Care Quality Commission

Sheffield Health and Social Care NHS Foundation Trust

136 Warminster Road - SHSC Respite Service

Inspection report

136, Warminster Road
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

An unannounced inspection visit to Warminster Road took place on 13 November 2014.

Warminster Road provides short stay respite accommodation for adults with learning difficulties. The service has five registered beds. Two beds are located in '136a Warminster Road' which is a detached house. The remaining three beds are located within 'House 3' which is within a shared, on-site, neighbouring property.

The service was last inspected by the Care Quality Commission (CQC) in February 2014 and was found to be

Summary of findings

meeting regulations relating to consent to care and treatment, care and welfare of people who use services, staffing, assessing and monitoring the quality of service provision and complaints.

As well as speaking with each person using the service, we also undertook a number of informal observations in order to see how staff interacted with people and see how care was provided. This was because some people accessing the service had communication difficulties and were not always able to verbally communicate their experience of the service to us. We also telephoned the relatives of four people on 14 and 17 November 2014 in order to gain their views about the service.

During our inspection visit we spoke with the team leader and with the registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. We spoke with four support workers by telephone on 14 November 2014.

Our inspection identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report

Our check of medication records identified that medicines were not always safely managed and recorded. This meant that people accessing the service may not be protected against the risks associated with the unsafe management of medication.

Our review care plans highlighted some gaps and inconsistencies about records at Warminster Road. Our findings made it difficult to establish whether some plans were current and accurately reflected people's needs. Whilst there was no evidence to suggest that these shortfalls had negatively impacted upon people, the lack of information, review and recording within some key documents meant that people may not be protected against the risks of receiving inappropriate care and treatment.

Whilst detailed checks took place in relation to health and safety and the premises, we identified that audits relating to key areas of practice did not take place. For example, the shortfalls identified during our inspection in relation to medicines and records had not been identified or highlighted by an internal auditing system.

Observations throughout our inspection demonstrated that people were supported safely by staff who knew their individual needs and preferences. Conversations with staff and our observations showed us that staff offered and involved people in a range of day to day decisions and adapted the way they communicated to meet the needs of the person they were supporting. People were treated with dignity and respect throughout our inspection and staff were aware of people's differing cultural and religious needs.

Relatives we contacted following our inspection were confident that their family members were safe when staying at Warminster Road. Our conversations with staff and our review of records demonstrated that staff identified safeguarding issues and followed local procedures in order to safeguard people. Appropriate systems were in place to safeguard and manage people's finances.

Staff were appropriately vetted to ensure they were suitable to work with vulnerable adults before starting work. There were enough staff to safely meet people's needs in a timely manner. Staff had appropriate qualifications, knowledge and skills to perform their roles and there were systems and opportunities for staff to develop their skills and discuss good practice.

People were appropriately supported to make decisions in accordance with the Mental Capacity Act, 2005 (MCA). Whilst the manager had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS), some members of staff could not consistently demonstrate an understanding of these pieces of legislation and how they applied in practice.

Our observations of a meal time and our review of records evidenced that people's nutritional needs were met. People's physical health needs were monitored and referrals were made when needed to health professionals. Staff also supported people to attend and access health and medical appointments when needed.

People were supported to maintain contact with their family members and to access existing day time and

Summary of findings

evening activities during respite stays at Warminster Road. The service had an open and transparent culture that actively encouraged feedback from people who used the service, their relatives and staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People's medicines were not always safely managed and recorded. The lack of a consistent method of checking medicines received and returned increased the risk of medicines not being administered safely.

The risks associated with people's support were assessed. Risk assessments provided clear guidance to enable staff to safely support people. People were safeguarded from the risk of abuse; staff knew how to identify and report abuse and appropriate systems were in place to manage and monitor people's finances.

There were enough staff on duty to ensure people were safely supported. Staffing numbers were matched to the number and needs of people receiving respite care at the service. Support was available for staff outside of office hours. An effective recruitment process was in place.

Is the service effective?

Good

The service was effective.

Decisions about people's care were appropriately recorded. Conversations with some staff members demonstrated inconsistent knowledge and application of the Mental Capacity Act 2005.

Staff had not received some training relating to the needs of the people who used the service. Staff were qualified, skilled and knowledgeable about their roles and received appropriate support through the provision of supervision and appraisal of their work.

