

Sheffield City Council

Sheffield City Council - 136d Warminster Road Short Breaks

Inspection report

136d Warminster Road
Sheffield
South Yorkshire
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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 8 January 2019. The registered manager was given short notice of the inspection because the location provides a respite care service for people who are often out during the day and we needed to be sure that someone would be in.

Sheffield City Council – 136d Warminster Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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.

At the last inspection in July 2016, the service was rated good. At this inspection we found the service remained good.

Medicines were administered safely and in line with safe medicines management procedures.

Staff were clear about the process for reporting accidents and incidents to the safeguarding authority to protect people from the risk of harm.

People who used the service were protected by the registered provider's robust recruitment policies and procedures.

Staff were provided with appropriate support through a programme of regular and on-going supervision and appraisal. Also, appropriate systems were in place to support staff with their training and development needs. Staff told us they felt very well supported by their line managers.

Staff told us they enjoyed working at this service. Regular staff meetings meant staff could make suggestions about how the service could be improved. Staff told us their views were always listened to.

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 supported this practice.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health. People were supported by staff to eat a balanced diet and meet their health care needs.

People who used the service and their relatives made positive comments about the staff and told us they were treated with dignity and respect. The relationships between people who used the service and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

People and their relatives were involved in the planning of their care and support, which included details of people's needs and preferences.

People and their relatives had no concerns but if they had were confident they would be listened to and dealt with.

There was an effective system of quality assurance in place. The registered manager carried out audits to identify where improvements could be made and acted on these to improve the service.

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 good.

Is the service effective?

Good ●

The service was good.

Is the service caring?

Good ●

The service was good.

Is the service responsive?

Good ●

The service was good.

Is the service well-led?

Good ●

The service was good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is 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 was a comprehensive inspection.

This inspection took place on 8 January 2019. The registered manager was given short notice of the inspection because the location provides a respite care service for people who are often out during the day and we needed to be sure that someone would be in. The inspection team consisted of one inspector and an 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.

At the time of our inspection there were 24 people in total, who used the service on a respite (short term) basis throughout the year. There was also some availability for people to be admitted for short term care in an emergency. On the day of the inspection there were eight people receiving respite care.

On 8 and 9 January 2019 we contacted six relatives of people who used the service, via the telephone. During the inspection we met three people who were at the home during the day.

We spoke with the registered manager and five staff including the first line manager, a senior support worker and support workers. This and our observations helped us evaluate the quality of interactions that took place between people who used the service and the staff who supported them.

Prior to the inspection visit we gathered information from several sources. We looked at the information

received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with Sheffield local authority contract and safeguarding officers and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care and the systems used to manage their medicines, including the storage and records kept. We looked at three staff files, including recruitment and training information. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

Relatives spoken with all said their family member was safe whilst in the care of staff at the service. Their comments included, "There are lots of staff members. Also my relative has a safe bedroom and their care is well tailored for," "It's very secure and there is a fair bit of staff around," "I just put my relative in their hands. I think they are great," and "I trust the staff members. I've known them a long time."

People were safe because systems were in place to reduce the risk of harm and potential abuse. For example, support plans and risk assessments provided guidance to staff so care and support was provided to people in a consistent and positive way.

All staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they had any concerns. We saw information on posters around the service. These informed people who used the service, relatives and staff about how people are kept safe and if they had to report any concerns how they could report these to the local safeguarding authority.

Staff had a good understanding of people's medicines and any precautions required, such as whether medicine needed to be taken with food and safe gaps between doses. Records showed staff had received medicines training. A system was in place to observe staff and assess their competency when they supported people with their medicines.

Some people had medicine prescribed to be taken when required (PRN). Details of what the PRN medicine had been prescribed for, how a person might present if they needed the medicine and how the medicine should be administered were recorded in support plans. We advised the registered manager this information would be better kept with the persons medication administration records. The registered manager agreed with this and actioned it immediately.

When a medicine error had happened, staff had followed the reporting process and appropriate actions had been taken to avoid further incident and keep people safe. We found staff were not always recording a code to explain why a medicine had not been given. Also, this had not been identified during the medicine audit. The registered manager said she would speak to all staff about this and ensure future medicine audits included this.

The registered manager used a secure, online case management system to track and respond to all accidents and incidents. Any information of concern was reviewed by the senior management hierarchy so factors such as the likelihood of re-occurrence could be considered and addressed.

