

Sheffield Health and Social Care NHS Foundation Trust

136 Warminster Road - SHSC Respite Service

Inspection report

136 Warminster Road
Norton
Sheffield
South Yorkshire
S8 8PQ

Tel: 01142583304

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 19 May 2016 and was unannounced. The home was previously inspected in November 2014 when we found two breaches of Regulations. These were regarding the safe management of medicines and shortfalls in care records. Following that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. This inspection was undertaken to check that they had followed their plan, and to confirm that they now met all of the legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for '136 Warminster Road' on our website at www.cqc.org.uk

At this inspection we found improvements had been made and the provider had addressed both breaches found at the last inspection.

Warminster Road provides short stay respite accommodation for up to five adults with learning difficulties. Three beds are located within the main building, which is shared with the local council. The remaining two beds are located in a neighbouring on-site property known as 136a Warminster Road, which is a detached house.

The service did not have a registered manager in post at the time of our inspection, but an acting manager had recently been appointed. They told us they were hoping to submit their application to be the registered manager shortly. 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 and associated Regulations about how the service is run.

We were unable to speak with people using the service as they were either away from the service or we were unable to communicate with them in a meaningful way. Therefore, we observed how staff supported people and following the inspection visit we contacted three relatives to gain their opinion of the service provided. All the people we spoke with said they were very happy with the care provision.

We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding vulnerable people and were able to explain the procedures to follow should an allegation of abuse be made.

There were enough skilled and experienced staff on duty to meet people's needs and enable them to follow their interests.

The company's recruitment system helped the employer make safer recruitment decisions when employing staff. We found new staff had received a structured induction and essential training at the beginning of their employment. This had been followed by refresher and specialist training to update and develop their

knowledge and skills.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this subject and people who used the service had been assessed to determine if a DoLS application was required.

People were fully involved in choosing what they wanted to eat and drink. We found people were also involved in shopping and preparing meals.

Care files reflected people's needs and preferences, as well as any risks associated with their care. These provided staff with detailed guidance about how to support people and keep them as safe as possible. Care plans and risk assessments had been reviewed and updated each time the person returned to the home to ensure there were no changes in their needs. We saw staff enabled people to follow their preferred interests and routines, such as attending a day centre, and be as independent as possible.

The provider had a complaints policy to guide people on how to raise concerns. There was a structured system in place for recording the detail and outcome of any concerns raised.

The provider used questionnaires to gain people's opinion of the service provided.

We found a system was in place to check if policies and procedures had been followed, and the premises were safe and well maintained. However, areas identified as needing improving did not always have planned timescales for completion. This was being addressed at the time of our inspection.

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.

Staff knew how to recognise and respond to suspected abuse and they had a clear understanding of the procedures in place to safeguard people.

Care records identified potential risks and provided staff with guidance on supporting people.

We found recruitment processes helped the employer make safer recruitment decisions when employing new staff.

Systems were in place to make sure people received their medications in a safe and timely manner.

Is the service effective?

Good ●

The service was effective

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

Staff had access to a structured induction and training programme, and felt well supported by the management team.

People were involved in planning and cooking meals which met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were responsive to their needs, kind and caring. Staff communicated with people in a friendly and inclusive manner that reflected their communication needs.

Staff treated people with dignity and respect while offering privacy and encouraging independence.

Is the service responsive?

The service was responsive

Care records reflected people's individual needs and preferences, and had been reviewed as required.

People had access to activities and stimulation that was tailored to meet their individual needs and preferences.

People were made aware of how to raise concerns and systems were in place to manage any concerns received.

Good 

Is the service well-led?

The service was well led.

There were systems in place for monitoring the quality of the service provided.

Questionnaires had been used to ask people if they were happy with the care and support provided and how the home was run.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. Although these were not always up to date on the internal intranet.

Good 

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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 was 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 19 May 2016 and was unannounced. This meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection team consisted of two adult social care inspectors.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. On this occasion we did not request the provider to complete a provider information return [PIR]. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were five people using the service. We spoke with one person staying at the home and spent time informally observing how staff supported people. We also spoke with three relatives to ask their opinion of the service provided to their family member.

We spoke with the acting manager, deputy manager and the assistant service manager, as well as a team leader and three care workers. We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care records, staff rotas, training records, staff recruitment and support files, medication records, audits, policies and procedures.

Is the service safe?