People received care that met their individual needs.

People's nutritional needs were met and their physical health needs were monitored. Staff supported people to attend and access health and medical appointments when needed.

Is the service caring?

Good

The service was caring.

Relatives told us the staff were kind and caring and that they were happy with the way in which Warminster Road cared for and met the needs of their family members.

Observations and conversations with staff demonstrated that they were kind and compassionate to people and support was provided in a caring way.

People's privacy and dignity were respected and staff were knowledgeable about people's individual needs and preferences.

Summary of findings

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's needs were assessed. However we found that the care plans did not always reflect people's needs and contain accurate and up to date information. This, together with lack of review and recording within some records meant that people may not be protected against the risks of receiving inappropriate care and treatment.

A complaints process was in place and people and relatives told us that they felt able to raise any issues or concerns.

People were supported to maintain contact with their relatives and access existing day time and evening activities during respite stays at the service. People were also supported to access a number of community resources and activities during stays at the service. For example, shopping trips, walks in local parks and visits to pubs and restaurants.

Is the service well-led?

Requires improvement

The service was not consistently well led.

Audits relating to key areas of practice did not take place. For example, the shortfalls identified during our inspection in relation to medicines and records had not been identified, or highlighted by an internal auditing system.

The registered manager and team leader were visible and provided opportunities for people, relatives and staff to raise concerns. People, relatives and staff had opportunities to provide feedback and influence the service. The service had commissioned a project from an external provider to ensure that they were actively seeking the views and people and their relatives in order to continually improve the service.

136 Warminster Road - SHSC Respite Service

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 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.

Our inspection took place on 13,14 and 17 November 2014 and was unannounced. The inspection was undertaken by an adult social care inspector.

Before the inspection, the provider completed 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. Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home. We also contacted the person leading a project the provider had commissioned in order to gain and understand the experiences of people who used the service and their relatives.

During our inspection we used different methods to help us understand the experiences of people receiving respite at Warminster Road. We spoke with people using the service and also undertook informal observations in order to see how staff interacted with people and see how care was provided. This was because some of the people who used the service had communication difficulties and were unable to verbally tell us about their experience of the service. We also telephoned the relatives of four people in order to gain their views about the service.

We spoke with the registered manager and the team leader who were present at the time of our inspection. Following our inspection we spoke with four support workers by telephone. We reviewed the care plans of six people who were using the service and a range of other documents, including medication records, staff recruitment and training records and records relating to the management of the home.

Requires improvement

Is the service safe?

Our findings

None of the relatives spoken with following our inspection raised any concerns about medicines. They told us that staff always asked about medicines and any medication changes during a pre-respite telephone call from the service. Staff confirmed that medication was covered within these calls and also said that they obtained up to date prescriptions from people's doctors throughout the year, and after being informed of any medication changes. This was to ensure that the medication people brought with them corresponded with their prescription. The registered manager told us that the service would soon be able to access an electronic database containing up to date prescription records.

We reviewed Medication Administration Records (MARs) and noted that they did not record the amount of medication checked in and returned following people's stays at the service. The response from five members of staff when asked about this was mixed. Three members of staff told us that the amounts of medicines received and returned were not recorded whilst two members of staff told us that they were recorded on a clothing / inventory form. The lack of a consistent method of checking medicines received and returned increased the risk of medicines not being administered safely.

We found that the use and recording of, 'as and when needed', (prn) medicines did not reflect, 'Managing medicines in Care Home', a recommended, published guidance document from the National Institute for Clinical Excellence (NICE). Whilst staff were able to describe the health and behavioural changes and signs, which may indicate a need for these medicines, we found that there was no written information to document when to offer these medicines to people. This was particularly important as a number of people who used the service were prescribed prn medication for epilepsy.

We noted that one person had been given prn medication for pain relief. The medication and dose had been added to their MAR chart and had been given twice during one respite stay. This was on the instruction of a relative and following authorisation from a qualified nurse at a sister site. Our review of the MAR chart and daily notes did not provide an accurate record about the use of this medication. None of the records made reference to when and why the medicine was to be used and the expected effect of it. These shortfalls meant that this medication may not be used in the right way. The registered manager agreed with our findings and informed us of their intention to write a prn medication policy document.

