

# Sheffield Health and Social Care NHS Foundation Trust

## Wainwright Crescent

### Inspection report

48 Wainwright Crescent  
Sheffield  
South Yorkshire  
S13 8EN

Tel: 01142652503  
Website: [www.shsc.nhs.uk](http://www.shsc.nhs.uk)

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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

This inspection took place on 22 November 2018 and was unannounced. This meant no-one connected to the home knew we were visiting that day.

Wainwright Crescent provides step down and respite support for people with mental health conditions. The aim is to support and assist people to manage their mental health and wellbeing, develop their skills and confidence to maintain living in the community. Wainwright Crescent can accommodate a maximum of 12 people. At the time of this inspection there were eleven people using the service. Typically, people can stay at Wainwright Crescent for a maximum of 28 days. However, this can be extended depending on people's individual circumstances.

Our last inspection of Wainwright Crescent took place on 12 September 2017. The service was rated requires improvement overall with one breach of regulation. We found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014, safe care and treatment. At this inspection we found sufficient improvements had been made to meet the requirements of this regulation and the service is now rated good overall.

There was a manager at the service who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the service told us they felt safe. Staff were aware of their responsibilities in protecting people from abuse. We found systems were in place to make sure people received their medicines safely so their health needs were met. With the exception of October and November 2018, regular checks and audits of medicines management were undertaken to make sure full and safe procedures were adhered to. We have made a recommendation about the service's medicine management policy as this had not been reviewed.

On the day of the inspection we found there were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited. During the inspection we observed staff treated people with respect and dignity, and staff supported them in a way which met their needs.

We found very clear evidence that people's care and support was planned and reviewed with them and not for them. The people we spoke with told us the standard of care they received was good. People's care records contained detailed information and were recovery focussed. The service encouraged people to maintain a healthy diet and worked collaboratively with external services to promote people's wellbeing and positive discharge outcomes. Staff told us they enjoyed working at the service and had received support, training and supervision to help them to carry out their roles effectively. People were supported to

have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us staff were caring and kind and as a result of the emotional support they had received from staff, they felt more confident. We saw the service promoted people's independence by supporting people to manage their own routines, such as cooking, cleaning and washing. People who were assessed as safe to do so were supported to administer their own medicines. People were able to access their local community and the service provided regular opportunities for meaningful and stimulating social diversions, with an emphasis on improving people's mental well-being.

We found a strong leadership framework in place. This meant there was clear lines of accountability within the organisation and systems which supported the running of the service were well-embedded.

## 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.

The provider had systems in place for managing medicines and people spoken with were happy with the support they received. We made a recommendation about the service's medicine management policy.

Risk assessments were undertaken which identified risk and the actions needed to minimise risk.

Staff knew how to safeguard people from abuse and had received training in this subject.

### Is the service effective?

Good ●

The service was effective.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role. Staff felt supported by the management team.

Without exception people spoken with told us staff provided effective care which met their needs.

### Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People staying at the service said staff were very caring in their approach.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information which had been reviewed to keep them up to date.

There was a range of activities available for people to take part in, if they wanted to.

People were confident in reporting concerns to the manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service promoted a positive and open culture, where staff and people living at the home had confidence in the registered manager.

There were quality assurance and audit processes in place to make sure the service was running safely.

People's views were actively sought to continuously improve the service.

# Wainwright Crescent

## **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.

This inspection took place on 22 November 2018 and was unannounced. The inspection team consisted of one adult social care inspector, one mental health inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience in mental health services.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. They gave us feedback from their recent visit which was considered as part of this inspection.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection we spoke with eight people who used the service. We spoke with the senior operations manager, the registered manager, the deputy manager, the discharge facilitator and three support workers.

We spent time observing daily life in the service including the care and support being offered to people.

We looked at documentation relating to the people who lived at the service, staff and the management of the service. This included four people's care and medicine administration records, two staff records,

accident and incident records and other records relating to the management of the service.

# Is the service safe?

## Our findings

We checked the progress the registered provider had made following our inspection on 12 September 2017, when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. This was because the provider failed to properly assess all risks relating to the health and safety of people before they received care or support. At this inspection we found sufficient improvements had been made to meet the requirements of regulation.

For people who were admitted to Wainwright Crescent from hospital, we found the referral process was robust and much improved from the last inspection. A standard operating procedure had been implemented, which outlined a protocol for admissions to the service including referrals, agreeing a date for admission and a weekly meeting with the person using the service to review the risks and their progress. This meant staff had access to clear information about how to assess and manage risk. Our checks of people's care records showed the service had followed their standard operating procedure and that each person's known risks, including people staying on a respite basis, had been fully assessed and sensible control measures were in place for such risks.

