

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

## 136 Warminster Road - SHSC Respite Service

136 Warminster Road, Norton, Sheffield, S8 8PQ

Tel: 01142583304

Date of Inspection: 23 January 2014

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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>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Sheffield Health and Social Care NHS Foundation Trust
Overview of the service	Warminster Road – SHSC Respite Service is a five bedded registered location providing short stay respite accommodation for people with learning disabilities. Two beds are located in '136a Warminster Road' which is a detached home type building and three beds are located within 'House 3' which is within a shared neighbouring building.
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

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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 23 January 2014, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider.

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### What people told us and what we found

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We found there were effective processes in place to ensure people's consent to treatment and capacity to make decisions had been adequately managed.

We found people's care and welfare needs had been met. We talked with two family members of people who used the service by telephone during our inspection visit. Family members we did speak with told us they were happy with the quality of care their relatives received at the service. Some comments captured included, "Good staff up there," "Can't fault it ... its lovely," "Staff are smashing with them," "Happy with care [son] gets," and "Staff are wonderful."

We found people's needs had been met by sufficient numbers of appropriate staff.

We found there were effective systems to regularly assess and monitor the quality of service that patients received.

We found there was a complaints process in place.

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

We reviewed a sample of eight sets of care records which showed people who used the service and their family carers were involved in decisions relating to respite care at the service. The respite and carer support manager told us nobody at the service was currently subject to a decision specific 'best interests' assessment.

The provider had a range of consent, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS) and Mental Health Act policies, procedures and forms available for staff. We talked with three members of staff who confirmed they had undertaken MCA and DOLS training during 2013 and were able to demonstrate awareness of how to support people who may not be able to make a specific decision. This meant the provider had systems and processes in place to support people to make informed decisions and protect their rights, where they are not able to make a decision about care and welfare.

**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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We were not able to directly observe care during our inspection because people who used the service were out all day accessing various day centres within the city of Sheffield. We talked with two family members of people who used the service by telephone during our inspection visit. Family members we did speak with told us they were happy with the quality of care their relatives received at the service. Some comments captured included, "Good staff up there," "Can't fault it ... its lovely," "Staff are smashing with them," "Happy with care [son] gets," and "Staff are wonderful."

We reviewed eight sets of paper based care records of people who used the service at the '136a Warminster Road' house and 'House 3.' Records included an assessment of people's personal nursing care and welfare needs. Personalised individual risk assessments had been completed. The majority of people who used the service had a person friendly "short break plan" which provided information such as personal likes and preferences. Daily care reports recorded on the provider's electronic "Insight" system showed that people's care and welfare needs had been met. This meant the planning and delivery of care met people's individual respite care needs.

People's care plans and risk assessments we checked in 'House 3' had been reviewed, updated and re-written during 2013 to ensure they reflected people's personal needs. We found some care plans and risk assessments had not been reviewed for long periods of time in '136a Warminster Road' house. For example, one person had not had care plans/assessments reviewed since July 2010 and another since June 2011. Documentation and discussion with the respite and carer support manager suggested care records should be reviewed six monthly. The provider may find it useful to note some people's individual care records and risk assessments had not been reviewed and updated for long periods of time. This meant some people's records may no longer reflect their current personal care and welfare needs.

During 2013 members of care staff had moved from recording hand written daily care records for people to the provider's electronic "Insight" care records system. We talked with three members of staff from both houses who told us they had been supported in using the new system. Members of staff at 'House 3' explained that the computer terminal

was located in an office outside the boundary of the house. This meant staff could not always update the daily progress record in a timely way on night duty as they couldn't leave people who used the service to access the system. The provider may find it useful to note members of care staff do not have direct access to the "Insight" record system within the boundary of 'House 3.' This meant members of staff had not always been able to maintain a contemporaneous daily care record for people who used the service.