Our findings

At our previous inspection in December 2014, we judged the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because appropriate recording and monitoring arrangements were not in place to ensure people were protected from the risks associated with the unsafe use and management of medicines.

During this inspection we checked to see what improvements had been made and found the provider was now meeting the Regulation.

The service had a medication policy outlining the safe storage and handling of medicines and the staff we spoke with were aware of its content. We discussed the process for the safe handling of medication with the team leader who demonstrated a good knowledge of the correct process to follow. They told us a pre-admission call was made to ask relatives if there had been any changes regarding the medication their family member was taking. They said if there was they contacted the deputy manager to ask them to amend the information the home held on their medication. The team leader told us if this involved a change in the dosage of the medicine a call would be made to the GP to ask for confirmation of any changes or for a summary of all current medication.

The team leader told us that as the service was for respite care [short term] all ordering of medicines was carried out by relatives. They said at the end of their stay people took all remaining medicines home with them. We sampled the medication administration records [MAR] which we found to be appropriately completed. However, although the MAR provided a key to identify why medication may not have been given, there was no space on the form for staff to record the reason for the omission, as indicated on the key. The management team said they would look at alternative forms that would provide appropriate space for this to be recorded.

The team leader understood the importance of giving people their medication on time, and clear guidance was available to tell staff about any specific actions they needed to take. For instance, when people were prescribed medicines 'to be given when required' [PRN] clear information was available to guide staff. For example, an entry for the application of a cream clearly told staff why, where and when this should be applied.

There was a system in place to record all medicines going into, and out of, the home. Although no controlled drugs [CDs] were in use as the time of our visit, we saw there was a specific cabinet available which met legal guidance. The service also had a controlled drugs register to record any such medicines. Historically we saw that on two occasions the number of CDs the person took home with them had not been signed out by the staff member who discharged them. We spoke with the management team about this and they said they would reiterate the correct procedure with staff.

We found weekly and annual checks had been carried out to make sure medicines had been managed correctly. We noted the weekly check form was very basic and did not identify exactly what had been

assessed. However, areas needing attention had been identified and action taken to address them. The manager told us the lack of detail on the weekly form had already been identified as an area for improvement, and action was to be taken to provide a more comprehensive audit tool.

People we spoke with said they felt the home was a safe place to live and work, and our observations confirmed this. For example, we saw the cooker in the main kitchen was an induction cooker with extra safety features to improve safety.

Where assessments had identified any potential risks, information was available to provide staff with guidance as to how to minimise these risks. Staff we spoke with demonstrated a good understanding of the care and support people needed and how to keep them safe.

We looked at the number of staff that were on duty on the day of our visit and discussed how staff rotas were formulated with the manager. We saw there was enough staff available to meet people's needs. We saw staffing levels were flexible to fit in with the activities people were taking part in. For example, on the morning of our visit there were three care workers on duty when we arrived. However, when people went out for the day, for instance to day centres, this was reduced to one care worker who was supporting the person staying at the home. A team leader was also on duty. Staff we spoke with told us there was enough staff to meet people's needs. One staff member said, "We are flexible and it depends who is staying to how many staff are on duty."

Policies and procedures were available about keeping people safe from abuse and reporting any incidents or concerns. The manager was aware of the local authority's safeguarding adult procedures, which helped to make sure any concerns would be reported appropriately. Staff demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received training in this subject at periodic intervals.

There was a satisfactory recruitment and selection process in place. The staff files we checked contained all the essential pre-employment checks required. This included at least two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. At present this is only obtained at time of recruitment, however the trust is reviewing this to ensure staff are safe to work with vulnerable adults.

During a tour of the premises we noted the laundry and the cleaner's storeroom had items on the floor. This meant it was difficult to wash the floor. We also saw the surfaces of the shelving in the cleaners storeroom were not intact so may present an infection control risk.

Is the service effective?

Our findings

Relatives we spoke with said they were very happy with the care and support provided at the home. They said staff were supportive and responded to their family members needs and preferences. One relative told us, "The staff are amazing, and the general quality of the care is as good as he will ever get." Another relative said the staff were "Always nice".

We found staff had the right skills, knowledge and experience to meet people's needs. Records and staff comments demonstrated that new staff had undertaken a structured induction that had included completing an initial induction checklist and the provider's mandatory training. One member of staff told us, "The training is good we are also able to access specific training, I have completed epilepsy awareness and dementia friends."