Relatives and staff did not raise any concerns with us about the numbers of staff provided. Relatives told us, "There always seems to be plenty of staff members whenever I pick my relative up, and "Well during the daytime there's not many because people go out, but at night there is more. There is somebody always there with my relative." Staff rotas confirmed what relatives had told us and we observed there was consistently enough staff on duty to meet people's needs and promote their well-being.

We checked a sample of staff files which showed a satisfactory recruitment and selection policy and procedure was in place. Files seen confirmed all the essential pre-employment checks had been completed. This included a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The home was clean, tidy and well-furnished and there was a real homely feel to the place. Regular checks of the building were carried out to keep the home safe and well maintained. Firefighting equipment, electric installations and gas safety were all checked on a regular basis by qualified contractors. Information for example a fire risk assessment and personal evacuation plans provided information about what action should be taken in the event of emergencies to prioritise the safety of the people who used the service.

Is the service effective?

Our findings

People who used the service told us they were happy with the care and support they received. People's relatives told us they felt staff knew people well and understood how to provide them with the care and support they needed. One relative told us, "The staff know my relative's needs and preferences well and provide these as we would want them to be provided."

The needs of people were regularly assessed to ensure they continued to receive care which promoted their physical and mental health. Where necessary, staff liaised with health and social care professionals to ensure effective care and support was provided to people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records demonstrated their capacity had been assessed when planning care and that DoLS applications, had been made when necessary to the supervisory body. People's rights to make choices about their care and lifestyle was promoted and understood by staff. Best interest discussions had taken place when people had been assessed as lacking capacity to make certain decisions.

Staff understood people's communication needs and described how they supported people to make decisions. Detailed information about people's individual communication needs were documented. Gestures, behaviour and body language were understood by staff when communicating with people.

People's care records showed people were fully involved in the decisions about their care and the life they chose to lead. During the inspection staff consulted people about a range of issues and choices to do with their care, and respected people's decisions.

Staff offered people choices and supported them with their dietary and health needs. Staff followed guidance from healthcare professionals such as the speech and language therapist and encouraged people to eat healthily. We heard staff ask people what they wanted to eat. Different options were discussed and staff clearly knew the personal preferences of people. Peoples specific dietary needs in relation to their health and culture had been discussed with them and recorded in their support plans. For example, one person was provided with meat from a Halal certified butcher.

Relatives spoken with told us they had no concerns about staff training and skills. Staff spoken with said when they had started work at the home they had completed a full induction. The induction included

classroom training covering all mandatory training for example, health and safety, fire, first aid, food safety and safeguarding adults. After induction staff were rostered to work alongside other more experienced staff until they were confident to work unsupervised. Staff told us, "The training we get is really good. When we're due to do updates, managers let us know by e-mail and book us on so we're always kept up to date," and "Some of the training is face to face and some is via e-learning. Both are good and the managers make sure we complete everything we need to."

We checked staff were receiving supervision and appraisal and found they were. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their roles. Staff told us they felt well supported by the registered manager and other senior staff.

The premises were purpose build and spacious and allowed people to spend time on their own if they wished. There were also secure grounds which enabled people to go outside if they wished.

Is the service caring?

Our findings

People spoken with told us they were well cared for and treated well by staff. One person told us, "I feel really loved. My mum loves me, the staff love me and [name of registered manager] loves me."

Relatives told us, "I think the staff treat my relative well. Clothes are clean and hygiene is taken care of," "The staff are lovely. To be honest I think all the staff are amazing and very caring," "The staff are very sociable and they show interest. They treat my relative fine," and "My relative likes the staff and loves talking about them. The staff are always friendly towards my relative."

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.

Our observations of staff, whilst supporting people was that they were skilful, reassuring and understanding of the people in their care. Staff clearly knew people well and were aware of their behaviours and demeanour which helped to promote a calm and reassuring environment.

We asked relatives if staff members supported people's dignity and privacy. They told us, "I ask my relative about this and I'm told its always ladies that take my relative for baths, and things like going to the toilet," "Yes, I think they do. The staff know when my relative wants to be on his own, also when my relative has a shower there are always two members of staff. They are very caring, not demanding or bossy," "Staff support my relative's personal hygiene. I've got all my trust in the staff. They do everything that I do at home," and "They shut doors when my relative uses the toilet and knock on the door before entering."

Staff told us good practise surrounding privacy, dignity and confidentiality was discussed during training, team meetings and supervisions. Staff also told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. We saw advocacy information leaflets were available around the home.

Staff spoke about people as individuals and told us about how people's independence was promoted. Staff gave examples of supporting people's independence, such as meal preparation, or supporting a person with aspects of their personal care.