We saw that there were lockable medication cupboards within each property. There were no gaps within the MAR charts reviewed during our inspection. Our conversations with staff demonstrated that they were aware of how to safely administer medicines. The lack of recording medicines in stock and those administered meant that we were unable to verify that medicines were administered as prescribed.

Staff told us that they received medicines training and that support and guidance about medicines was available from nursing staff at a sister service if needed. Our review of the provider's training records matrix showed that four of the nine permanently employed staff working at Warminster Road had not received medication training within the provider's yearly timescale.

Our findings demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We visited each property and found that they were clean and that appropriate procedures were followed to reduce risk and the spread of infection when providing personal care. We noted a strong malodour in one of the bedrooms. The registered manager was present and said that they would purchase new flooring for this room. Our review of the providers training matrix showed us that staff had received hand hygiene, infection control and food hygiene training.

Relatives we contacted following our inspection were confident that their family members were safe when staying at Warminster Road. One relative commented, "I never worry when [my daughter] is at Warminster Road; I know she's safe." Our conversations with staff and our review of records demonstrated that staff identified safeguarding issues and followed local procedures in order to safeguard people. Warminster Road managed small amounts of money for some people. A review of the financial records and monies of one person demonstrated that appropriate systems were in place to safeguard and manage people's monies.

Requires improvement

Is the service safe?

There were enough staff on duty to ensure people were safe. Staff spoken with during our inspection told us that staffing numbers were tailored to meet the individual needs and number of people receiving respite care. Our review of the staffing rota confirmed this. When needed, the staffing team were supported by staff from the providers own flexible staffing pool. We were told that these staff had worked at the service for a number of years and were familiar with the needs of people who accessed Warminster Road. Staff told us that qualified nurses at a sister service and on call managers were available for support outside of office hours.

An effective recruitment process was in place. The four staff files reviewed reflected the provider's recruitment policy and corresponded with our conversations with members of staff. Each file contained the required information and checks.

Our conversations with staff and our review of records demonstrated that there was a system in place to record, analyse and learn from incidents, which had resulted in harm or had the potential to result in harm. For example, the registered manager and support workers were clear about the incident reporting process and provided examples of the action and learning undertaken following incidents to reduce risk and the likelihood of similar incidents.

We reviewed a number of risk assessments. Apart from a lack of documentation and guidance about prn medication, we found that the risk assessments in place provided clear guidance to enable staff to safely support people. Each risk assessment was detailed and reflected risks, strategies and approaches that were individual to the person. For example, one person's risk assessment described the physical and behavioural indictors, which may indicate deterioration in their mental health, as well as the words to use to reassure them when anxious.

Good

Is the service effective?

Our findings

Each relative we spoke with was positive about the support their family member received at Warminster Road. One relative described Warminster Road as, "An absolute godsend", and stated, "Me and my son would be lost without it." Another relative said, "Warminster Road is very good, exceptionally good in fact."

Relatives were also positive about the staff team and felt that they knew the needs of their family members well. One relative commented that. "The staff really know [my son] and all his foibles." Another relative described the staff as, "Smashing", and stated, "They're doing a great job." A third relative told us, "[My son] loves going to Warminster Road. He loves the staff and the staff love him."

Each member of staff spoken with during our inspection was positive about working at Warminster Road and the people they supported. The staff we spoke with were clearly committed to meeting the needs of the people they supported. They spoke fondly about people and had a clear knowledge of people's individual needs and how people liked to be supported.

Each member of staff was able to describe their role and the role of others within the team. We found that new staff and staff who had changed roles within the service received a comprehensive induction. This enabled them to get to know the roles and responsibilities of their job role. The induction included mandatory training as well as office days for staff to familiarise themselves with records relating to their role. Workers new to the service shadowed established members of staff for four weeks in order to meet and get to know the needs of people who accessed the service. We spoke with two members of staff who were either new, or had changed their job role within the last year. They said their induction had prepared them for their role and were positive about the support they received from the registered manager and their colleagues.

Our conversations with staff and our review of records provided evidence that staff were qualified for their roles and received ongoing training to update their skills and knowledge. The provider's training records showed that staff had received a range of relevant training courses. Training provided included: basic life support, manual handling, equality and diversity, safeguarding and autism awareness.

