

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Sheffield City Council - 136d Warminster Road Short Breaks

136d Warminster Road, Sheffield, S8 8PQ

Tel: 01142583304

Date of Inspection: 10 September 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

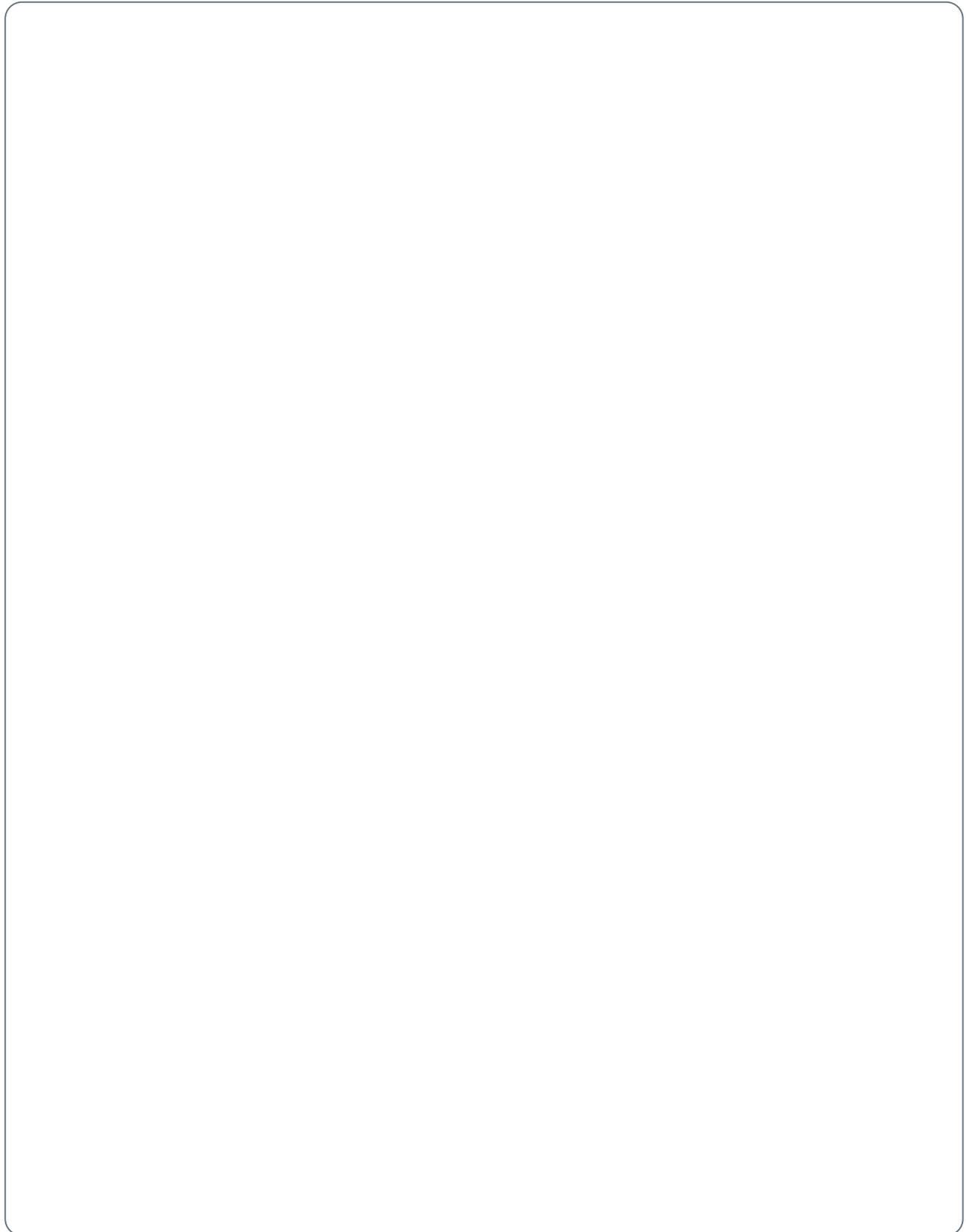
Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sheffield City Council
Registered Manager	Mr. Steven Danford
Overview of the service	<p>Short Break Services (136d Warminster Road) are part of the Joint Learning Disabilities Provider Service. They work in partnership with Sheffield City Council and Sheffield Health and Social Care NHS Foundation Trust.</p> <p>The service provides a range of support options for people with learning disabilities. Care and support is available over a 24 hour period. The home comprises of three single bedrooms with one bathroom and one toilet.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 September 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

People told us they were involved and given choices about their care and described examples such as what they wanted to do and where to sit. We saw that people using the service who were able made choices about where to spend their time. One person told us that they "Like to read magazines."

