groups met every six weeks to review epilepsy, posture, eating and drinking and review and update issues raised at the previous meetings. With the meetings taking place regularly referrals could be made quickly and good relationships had been developed with the home and professionals. One piece of work done by the group was about making the environment homely and easy for people with a visual impairment to find their way around the service. Following this innovative ways were used to promote communication and understanding, for example, fixing a remote control to the outside of the television room and using different types of sensory boards along corridors.

Staff told us that one person who used the service, who was thought to not have any verbal communication skills, since using the signs and promoting communication by the team, had started to communicate both verbally and was signing with them.

There were pictorial and easy read to read information displayed around the service to help provide information to people, this included for example; menus, care plans, advocacy services details and activities and a sign of the week which all staff practised. Further communication was also promoted at the karaoke evenings where singers also signed the song.

Good

Is the service responsive?

Our findings

People who used the service told us they knew they could complain and who these should be directed to, comments included, "I can't fault the place. Everyone makes time for me and we chat regularly. [Name of the registered manager], always pops in to see me and makes sure everything is alright. I would have plenty of opportunities to raise any concerns, but I have never had any."

Relatives we spoke with told us, "Oh yes I know how to raise a concern. In all this time I have only had one, which was a total misunderstanding and it was managed very well." Another said, "The staff are very approachable and always interested in our ideas and input and the service is always improving, things like developing the sensory garden and redecoration" and "I think the postural management group is a great idea, the staff met and discussed introducing a postural chair with the occupational therapist and physiotherapist for our son to use, so he can continue to engage in activities with his peers, rather than having to have time away resting on his bed."

When we spoke with relatives they told us they were actively involved in their relations care. They told us, "It is a very homely, family orientated type of service. The staff are very caring, very thoughtful of my relative's needs. They consider them all the time. You can't buy what they do, they always give over and above" and "We are always welcome to discuss anything and we have ample opportunity to do this. We know all of the staff and they stay in regular contact with us and let us know what is going on and how they are."

Social and health care professionals told us that staff worked well with the people who used the service and they told us the service would contact them for advice. Any changes that needed to be implemented were acknowledged and their instructions followed.

We looked at the care files for six people and saw care was provided in a person centred way. Individual assessments were seen to be carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. People had communication passports which detailed how they communicated including pictures of what different facial expressions meant and information about them as individuals, including their likes, dislikes and what interested them.

We saw assessments had been used to identify the person's level of risk and where risks were identified, risk assessments had been completed. These included potential risks within the service, the local community and for activities, for example; going on holiday. Risk assessments contained detailed information for staff on how risk could be reduced or minimised.

Care plans and risk assessments were seen to be reviewed monthly or sooner if a particular change in need was identified. We saw that when needs had changed, updates were made to care plans and risk assessments to reflect this. The registered manager told us, "We will update risk assessments and support plans if there has been a change in people's needs and then continue to review them to make sure that these are accurate."

The environment was well planned for people with large single bedrooms, wide corridors, specialist baths and specialist equipment in place for people's use. Care plans detailed all the equipment people needed to use in all aspects of their daily lives, including the type and size of slings, their preferred transfers, specialist seating and wheelchairs.

People who used the service were encouraged to follow their hobbies and personal interests. Activity co-ordinators and staff supported people to attend sporting events, the theatre, cinema visits, meals out, attend music concerts, day trips, shopping trips and annual holidays.

During our inspection we saw people were engaged in a number of activities both as part of a group and on an individual basis, this included; using the sensory room, shopping trips, theatre visits, walks, listening to music and playing ball games. We saw each person had their own individual activity boxes which they were able to access independently and use when they chose to. One person was seen going to get their box after lunch and then setting up their own activity independently and occupying themselves while staff supported their peers with finishing their meals.

Staff we spoke with told us how they used every opportunity to stimulate and promote communication

Good

Is the service responsive?

within the service, celebrating any event, for example the rugby world cup, Halloween, where staff might dress up; use props, people may try new foods, listen to music, and try anything else associated with the theme.

The registered provider had a complaints policy in place that was displayed within the service in an easy read format to help people who used the service to understand its contents. We saw that few complaints had been received, but where suggestions had been made to improve the service these had been acknowledged and action taken.

We saw information displayed within the service in relation to advocacy services. Many of the people who used the service would be unable to express their views verbally and not all had relatives who were able to advocate on their behalf. When we spoke to the registered manager about this they told us in such situations an advocate would be sought to support and represent the person's wishes.

Good

Is the service well-led?

Our findings

People we spoke with told us they found the staff and the registered manager approachable and felt they were included with the running of the service, comments included, "We are involved in relatives meetings, but also in care reviews, best interests meetings and meetings with other professionals. The manager always makes herself available to us and we attend all the social events so there is ample opportunity to speak to her or staff" and "There is an open culture so we can approach the manager or staff at any time, but we communicate well and we know what is happening because staff will ring us. It is very good."

Relatives told us they were invited to meetings about the service and had completed surveys, comments included, "They ask me what I think about the home and I tell them. We don't have to wait until the survey comes out because we can discuss things any time really it's great" and "We come to meetings and the manager tells us about things that are going to happen, like outings and the entertainment."

We saw audits had been undertaken in a range of areas on a regular basis. These included, people's care plans, staff training, the environment, accidents and incidents, staff supervision and appraisals, infection control, health and safety, people's nutritional wellbeing and dietary needs. Action plans had been put in place to address any shortfall identified through the audits with timescales set to achieve these. Each audit subject had been undertaken on a monthly basis

Staff we spoke with told us they found the registered manager very approachable and supportive. They told us they could approach them for advice and guidance and had confidence in them. The registered manager adopted an open door policy and we saw staff approaching them during the inspection to discuss people's needs or the outcome of contact with health care professionals. They told us they promoted an honest and open culture within the service and considered themselves to be firm but fair and the philosophy of the service was that the needs of the people who used the service were always the priority for all staff. Although the registered manager and deputy managers were supernumerary to staff numbers, they all were clearly visible within the service and took an active role in supporting care delivery.

The management team held meetings with the various teams of staff who were employed at the service, for example, care staff, domestic staff and kitchen staff; we saw copies of the minutes of these meetings. The registered manager also had meetings with the whole staff group on a regular basis, which were also minuted.

Staff had clear job descriptions which detailed their accountability and role, staff we spoke with were aware they could approach the registered provider for advice and guidance. Staff told us they felt they worked as team and all supported each other and felt the management team lead by example, for instance, assisting when needed with caring tasks and meals.

The registered provider had systems in place which gained the views of the people who used the service, their relatives, staff and visiting health care professionals. This was mainly by the use of surveys, the results of which were collated and action plans devised to address any short falls.

The people who used the respite service were able to be involved in this system, however the people who did not have verbal communication were involved in decision making about the service through communication aids, support from their relatives, advocates and keyworkers

We saw equipment used to ensure people's safety was serviced and maintained as per the manufactures' recommendations and the maintenance personal kept detailed records of repairs and works carried out. Fire equipment was tested regularly and drills undertaken so staff knew what to do in the event of a fire.

Records showed that accidents and incidents were recorded and appropriate action taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and risks to reduce the risk of any further incidents. For example, we saw a new nurse call system being installed after a concern had been raised following a respite stay at the service.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: Effective systems were not in place to ensure the registered provider acted in accordance with the Mental Capacity Act 2005 to obtain consent from people who used the service; who were unable to give consent, because they lacked capacity to do so. Regulation 11(3).