The service had a safety assessment for all areas of the service which people were able to access, including an assessment of ligature points. We found the ligature risk assessment was comprehensive and listed all areas of the service and the identified ligature anchor point locations. All staff were able to access a ligature cutter in the event of an incident and had completed relevant training so they knew how to use this piece of equipment safely. We saw two sets of ligature cutters, which is good practice in case one fails. We saw where remedial actions were required for ligature anchor points the service had reported these to the provider to ensure people's safety was maintained.

We found medicines were generally managed in a safe way, though some minor improvements were identified. There was a local medicine management policy in place but the review was overdue by three months, which meant we were not confident the information contained in the policy document was still relevant and up to date. The service completed a weekly medication audit which covered the management, storage and disposal of medication. These were generally completed without fail, however, gaps were noted in October and November 2018. This meant potential medicine management issues were at risk of not being identified or responded to as quickly. We recommend the provider prioritises the review of the service's medicine management policy.

Despite these concerns people who used the service said without exception they were happy with the medicines support provided by staff. Comments included, "I do my own medication now which is good. They explain it well", "I do not self-medicate yet, but I will be able to after I have been here seven days which is good", "I have had a lot of information about my medication which is good", "I have to wait until 10 for my breakfast as there has to be a gap after my medicines, which I do myself. I fully understand each one of my tablets" and "The staff get my medication for me and it is normally on time." Discussions with staff showed they were confident administering medicines and their competency was checked regularly by the management team.



Some people staying at the service managed their own medicines. They were first assessed as safe to do so and signed a medicines safety form to show they understood. Additional support was available for people who did not self-administer and staff were able to manage and supervise them taking their medicines. We saw when medicine support was provided it was clearly recorded on people's medicine administration records. The manager confirmed there had been 10 medication incidents in the last year. She had investigated these and worked with the medicines safety officer from the trust to ensure issues of poor practice were identified and addressed. Two of these incidents involved missing medication stock. One action the manager took to reduce the risk of human error was to introduce nightly checks of medication stock. This demonstrates the service was able to question unsafe practice and respond to risk.

The storage of medication was safe and temperatures were monitored. Medicines were stored in a locked cupboard in the staff room on the wall and there was a locked medication fridge in there too if required. People who self-administered their medicines were able to store their medication in a locked draw in their room.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear about the actions they would take if they suspected abuse, or if an allegation was made. All people we spoke with said they felt safe and their comments included, "It is great here, I am safe here", "The staff are very friendly and I feel like I could come back here. I definitely feel safe here", "It is alright here, the staff are good. I have been here two months while waiting for a place, it is a lot quieter here and I feel so safe. It is smashing here" and "It is a safe place and an appropriate environment here".

We found enough staff on duty to keep people safe. The service had a standard operating procedure in place for staffing levels, which set out the responsibilities and processes for managers and staff to follow to ensure safe staffing levels were maintained. People we spoke with said there were enough staff on duty and their comments included, "The staff spend time talking to you. It is not like a hospital, it is like home. There are a fair number of staff" and "I think there are enough staff here, they always help me without needing to wait any length of time".

We saw the service kept a log all accidents and incidents which had occurred, as well as any follow up actions taken. We looked at individual incidents and saw the service responded to risk, followed procedure and took appropriate action to promote people's safety. We saw the registered manager regularly looked at recorded accidents and incidents to analyse this information for patterns and trends in order to improve practices at the service.

We saw the service was clean and suitable for its intended purpose. We found there were satisfactory systems in place to control the risk of infection. The service carried out regular checks of the environment.

## Is the service effective?

### Our findings

People told us that they had confidence in the staff and that the staff knew the people they were caring for. Everyone we spoke with had nothing but praise for the staff. One person told us, "I have a back problem which the staff are looking after here. They are brilliant at giving help". Another person told us, "I am envious of the people who get discharged from hospital to here [Wainwright Crescent]. If that had happened when I was first in hospital, I feel it would have made a difference and I would not have got as unwell".

People's care needs were assessed in a range of areas to help ensure effective outcomes. The care records we checked showed the service worked in partnership with external services to ensure people received the right support to maintain their health and wellbeing. Due to the temporary nature of people's stay at Wainwright Crescent, discharge planning was a key aspect of people's care and support, as the goal was for people to return to their own homes. At the time of the inspection a discharge facilitator worked at Wainwright Crescent who was responsible for engaging with people on the subject of discharge and assisting them to access services to ensure a successful transition home.