We saw examples of good communication skills from staff during our observations. This was demonstrated by staff offering reassurance when needed and supporting people at their own pace.

The people who used the service that we spoke with told us that they received their medication on time. One person told us that they knew what medication they were taking and what it was for.

We saw that staff spent one-to-one time with people and observed lots of positive communication and interaction. We also saw that staff were observant and responded quickly when people needed support.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our inspection we spoke with two people using the service and they told us that they were involved and given choices about their care and described examples such as what they wanted to do and where to sit. We saw that people using the service who were able made choices about where to spend their time. One person told us that they "Like to read magazines."

We spoke with staff about how they maintained people's dignity, privacy and respected people's individual choices. One member of staff said, "I always close the bathroom door when they are (person who uses the service) in the bath." "We will go somewhere private with the guest if we're discussing confidential issues." and "I always knock on the bedroom door and ask if it is ok to go in." Staff comments also included "I like the people (that use the service)." This demonstrated that staff had a clear knowledge of the importance of dignity and respect and were able to put this into practice when supporting people.

We spoke with one relative during our visit who told us that another relative, who was the main carer for the family member, had seen the support plan of the person who used the service. They told us that their relative had been involved in regular reviews of the support plan. They were also positive about the care within the service and told us that they and the person who used the service knew all of the staff.

During our inspection we found the atmosphere at the service to be relaxed and friendly. We saw positive interaction between staff and people using the service.

Throughout our observations we saw that all the staff treated people with dignity and respect. We saw that staff clearly knew people and their individual likes and ways of communicating. We observed that no one was being hurried or rushed and staff spent time with people.

We looked at all of the bedrooms and saw that they were clean and tidy.

We checked two people's care records and saw their care needs had been assessed.

When we spoke to staff they were able to tell us how people were supported with their care needs. The staff knew people well and were aware of how to respond to them. We found that the two care plans were detailed in relation to people's preferences and choices.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Throughout our observations we saw that staff spoke to people in a kind and respectful way. We also saw that people were clean and wore clean clothing. This demonstrated that people had received a good level of support with their personal care needs.

We observed examples of good communication skills from staff during our observations. This was demonstrated by staff clearly explaining choices, offering reassurance when needed and supporting people at their own pace. From our observations it was also evident that staff had a clear knowledge of the people staying at 136d Warminster Road including their individual likes and dislikes. We observed staff using this information when supporting people and noted that this resulted in positive reactions.

We reviewed the support plans of two people who were using the service. We saw that a person centered assessment was in place for each area of support. The plans were comprehensive and clearly detailed how people liked to be supported. These included information on the person's life history and preferences 'All about me.' They were written from the person's viewpoint, gave staff clear information on what support to give the person and how to do this. They were supported by risk assessments to promote the safety of the person and the staff supporting them. We also saw that each plan contained a communication section which detailed how the person communicated. This was recognised good practice guidance and assisted staff to understand and know how to respond to people in order to meet their needs.

The provider may find it useful to note that one person had been assessed as requiring medication on a daily basis. We checked their support plan which confirmed that the medication had not been administered. During our inspection we observed the person who used the service to be in discomfort. We discussed this with the registered manager and staff on the day of the inspection. The staff gave an explanation as to why the medication was not administered, however this had not been recorded.

The manager confirmed that prior to any booking there would always be a detailed assessment of the person's needs to ensure they could be met by Short Breaks. This included a visit to the home of the person and they would be involved as much as able. Families were involved in the support plans of the people that used the service. Staff told us that courtesy calls were made to the families approximately one week before the

booking to ask if there were any amendments to the support plan. They were also invited to the service to have a look round and complete the 'All about me' section of the support plan.

