

***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: 18 June 2013

Date of Publication: July 2013

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

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ 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 seven single bedrooms with two bathrooms and two toilets.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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Records checked showed that before people received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes.

People told us that they were happy living at the home and that they were satisfied with the support they received. People said, "I'm going out to college today. She (member of staff) is my friend. I like coming back. They (staff) keep me company. I like watching TV with them."

The provider had suitable arrangements in place to ensure that people who used the service were safeguarded against the risk of abuse. People we spoke with said that they felt safe and supported by the staff.

The provider had a satisfactory recruitment and selection procedure in place to ensure that staff were appropriately employed.

The service had an effective complaints system available. We found that comments and complaints people made were responded to appropriately.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

The Provider Support Worker (PSW)/Acting Manager told us that the service had policies and procedures in place relevant to this standard. These included the Deprivation of Liberty Safeguards (DoLS) Policy and a policy and guidance on the Mental Capacity Act 2005 (MCA). The policies were unavailable on the day of inspection. The PSW/Acting manager gave us assurance that the policies were available on the services intranet.

We asked the PSW/Acting manager about the systems in place to gain consent from people about their care and treatment. They said consent was gained during the person's care planning process.

The PSW/Acting manager said that where people were able to communicate they were involved in their care planning and this was their choice. Staff would discuss their care plans with them on a regular basis to involve them. People we spoke with confirmed this. If a person declined support staff told us that they would record this in the person's support plans. Where people lacked capacity, a capacity assessment would be undertaken to determine the person's capacity to make decisions. This demonstrated that consent to people's care, treatment and support options was discussed by staff, with people, to enable people to make informed decisions.

We looked at two support plans that had consent and decision making documents, which had been signed and dated by the person using the service to either request or decline support and assistance with such things as medication.

The provider may find it useful to note that people who used the service and their relatives had not signed the support plans to consent to the care, treatment and support options. We spoke with the PSW/Acting manager who agreed to amend the support plans.

People told us that they were able to make choices in the way they were supported. People told us that they were able to choose how to spend their day and what activities

they would like to participate in.

Staff that we talked with had a good understanding of the MCA and DoLS and recognised that people using the service had the right to make their own decisions.

We viewed the staff training records which showed that all staff were booked on to attend a combined mental capacity act and deprivation of liberty safeguard training within the next 12 months.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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At the time of our inspection there were three people staying at 136d Warminster Road Short Breaks. Two people who were staying there had left to attend day care services elsewhere.

We spoke with one person who made positive comments about the staff and were happy with the quality of support that they had received. They said, "I'm going out to college today. She (member of staff) is my friend. I like coming back. They (staff) keep me company. I like watching TV with them."

One person who used the service offered to show us around the facilities of the service with the support of a Provider Support Worker (PSW). During this period we found that people were provided with prompts and encouragement when needed. There was clear and respectful communication between staff and people staying at 136d Warminster Road. Staff treated people in a kind and considerate manner. We observed staff clearly explaining choices, offering reassurance when needed and supporting people at their own pace. It was clear from observations of staff interactions with people that staff knew the people well. This demonstrated that people were supported to make informed decisions where they are able to do this by themselves.

We spoke with two PSWs who said that people's support plans contained enough information for them to support people in the way they needed. One member of staff told us, "we get as much information as possible from the day centres people attend so it's (their care and support) continuous and we know how to support them." This demonstrated that 136d Warminster Road ensured continuity in care, treatment and support as a result of effective communication between all of those who provide it, including other providers.

Staff spoken with had a clear knowledge of the people staying at 136d Warminster Road including their individual likes and dislikes. For example staff could identify what activities people liked to do. People we spoke with told us that they knew information was kept about them and one person confirmed that they had seen their support plan. This demonstrated that the delivery of support was person centred.

The PSW/Acting 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 the service. 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.

We checked the support files of two people who were using the service. Their support plans contained good information about the person's personality and their medical and support needs. We saw that the plans were focused on the individual person and included information on the person's life history and preferences 'All about me.' They were supported by risk assessments for example moving and handling and falls to promote the safety of the person and the staff supporting them. This demonstrated that the support plans were person centred and considered all aspects of people's individual circumstances and their immediate and longer term needs.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We spoke with one person staying at 136d Warminster Road who told us that they felt safe staying there.

We viewed the provider's safeguarding policies on the day of inspection and they were out of date. The Provider Support Worker (PSW)/Acting manager gave us assurance that current policies were available to staff on the intranet. Staff confirmed that they had seen and read the policy.

During this inspection we spoke with the Provider Support Worker (PSW)/Acting manager about how they safeguarded people who used the service. Our conversation with the PSW/manager demonstrated an awareness of local safeguarding procedures and how these would be followed in order to safeguard people staying at 136d Warminster Road.

We looked at the services training matrix. This identified the training staff had undertaken and future training that they were scheduled to undertake this year. We could see from the records that all staff were due to undertake safeguarding training this year. The PSW/manager explained that this was combined training that included the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguard (DoLS)

We spoke with two PSWs who were aware of the different types of abuse and the action they should take if they saw or suspected any abuse. All of the staff spoken with were clear that they would report any concerns to their manager. They were confident that they would be listened to and taken seriously.

136d Warminster Road managed small amounts of money for people. The PSW/manager talked us through how people's finances were managed and we saw a copy of the current policy and system in place. This demonstrated that appropriate systems were in place to safeguard and manage people's finances.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The staff we spoke with said that they felt supported by their manager and able to speak with them confidentially about any issues.

The service had a recruitment policy and procedure that the provider followed when employing new members of staff.

The service had a recruitment system in place to show that all staff had undergone the appropriate checks, for example, Disclosure and Barring Service (DBS) checks (formerly Criminal Records Bureau Checks (CRB)), submitted an application and two references. We viewed two staff files that contained an application form, job description and two references. The files did not contain certificates to demonstrate that staff had the relevant qualifications to carry out their role. The PSW/Acting manager explained that all staff kept their certificates in a personal file at home.

The provider may find it useful to note that interview records were not maintained. The PSW/Acting manager said they would keep a copy of interview documentation as part of their future recruitment and selection process.

We spoke with two members of staff who told us they had been recruited by submitting an application form and attending an interview. The PSW/manager confirmed staff were recruited by interview and appropriate checks were undertaken before staff began work.

All staff that we spoke with were clear about their responsibilities and had the relevant qualifications, knowledge, skills and experience to carry out their role.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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We spoke with one person who told us they were happy staying at 136d Warminster Road and had no reason to complain.

We saw that the service users complaints guide was pictorial and in an easy read format. The PSW/Acting manager said that people staying at 136d Warminster Road received a copy of the service's complaints process at their home visit. This demonstrated that the service supported people who used the service to make comments and complaints.

The service had a large file of thank you cards from people who used the service and their families. We looked at a sample of the cards and noted them to be very positive about the service and the staff at 136d Warminster Road.

The provider had a complaints policy and procedure in place and which was available to staff on the intranet. We reviewed the complaints record and noted that the service had received one complaint in the last 12 months.

The provider may find it useful to note that there was no audit trail of the steps taken and the decisions reached.

The PSW/Acting manager showed us the services 'Grumbles and thank you' book. Here the provider recorded any verbal comments for example clothes going missing, action taken, the outcome of the action and it was signed by the member of staff investigating.

## 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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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