Staff we spoke with confirmed they completed mandatory training, they told us they attended one day a year refresher to update all mandatory training. They were also able to do other specific training to ensure they had the knowledge and skills to meet the needs of people who used the service. The training records we saw showed staff were up to date with training and this was reviewed regularly.

Staff told us they felt supported by the team leader and deputy manager and confirmed they received regular supervision sessions, and if they felt they required an additional supervision they said they only had to ask. They also told us they had regular team meetings where support was also provided. Although we found the supervisions were not in line with the trust policy, the policy required staff to be supervised every four to six weeks, we found staff received five to six supervisions a year. We saw all staff also received a yearly appraisal.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

Policies and procedures on these subjects were in place and guidance had been followed. All the staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected. Care files provided details about people's capacity to make decisions, but we found best interest decisions were not always fully incorporated into the care planning process. However, relatives we spoke with confirmed they had been involved in making decisions in their family member's best interest. Care staff we spoke with had a good awareness of the Mental Capacity Act 2005. They confirmed they had received training in this subject to help them understand how to protect people's rights.

At the time of our inspection a DoLS application had been approved for one person, but the service was awaiting the documentation to be forwarded by the local authority. Four other DoLS applications had been submitted for assessment. The management team demonstrated a satisfactory understanding of the legal

requirements regarding making DoLS applications.

Care records contained information about people's dietary needs and any specific guidance staff needed to make sure people ate a healthy diet. Relatives told us the meals provided met their family member's needs and they were involved in choosing what they ate. One relative commented, "He helps them shop for the food and helps prepare it sometimes, and I believe he often washes up afterwards." Another relative said, "She's never complained to me about the food and she would if it wasn't okay." We were also told meals out in the community were arranged, which people could choose to participate in.

Staff told us people were assisted to access health care professionals if they had appointments or needed medical attention during their stay at the home.

Is the service caring?

Our findings

Relatives told us they were happy with how staff supported their family members. We observed staff supporting people in a caring and responsive manner, while allowing them to determine how they spent their time.

Relatives we spoke with said people were actively involved in planning and reviewing the support provided. One relative commented, "Everything is taken into consideration. He likes a blue room so they always try to oblige, but he would go in any room, he loves it there so much."

We spoke with staff who told us they knew people well as they had been visiting the service for a long time. They explained how they would maintain people's privacy and dignity by closing doors and curtains when attending to personal care. One care worker told us, "If appropriate I come out of the toilet and wait outside for them to shout me. People need different levels of support." We found they had also identified that a clear glass panel on a corridor did not maintain people's dignity, as people passing by could look into the unit, so they had raised this with the provider.

We saw some staff interacting positively with people who used the service as they were leaving to go to day service. We observed banter and laughter, and the people were happy and laughing with staff. We also saw the conversation was inclusive and positive.

People's needs and preferences were detailed in their care records. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs, and their likes and dislikes. We saw staff respected people's wishes and encouraged them to be as independent as possible. We saw one person helping to prepare a birthday party for one of the other people staying at the service. Staff involved them as much as possible in the preparation of the food and decorations.

Staff we spoke with gave clear examples of how they would offer people choice. This included people selecting what they preferred to eat and drink, what time they went to bed and what activities they took part in. A relative told us, "If he doesn't want to go to the day centre they [staff] respect that and he stays at the home. He also goes to bed when he chooses."

Each person had their own accommodation which they could personalise for their stay. For instance, one person had brought in their record player and stereo.

People had access to information about how to contact independent advocacy services should they need additional support. Advocates can represent the views of people who are unable to express their wishes.

Is the service responsive?

Our findings

At our previous inspection in November 2014, we judged the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care records did not always provide staff with sufficient detail to protect people from the risks of unsafe or inappropriate care and treatment.

At this inspection we checked to see what improvements had been made and found the provider was now meeting the Regulation.

The home used a computerised care planning system. We saw people's needs had been re-assessed each time they returned to the home to make sure there had been no changes. We saw the information collated had been used to update support plans and medication records from their last visit to the home.

Care records sampled contained detailed information about the areas the person needed support with and any risks associated with their care. For instance, one person's care plan identified their needs in areas such as personal care, incontinence and their night-time routine. The plans provided guidance for staff telling them how to support them and how to manage any behaviour that may challenge others. We also saw people's hobbies and food preferences had been recorded, although this information had not always been fully incorporated into the care plans. We discussed this with the team leader who said they would add the information to the plans to provide staff with a clearer picture.