Staff told us that they reviewed and updated people's support plans on a six monthly basis.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The people who used the service that we spoke with told us that they received their medication on time. One person told us that they knew what medication they were taking and what it was for.

The service had policies and procedures in place covering medicines management. We spoke to staff responsible for the administration of medicines. They described how they administered medicines.

We saw the Medicines Administration Record (MAR) had been completed. We checked the quantities of one person's medicines with the records on the charts and no discrepancies were found. This showed that medicines were being administered correctly.

We looked at two support plans which had a 'My medication' section. They included a photograph of the person to assist in confirming their identity. The provider may find it useful to note that the method of administration and the independence and level of support were not stated in one support plan and one risk assessment for medications was not undertaken.

We viewed the 'Accidents/incidents monitoring' folder which included medication incident and discrepancy reporting. One incident reported showed that medication had been signed for but not administered. The service's medicine management policy stated that the provider should contact the GP or pharmacist to ensure appropriate action was taken. There was no evidence that the service had followed the correct procedure. We discussed this with the manager who confirmed that the GP had been contacted.

We found that medicines were stored safely in the persons' room in a lockable safe. The safe would also be used to store people who use the service's personal money.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Throughout our inspection we saw that staff were visible throughout the home. We also saw that staff were observant and responded quickly when people needed support.

Staff told us about their enjoyment working at Short Breaks. One member of staff said "It is a nice place to work," and that they "Provide a good service to guests, parents and carers."

We were told that there were two people who used the Short Breaks service on the day of inspection. One staff was on duty in the morning to meet the needs of the people. One person who used the service left the service at 10.00 am to attend day care. We saw that this level of staffing enabled people's needs to be met in a focused and timely way. The manager confirmed that there was 24 hour staff cover at the service. Duty rotas we checked confirmed this.

Staff confirmed that the agreed staffing levels were adequate, that people using the service received a high standard of care and were safe. When additional staff were required to cover absences the service asked staff to work an additional shift to cover any shortfall. If staff were not able to work additional shifts the home would use agency staff.

Staff training had been undertaken and included safeguarding, medication management, epilepsy, dementia awareness, complex needs, first aid and moving and handling. Our check of the staff training record confirmed gaps in attendance of training. Records showed that staff had last received training in first aid in 2010. The provider may find it useful to note that not all staff had consistently received all of the identified mandatory training and updates as required. This is important to ensure there are sufficient numbers of suitably skilled staff to provide care for people using the service.

The service had a 'Medicines competency assessment tool' in place for all staff qualified to administer medicines. This demonstrated that staff had the right competencies, knowledge, qualifications, skills and experience to meet the needs of the people who use the service.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We spoke to people using the service but their feedback did not relate to this standard.

We spoke to the Senior Provider Service Worker who was new in post. They explained the service was in the process of reviewing the assurance system to ensure it effectively monitored all aspects of the service.

We looked at examples of audits that had been undertaken which included monthly health and safety, health and hygiene and medicines management audits. We found that four medication management audits had taken place for the year. We discussed the frequency of the audits with staff who confirmed they were monthly. Within the audits reviewed, we saw that actions required to address any identified shortfalls were not clearly recorded together with timescales. We saw that these actions were not monitored in order to ensure that they had taken place. This meant that systems were not in place to reflect the findings of their service reviews and learn from incidents, errors and near misses related to medicines. This is important to reduce the risk of them being repeated. This was discussed with the manager who told us that medications were an area they had already identified where improvements were required to be made.

Staff told us that they attended staff meetings. Records looked at showed that there had been one staff meeting on the 3 April 2012 and one in August 2012. The team meetings were used to discuss staffing levels, annual leave, support plans and medication.

We asked the provider if they had conducted a 'customer satisfaction survey'. They told us that the last one was completed in December 2011. The survey was undertaken as part of the services continuing quality assurance system. When surveys were completed a report detailing the findings was completed. Family members were provided with a copy of the report. The results of the survey were very positive. Where an issue had been identified, we saw that action had been taken to address this.

We saw that accidents, incidents and complaints were monitored on a monthly basis so that any trends or patterns could be identified and addressed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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