Some people who accessed Warminster Road had epilepsy. Staff told us that they knew how to respond to people's seizures due to information within people's care plans and observing how their colleagues responded to seizures. A number of staff informed us that they had not received epilepsy training with one member of staff stating, "I've got sick of asking for it." Whilst there was no evidence to suggest that the lack of epilepsy training had negatively impacted upon people who used the service, we were concerned that the lack of this key training may mean that staff were not aware of up to date information and best practice about epilepsy. We fed this back to the registered manager who agreed to arrange epilepsy training for staff.

Staff were positive about the opportunities they were given for further training and personal development. Some staff had National Vocational Qualifications (NVQ's) whilst others were looking forward to starting Qualifications and Credit Framework (QCF) training courses. These qualifications have recently replaced NVQs. Each member of staff had received an annual appraisal and a number of staff told us that further training courses had been identified during their annual appraisal. They were appreciative of the way the registered manager supported their development needs. One member of staff stated, "My manager is really interested in my development."

Staff were also appreciative of their supervision sessions. When talking about their supervision, one staff member stated, "My supervisor listens, actions things and lets me know how I'm progressing. I feel that I get something out of my supervisions." We reviewed the provider's supervision matrix and found that supervisions were occurring less frequently than their specified six to eight weekly timescales. Staff were not concerned by these shortfalls. They said they would contact either the team leader or registered manager should they need any support or guidance. One member of staff commented, "I know for a fact that I can go to them for anything I'm concerned about and it will be dealt with."

Conversations with staff and observations throughout our visit showed us that staff offered and involved people in a range of day to day decisions. They also adapted the way they communicated to meet the needs of the person they were supporting. The registered manager demonstrated a clear understanding of the requirements of the Mental Capacity Act, 2005 (MCA); an act which promotes and safeguards decision making within a legal framework.

Good

Is the service effective?

Whilst our observations and review of records evidenced that Warminster Road clearly followed the principles of the MCA, our conversations with some staff demonstrated a lack of knowledge about the important elements of the actual Act and how these related to their practice. For example, whilst staff told us that they had heard of capacity assessments and best interest decisions, they were unable to explain these key parts of the Act. We reviewed the provider's training records and found that six of the nine members of staff working at Warminster Road had received MCA training in 2014. The remaining three members of staff had yet to receive this key training.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards (DoLS). The safeguards are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom. They were aware of changes which had been made to the definition of what constituted a deprivation of liberty earlier in the year and had submitted DoLS applications for a number of people. They had also arranged for a DoLS assessor to attend a recent carers' meeting in order to explain and provide information about the safeguards to family carers.

People were supported to eat appropriate food and drink that met their individual needs. Weekly menus were planned in advance of people's stays and took their nutritional needs and preferences into account. One relative described their family member as a, "fussy eater", and said, "They always get in the things he likes."

Staff told us that they cooked a fresh meal each evening. Homemade cottage pie, yorkshire puddings and gravy was on the menu in one property. When asked, one person described their meal as, "Nice." We saw that a range of alternative ready meals were available should people not like the meal provided.

Staff were knowledgeable about people's nutritional needs. People's care plans contained information about any swallowing difficulties, aids needed to support independence and any food and crockery preferences. We saw that the support and aids used corresponded with the information in people's care plans. For example, one person used a lipped plate and specific cutlery and another person had their own cup and a supply of their favourite condiments.

Conversations with staff and our review of records showed that Warminster Road sought the involvement of healthcare professionals when needed. Team meetings included discussions about people's health needs and we noted that people's care plans contained copies of the referrals made to health professionals following these meetings. Copies of assessments and guidance about how to meet any identified health needs were also contained within people's care plan folders.

We found that Warminster Road were proactive in supporting and arranging appointments to enable people to maintain their health needs. For example, one member of staff told us that, following discussion with relatives, the service arranged for some people's health appointments to coincide with their respite stays. This was due to their relatives finding it difficult to travel to and/or support their family members with these appointments.

Good

Is the service caring?

Our findings

Relatives spoken with following our inspection were positive about the care their family members received at Warminster Road. One relative described the service as, "Very caring." A second relative told us that their family member had received respite at Warminster Road for a number of year and commented that, "It feels like my son is going to stay with family, I never worry when he's there, I know he's in safe hands."