Staff told us the importance of making sure confidentiality was kept. One support worker told us, "We would never talk about a person to another person. It is very important that people who use the service and their relatives know we will not talk about them in front of others."

Staff told us they tried to give people the same room at each visit so they were in familiar surroundings. This also meant equipment for such things as moving and handling was also readily available in their room at

each respite visit.

Is the service responsive?

Our findings

Relatives told us they were always kept involved in people's care and support and had regular contact and discussions with staff. Their comments included, "I can see the communication from the staff when I visit, it's really good," "There is a care plan and staff members are really good," and "If there are any changes we tell them so that they know about it. The staff ring me up and tell me everything."

We checked three support plans. The plans contained information about the person's preferences and identified how they would like their care and support to be delivered. There was a section titled 'Important things to know about me' which provided easy to read information about things people had said they wanted support workers to know about them. We saw the support plans were written in a person-centred way and reflected what the person's relative and staff had told us about what they did in their day-to-day lives and their likes and dislikes.

Staff told us people were offered a place at the service following a pre-assessment of needs using the local authority assessment tool. Support plans were then developed using these as a foundation. This helped to highlight any areas of additional support that may be required and allowed for any adaptive equipment to be sourced and made available.

Support plans were reviewed at the start of each visit, or sooner if changes to a person's care and support were made. The registered manager told us staff contacted people's relatives prior to them coming back into the home. These discussions were recorded on the handover sheet. This meant staff were assured they had the most up to date information about each person at the start of each stay.

There was a complaints policy and procedure in place. The service had received no complaints within the last 12 months. People who used the service and their relatives told us they had no worries or concerns, but knew who to contact if they had. Relatives were confident the registered manager or a senior manager at the service would listen to them.

We saw information about the complaints procedure was included in the 'service user guide,' which each person had a copy of. The service also had a compliments book. We saw a healthcare professional had sent an e-mail to staff thanking them for their "team approach and positive working culture" whilst working with people who used the service.

As this service provided short term, respite care to people who lived at home with their relatives, they would not normally care for people at the end of their life. The registered manager said if they were called upon to do this they would work in partnership with other healthcare professionals to ensure people received appropriate care at the end of their life. The registered manager said additional training for staff would also be provided.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager 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.

Our observations and discussions with staff, people who used the service, and their relatives found everyone was fully supportive of the registered manager. Relatives told us, "Overall it's a very good service. I do think the staff members should take my relative for walks, or summer time day trips, because they don't do things like that," "When it comes to care it's 100 per cent. The care is good and the staff are lovely," "Great, brilliant. I haven't got a bad word to say about it," and "Overall, I think it's perfect, towards me as well."

Staff told us they felt very well supported by the ongoing communication and supervision of the management team. Staff told us, "I feel very well supported by the registered manager. She is approachable and listens," and "If I needed advice or anything I would firstly go to my line manager but if they weren't here I would go to the manager. We're very lucky here to have such supportive managers."

The service had a clear management structure. This consisted of a registered manager who managed two services for the same provider and a first line manager who was in day to day charge. Arrangements ensured that a manager was always on call to provide staff with support and advice when needed. There were also senior support workers on duty throughout the day to provide leadership to the support workers.

Records showed staff meetings were held regularly which gave staff the opportunity to share information and raise any concerns they may have about the service. This helped to ensure good communication within the service.

The registered manager told us they continually sought feedback about the service through meetings and reviews with other healthcare professionals and speaking with relatives and people who used the service. However, this was not always recorded or formalised. the registered manager said the plan for 2019 was to introduce telephone surveys to relatives, and organise social events where people and their relatives could give their feedback on the quality of service they received. From this a report would be published to show what people who used the service and their relatives said was working well and not working well at the home.

Governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We looked at the arrangements in place to enable this at the service. The registered manager had an on-line KPI (Key Performance Indicator) spreadsheet which regularly assessed all aspects of the service. Information relating to such things as incidents and accidents, complaints, safeguarding, staffing and medicines were reviewed regularly. From this any patterns or themes could be identified and prompt

action taken.

Our findings during the inspection showed, in the main, the audits were effective in practice to maintain a good quality service.

The home had policies and procedures in place which covered all aspects of the service. Head office staff had responsibility for updating and reviewing policies and procedures as necessary, for example, when legislation changed. We saw the complaints policy had not been updated or reviewed since 2014. The registered manager passed this on to the relevant people to ensure this was addressed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

The registered manager had submitted notifications to us about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.