During the weekdays most people attended various day centres throughout Sheffield. This meant we were not able to observe people participating in individual or group activities within the service. We talked with the respite and carer support manager and three members of staff who told us about activities that may be undertaken on weekday evenings and weekends such as walks to the park, shopping, games and television.

Members of care staff we talked with explained that a recently introduced policy by the provider had meant they could no longer use their own vehicles to transport some people who used the service on their preferred activities during the weekend. We talked with the respite and carer support manager who explained they would explore alternative ways of ensuring some people's preferred weekend activities could be maintained.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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The service used a flexible shift system to ensure enough staff were on duty to meet the needs of people at certain periods of the day. For example, depending on the needs of the person who was receiving respite care members of care staff may start and finish a period of duty at different times of the day. The respite and carer support manager explained how the shift system worked and members of staff confirmed it worked well in ensuring people's needs were met. This meant people's needs had been met by sufficient numbers of appropriate staff.

Staff explained cover was available from within the existing team to cover sickness or annual leave. Additional cover was also available via the provider's own flexi – staff (bank) system when needed. It was explained that sickness amongst staff at the service was normally very low and staff we spoke with confirmed this. The respite and carer support manager explained the service had recently recruited a team leader and some care staff.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The service had not conducted a formal questionnaire or survey of people who used the service and their family members/carers over the last 12 months. People's views had been sought via 'carer's meetings' held during June and December 2013. Meeting minutes showed that people's views about the service had been recorded and considered. We talked with two family members of people who used the service and they said they felt they were listened to by members of staff. The respite and carer support manager gave an example of how one parent's view had led to an assessment and development of a new aspect of care for their child. This meant patient's views about their experience the service and care had been sought and addressed where necessary.

We found regular checks had been undertaken. The service completed a weekly 'health and safety inspection checklist.' This covered a range of checks covering areas such as cleanliness and the environment. The respite and carer support manager and staff explained to us how identified issues were addressed. Other checks had been regularly completed including medication checks, legionella checks, mattress audits and completion of daily, weekly and monthly cleaning schedules. These weekly checks had assisted the staff in ensuring that the service remained safe for people to use.

A detailed annual inspection audit was completed during August 2013. Other provider reviews had included a health and safety audit and fire audit. Incidents were reported via the provider wide NHS incident reporting processes. We discussed the previous 12 months incidents with the respite and carer support manager. One incident had been classified as a major incident. We reviewed this matter with the manager and found it had been appropriately investigated and managed.

A team of three people independent of the service, including an advocate and a "service user" had completed a "Ward CQC Assurance Visit" report during August 2013. The report was linked with our standards with a focus on people's experiences, care and safety. The respite and carer support manager explained how useful the visit had been as it had led to some improvements at the service. For example, in '136a Warminster Road' house it had led to a new access step leading from the rear door to the garden area. This showed the

provider had taken action to address identified areas for improvement.

In comparison with other services the provider operated it was not always clear how the monitoring of quality in the learning disabilities respite service fed into the provider's integrated governance processes. The respite and carer support manager showed a draft governance template that would soon be introduced to the provider's respite service and explained this was a priority for them to introduce this year. The provider may find it useful to note the learning disabilities respite service has yet to introduce a detailed governance monitoring system that feeds into their integrated governance processes.

We found staff meetings were held in the centre and members of staff confirmed these had occurred. All members of staff we talked with confirmed they felt well supported by the management team and thought they all worked well as a team to ensure people's care and welfare needs were met.

## Complaints

✓ Met this standard

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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People were given support by the provider to make to make a comment or complaint where they needed assistance. A complements, comments and complaints procedure was in place which followed NHS complaints processes. People were made aware of how to make a comment or complaint via information leaflets available within the service. The respite and carer support manager explained there had been no formal complaints over the last 12 months. The manager and members of staff we talked with gave examples of how some informal verbal matters raised by family members/carers had been addressed. This meant people were given support by the provider to make a comment or complaint where they needed assistance.

## 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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