Where assessments identified that the person could exhibit behaviour that may challenge others we saw a comprehensive plan was in place highlighting the type of behaviour that may occur, and any known triggers that may cause the behaviour. We also saw staff had clear guidance about what diversionary techniques they could use to minimise the chance of an episode of challenging behaviour happening, such as playing music or games. The plans also outlined what staff should do if this did not work.

A staff member told us about a special workshop that had been arranged for all staff to attend to ensure they were confident in supporting a specific person who stayed at the home, as some staff felt they did not have the skills to support them. The staff member said the session on positive behaviour had included a discussion on what worked best for the individual and what did not. This showed the service was responsive to meeting both the needs of the person staying at the home and the staff.

During our visit we saw staff provided care and support to people in a personalised and responsive way. People we spoke with said they were very happy with how staff delivered care and support to their family member. One relative told us, "I can't say anything other than he is well looked after. I trust them with my son and I don't trust many people with him."

Staff told us most people who stayed at the home had done so for many years therefore they knew them well. We saw care interactions between staff and people using the service were very good and focused on the individual needs and preferences of the person being supported. Staff we spoke with demonstrated a

good knowledge of people's preferences.

Staff we spoke with told us that activities were part of their job and they enjoyed spending time with people. The team leader told us each person had a programme of social activities that was tailored to their specific interests and routines. This also included people being involved in day to day tasks, such as tidying their room and cooking meals. During our visit we saw someone helping staff to prepare for a birthday party. We also saw two other people getting ready to go to a day centre.

Relatives we spoke with told us people were supported by staff to go out into the community to go shopping and for meals out. They felt their family members enjoyed the activities they chose to join in with. One relative said, "He goes to the day centre during the day and in the evenings and at weekends they take him out for meals and on outings." Another relative described how staff supported people to go on trips to local places of interest.

We saw the complaints procedure was displayed in the entrance area of the home. Staff told us this was given to people staying at the home, and their relatives, when they accessed the service. The deputy manager told us they had not received any formal complaints in the last year, but there was a system in place to record any complaints received and the outcomes. The relatives we spoke with said they had not raised any complaints with the home, but knew how to do so if they needed to. One relative told us they had raised a minor concern with the home, but this had been quickly addressed to their satisfaction. Another relative said, "If he wasn't happy he wouldn't want to go."

Is the service well-led?

Our findings

At the time of our inspection the service did not have a manager in post who was registered with the Care Quality Commission [CQC]. An acting manager had been appointed, but had not yet applied to be registered with CQC.

People we spoke with told us they were very happy with the care and support their family member received and how the service was run. One relative commented, "The home is run efficiently." They added that they felt it had improved even more since the team leader had 'taken over organising it'.

When asked if the home could do anything better one relative said, "No. I have no worries at all; they [the service] are brilliant." Other family members spoke positively about the home but highlighted minor improvements that could be made, such as the clearing up of grass when the garden had been mowed and not having to book placements so far in advance.

Questionnaires had been used to ask people if they were happy with the care and support provided and how the home was run. Staff told us they also used a 'discharge sheet' at the end of peoples stay and as part of this process they asked the people who used the service and their relatives for feedback regarding their stay.

Staff told us they took part in staff meetings and supervision sessions where they could voice their opinions freely. They said they felt they were listened to by the management team. Staff told us they felt the home was well run. One care worker said, "We are well supported, the communication is also very good, we are a good team."

We found there were systems in place to monitor and improve the quality of the service provided. We saw daily, weekly, monthly and annual checks had been completed. Topics covered included cleaning, health and safety, fire, medication, infection control and mattress audits. We saw copies of reports produced by the team leader and deputy manager. The reports included any actions required, but timescales for actions were not always evidenced, so we could not see that these were followed up to determine progress. However, the service provision was under review at the time of our visit, so some environmental improvements were on hold until a decision had been made.

A new monthly managers tool was being introduced at the time of our visit this was to ensure the assistant service director had an overview of the service and what improvements were required. This was being introduced in all the learning disability services to ensure consistency.

Policies and procedures were in place to inform people using the service and provide guidance to staff. However, we found a number of these were not up to date on the trust intranet, so staff did not have access to up to date information. For example, the employment checks policy was last updated in 2010, yet we were told by the assistant service director that this was being changed to review DBS checks. Also the recruitment and selection policy was last updated October 2014, but was meant to have been updated

March 2015.