

Take A Break Warwickshire Limited

# Take-a-Break Warwickshire Limited

## Inspection summary

CQC carried out an inspection of this care service on 06 July 2016. This is a summary of what we found.

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

This inspection visit took place on 6 July 2016 and was announced. The provider was given two days' notice of our inspection visit to ensure the manager and care staff were available when we visited the agency's office.

The service was last inspected in July 2014 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Take-a-Break is a registered charity and domiciliary care agency providing 'respite' care for young adults and children in their own homes and in their local community. People who used the service were offered support on a 'respite' basis only; this meant the charity provided support to people on short term contract arrangements. People received a range of support through a number of hours per week. On the day of our inspection visit the charity was providing support to 13 people with 14 members of care staff.

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. We refer to the registered manager as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely. Care staff understood how to protect people from abuse and keep people safe. The character and suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people who used the service.

Care staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. People told us care staff had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

Care staff were supported by managers through regular meetings to discuss their performance and development. There was an out of hours on call system in operation, which ensured management support and advice was always available for staff during their working hours. The manager understood the principles of the Mental Capacity Act (MCA), care staff respected people's decisions and gained people's consent before they provided personal care.

There were enough care staff to ensure people were cared for safely. We had mixed feedback about whether there were enough staff to support people as they wished. Staffing levels were determined based on short term 'respite' breaks. This meant people were not put at risk if staff were unavailable to deliver the service. People told us care staff were caring, kind and knew how people liked to receive their care.

People told us communication could be improved regarding staffing levels and their agreed packages of care. The manager and provider was acting to improve their service by reviewing existing care packages and what they could offer to people. Staffing levels had recently been changed along with care packages.

People knew how to complain and information about making a complaint was available for people in their homes. Care staff said they could raise any concerns or issues with the managers. Identified concerns were acted upon by the manager and provider.

There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. This was through regular communication with people and staff, spot checks on care staff and a programme of other checks and audits. Where issues had been identified, the provider acted to make improvements.

**You can ask your care service for the full report, or find it on our website at [www.cqc.org.uk](http://www.cqc.org.uk) or by telephoning 03000 616161**