Relatives were also positive about the support they received from the staff team and how, in turn, this helped them to care for their family members. For example, one relative told us that they had telephoned staff in order to discuss their family members changed needs and behaviours. This relative told us that the staff member they spoke with, "Helped me get through a difficult time. All of the staff care. They are easy to talk to and easy to get on with. If they can help then they will."

We visited both properties during our inspection. The atmosphere within each property was calm, relaxed and caring. The staff on duty were attentive and clearly focussed upon the needs of people staying at the service and knew people's individual care needs, preferences and ways of communicating.

For example, the staff member supporting the two people receiving respite care in one property clearly knew the different way each person communicated their needs and the support they required. One person's care plan noted the need for staff to provide structure and constant reassurance to lessen their anxieties. Throughout our inspection, the member of staff on duty provided frequent reassurances and explanations, which corresponded with the information in the person's care plan. The other person did not communicate verbally. The staff member was attentive and aware of how this person expressed anxiety and reacted quickly and offered reassurance when this person became anxious. Their timely intervention visibly lessened the person's anxieties.

Most staff had received equality and diversity training and our conversations with staff demonstrated that they were aware of the differing cultural and religious needs of people that used the service. For example, staff told us that they matched the gender of staff on duty to people's preferences and cultural needs. They also told us that a vicar visited every other week and provided an accessible church service, which people were welcome to attend. One member of staff told us that one person particularly liked this service and said that they, or other members of staff would collect this person from their home address should their respite stay not coincide with the church service.

People were treated with dignity and respect throughout our inspection. Our conversations with staff further demonstrated this. Each member of staff explained how they maintained people's dignity and privacy and respected people's individual choices. For example, each support worker talked about the importance of ensuring people were appropriately covered when supporting them with personal care needs. Another support worker told us that they always respected people's confidentiality by making sure that they never discussed personal information about people in front of other people using the service or in communal areas of the home.

The commitment of staff to ensuring people's privacy and dignity was further demonstrated by a number of staff expressing concern about a panel of clear glass adjacent to the front door of house three. They were concerned that this did not protect people's privacy and dignity.

House three is within a property shared with another service. Both services share a communal door and entrance area. House three then has a separate door within this building. We saw that a long corridor area linking people's bedrooms and the shared bathrooms was visible behind this glass resulting in those passing being able to see directly into this area. We spoke with the registered manager about this. They told us that the landlords of the property had asked for the opaque material previously covering this glass to be removed following a fire check. The registered manager informed us of their intention to return to the landlords of the property to see if there were any other solutions to ensure people's privacy and dignity.

People were supported to maintain contact with their family members during their stays at Warminster Road. Staff told us that they knew how often people and their relative's liked to be telephoned. Our conversations with relatives confirmed this. One relative told us that their family member was supported to call them, "Every night", whilst another relative told us that staff from Warminster Road, "Call me every other day to let me know how [my family member] is going on."

Requires improvement

Is the service responsive?

Our findings

Relatives spoken with following our inspection visit felt that Warminster Road was responsive. For example, one relative told us that the service had arranged a period of respite for their family member, "Within hours", following a family crisis. Another relative described the staff as, "Caring and on the ball." Another relative stated, "If Warminster Road think something's not right they take it on board and sort things out to help you."

Our review of four people's care plans and other documents highlighted some gaps and inconsistencies about records at Warminster Road. Observations throughout our inspection demonstrated that people were supported safely by staff who knew their needs and preferences. Whilst there was no evidence to suggest that the shortfalls identified in people's records had negatively impacted upon them, the lack of information, review and recording within some key documents meant that people may not be protected against the risks of receiving inappropriate care and treatment.

For example, one person's care plan noted that a meeting was to be held about their changed needs. Their plan had been reviewed twelve months later with no reference or updated information about the outcome of this meeting. We also found differing care plan formats and noted that some plans were more detailed than others. One person's care plan document was blank. We asked the registered manager about this. On further investigation they found that an up to date plan was in place but was not easy to access due to being placed in a folder titled, 'old information'. Our findings made it difficult to establish whether some plans were current and accurately reflected people's needs.