We saw the service supported people to access services, which were not directly related to people's emotional and physical health but contributed to their overall wellbeing. For example, some people who used the service were experiencing financial or housing difficulties and staff had supported them to be assessed for state welfare, which would enable them to be more independent and help reduce associated pressures. This shows care and support was individual to people's needs.

The service did not provide meals for people living at Wainwright Crescent. Instead people were encouraged to prepare their own meals and drinks to promote their independence. One person told us, "I love my own food, I have my own cupboard. My freezer and fridge are full. I love cooking". Other comments include, "The staff helped me with my shopping. They have helped me put it away. They help me with my cooking and food preparation", "I do my own cooking. The staff support me if I need any help. It is great, I eat and drink when I want" and "I do my own cooking here, but if I need any help the staff are around to help me. The staff are very accommodating. If I run out of anything, there is always someone going down to the shop." People living at the service had access to a shared kitchen and their own cupboard and fridge for storing food. The kitchen was reasonably spacious, clean and tidy. Multiple occupants at the service were able to use the kitchen at any given time. There were also laundry facilities available. We saw a communal cupboard was available to people who needed more support, which was stocked with basic food and drinks items. This cupboard was free to access and replenished on a regular basis. This shows the service provided effective support to ensure people's eating and drinking needs were being met.

We found staff had received appropriate training to support them to carry out their roles effectively and this was renewed regularly. Our discussions with the staff members on duty indicated they possessed a good understanding of mental health and how to support people to be more independent. The registered manager told us all new staff received a structured induction programme, which involved a period of compulsory training and shadowing. This helped to ensure staff had the practical skills to meet people's needs.

Staff received regular supervision, appraisal and observations of their care and support practice. This helped to ensure staff delivered effective care. Staff told us they felt well supported by the management team.

We saw evidence that people were consulted about how they wanted to receive their care and consent was obtained for care and support, as part of the registered provider's admission process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At the time of the inspection the registered manager told us no one living at the service was eligible for a DoLS authorisation and it was a requirement of their admission process that people had the mental capacity to decide to stay at Wainwright Crescent. Although the DoLS were not applicable at this inspection, we found the management team and staff were aware of the requirements under the MCA and had systems in place to assess people's capacity and use the DoLS application procedures, where appropriate.

The service had adapted the premises to meet people's individual needs. There was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy. We saw people were able to use the 'tranquillity room', which was situated at the rear of the building and had areas where they could go to sit and relax.

## Is the service caring?

### Our findings

People confirmed staff were always caring. We observed staff had a very good rapport with people and their interactions were very kind and encouraging. Staff described to us how they provided support in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions. Comments from people who used the service included, "You can approach staff here, they are good", "The staff always knock on the door if they want to see me. They only use their key if there is a problem. They really respect my privacy" and "The place is comfortable. I would recommend it here. The company with others is enjoyable and helps me".

Staff fully involved people in making decisions about their care and they supported people to express their views. We saw that through the inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person-centred plans. This was reflected in feedback from people who used the service and their comments included, "I have been fully involved in my care plan here. They listen to you" and "I have never ever been so involved in my care plan. It is mine."

People had regular meetings with their support workers to discuss, review and update their plans. This helped people decide what they wanted to achieve and what support they needed. People were encouraged to maintain their own routines, such as accessing the community, cleaning, eating and washing, which helped maintain people's independent living skills and prepared them for the transition back into the community. We observed staff provided regular opportunities for emotional support, which aimed to renew people's self-esteem and give them the confidence to succeed outside of the service. This reflected the positive approach of the service in helping people to recognise their personal achievements and ensured there was a continued focus on developing people's independence before they left the service.

Staff had a good understanding of people's individual communication needs. During the inspection we saw staff communicating effectively and appropriately with people. We saw there was a range of information and leaflets accessible in communal areas of the service to help people make informed decisions about their care and treatment. For people who wished to have additional support whilst making decisions about their care and treatment, information on how to access an advocate was also available.

Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

## Is the service responsive?

### Our findings

We found care plans were detailed and gave staff clear guidance about how to support individual people. Everyone staying at the service had their own collaborative care plan in place. Each care record we checked was personalised, listed the person's goals and explained how they would achieve them. They included the action the person and staff should take to ensure their needs were met. People who used the service told us they met with a support worker every week to review their progress and support arrangements. One person said, "We get on well here. I like my weekly meeting. We talk about my health, physical health as well as my mental health. They [staff] ask me what I have been eating, how has my washing been going and how am I getting on with my cooking." Care plans were recovery focussed which means they were based on things to aid the transition of the person from Wainwright Crescent back into alternative accommodation. We saw the service had a system in place to capture a person's interests, hobbies, likes and dislikes so that these could be respected. Due to the short-term nature of people's stay it was not always possible to record this information in great detail. We found the lack of written information had no impact on care delivered as staff were very knowledgeable about people's preferences, and people who used the service were able to clearly express their needs during regular meetings with their support worker. This shows people's individual needs were met.

All people who used the service had a 'safety management plan' in place, which recorded potential safety concerns, actions for the person to take when they felt unsafe and actions to be taken by staff involved in their support. We saw evidence people were consulted when staff completed their safety management plan.

We saw clear evidence the service worked responsively with the hospital wards who referred people to Wainwright Crescent to ensure people's discharge and support plans were managed effectively.

We found the service supported people to participate in person-centred activities and provided regular opportunities for social engagement. During the inspection we observed people accessing the local community and staff interacting positively throughout the inspection. One person said, "I can come and go as I please. I go into town a lot which is nice. It gets me out of here." We saw people making use of the lounge areas and people were seen chatting with each other. On the day of the inspection people participated in a coffee morning, which was provided by the service and encouraged social inclusion. There was a games room, television room and 'tranquillity room' so people had the option to participate in individual or group activities. There was an activity folder which gave comprehensive details of events/activities available in the wider community.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The service did not receive complaints directly as this process was managed by the provider, though the provider made the service aware of any received complaints so the management team could respond to areas of concerns where appropriate. We saw the service had received two complaints since the beginning of 2018. One was not upheld and the other was ongoing. In each case we saw the provider had followed their complaints policy. For people who had less serious concerns they

could speak to staff or were encouraged to give feedback in a comments box in the reception area, which could then be discussed during weekly community meetings with staff and people who used the service. People we spoke with felt listened to and told us they never had any reason to complain. One person said, "I have not had any problems, but I would not have problems telling the staff as they would listen to me I am sure". Another person said, "If I had any problems I would complain to the manager or use a form which is on the table outside the office. I have not needed to."

The registered manager confirmed the service did not support people with end of life care.

# Is the service well-led?

## Our findings

At the last inspection the service was rated 'requires improvement' in this domain because we found improvements were needed to people's care records and risk assessments, which the provider's quality assurance processes had failed to identify. At this inspection we saw clear evidence the provider had made necessary improvements and this domain was therefore rated 'good'.

We found the service possessed a comprehensive set of auditing tools, which effectively monitored fundamental aspects of the service delivery. We saw audits were carried out regularly and any identified issues were acted on in a timely manner. Since the last inspection the service had embedded a new approach to care planning, which significantly improved the quality and content of people's care records. This approach placed a greater focus on collaborating with the person receiving support, to help them achieve their goals. The service completed weekly audits of referrals, risk management plans and people's collaborative care plans. These checks promoted consistency, quality and safety in the service provision. We saw the provider carried out their own checks of the service and held monthly governance meetings with the management team to ensure they had complete oversight of the service's performance, allowing them to respond to areas of risk and provide trust resources, where appropriate, to help the service continuously improve. For example, in response to the previous inspection outcome, we saw the provider had arranged for a compliance specialist who was external to the service to carry out mock inspections at Wainwright Crescent. This meant potential issues were addressed before we came to inspect. This shows the monitoring systems were effective.

We saw policies and procedures were in place, which covered all aspects of the service. With the exception of the medicines policy, all other policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

We found the service was well-led and staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered. All staff felt communication was good and they were able to obtain updates and share their views via team meetings. Feedback from people about the management team was overwhelmingly positive and their comments included, "I think the manager does a good job here, she leads well. If I had any problems I would complain to her", "If I needed to, I would complain to the manager. She is nice and effective. She is always about. If she is not you can just knock on the office door. They [staff] are always welcoming" and "It is well-led by the manager here".

We found the service had an exceptional level of stakeholder engagement, which actively encouraged people and staff to question practices in order to drive improvement. The service held quarterly 'development forums' for core group members and these were service user led. The purpose of the meeting was to share ideas on ways and means to improve the service. There were also monthly meetings attended by staff to look at areas of the service which required further development. One person staying at Wainwright Crescent was invited to each monthly meeting to ensure discussions remained service user

focussed. The service held weekly meetings for people using the service to enable them to socialise and talk about their care and support. This shows the service was open to rigorous and constructive challenge from people who use the service and the public.