We saw copies of referrals made to the Alternative to Restraints Team, part of the local Community Learning Disability Team within people's records. These referrals were made to ensure that the least restrictive alternatives were considered prior to restraints such as lap-belts being put in place to safeguard people. One person's plan noted the need for an alternative to restraints referral to be made; however, there was no evidence to demonstrate that this had been made. The three restraints detailed in another person's care plan had not been reviewed since March 2013 in order to see if they were still needed. The registered manager agreed with our findings and informed us of their intention to undertake a review of any restraints in place.

Our findings demonstrated a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care records were stored on Insight, the provider's electronic recording system. Two staff commented that the move to Insight had resulted in the loss of some person centred pieces of information. This information had been completed together with people, their relatives and the staff team at Warminster Road. For example, one member of staff told us that they had been involved in writing person centred plans for people. They told us that these plans included pictures, photographs and information about what was important to the person, how they liked to be supported and their preferences and dislikes.

Staff told us that these plans were not completed for people new to the service and that existing plans were no longer being updated following people's records transferring to Insight. One staff member said they used to sit with people and use these plans to prompt conversation. Another member of staff said, "I've not looked at the care plans since they've gone on the computer. It means I have to leave people and go to the office, at least with the other plans you could bring them downstairs and look through the pictures with people." Whilst we saw that people's preferences were recorded within care plans, we noted that the format of records within the provider's electronic recording system was not as accessible and centred upon the needs of people using the service.

We spoke with the registered manager and with the team leader about how people's needs were assessed, planned and reviewed. On receiving a referral for the service, the registered manager told us that they requested copies of relevant assessments. These were from the services people accessed and were requested so that Warminster Road could see if they were able to meet the person's needs. A home visit was then arranged to meet the person and their family. Information from this visit and assessments

Requires improvement

Is the service responsive?

received prior to it was then incorporated into the services assessment document. The registered manager told us that the assessment was, "built around the needs of the person and their family."

The completed assessment was shared with the person and their relatives to ensure its accuracy. Following this, 'tea visits' were arranged for the person and/or their relatives to visit Warminster Road. The number of visits was based around the needs of the person. When appropriate, an overnight stay was then arranged. As with tea visits, the registered manager told us that some people required a number of overnight stays to get used to the service before then receiving respite for a longer periods of time. The team leader told us they visited people and their relative's to review the progress of these visits prior to longer respite stays being arranged. Our conversations with relatives confirmed that this review, as well as reviews for people who had accessed the service for a number of years took place.

We saw that staff were aware of people's preferences and took this into account when supporting people. For example, we saw that staff made sure that the television was tuned into one person's favourite soap opera. We noted that signs with people's names and a picture of a favourite object or interest had been attached to their bedroom door. The registered manager said they had ensured the corridor area of one of the properties included a picture of one person's favourite type of vehicle. They told us that the person liked to point and talk about this picture when staying at the service.

People were supported to access a number of community resources and activities during their stays at Warminster Road. For example, shopping trips, walks in local parks and visits to pubs and restaurants. During our inspection, a support worker drove one person to pick up their favourite take-away halal meal. Staff told us that, wherever possible, people who wished to continue to attend any regular social and community activities were supported to do so.

People also continued to access their day services and activities with other community providers during their stays at Warminster Road. Staff told us that communication with these services was good and that key details about people's needs, moods, how their day had been and other relevant information was shared by phone calls or communication books.

Relatives spoken with following our inspection visit told us they had no complaints with the service. One relative said they were confident that the staff at Warminster Road would listen and do their best to address any concerns they may have. The registered manager confirmed that there were no current complaints at the service. They told us that they encouraged feedback from people and their relatives in order to review and improve the care and support provided. The results of a recent relative's survey identified that some relatives did not know how to make a complaint. In order to address this, complaints leaflets had been sent out and information about how to make a complaint had also been included in the newsletter sent to people and their relative's. This demonstrated that Warminster Road actively encouraged complaints and feedback about the service.

Requires improvement

Is the service well-led?

Our findings

Members of staff spoken with during our inspection were positive about the team leader and registered manager. One member of staff told us that both the team leader and registered manager "Ask how things are and give you the chance to talk about things." Another member of staff said they were, "Confident", in the team leader and registered manager and stated, "They listen and do what they can so that the people that come here have everything they need to make it a home from home."

During our inspection we looked at a range of records and spoke with a number of staff in order to review how the quality of care provided by Warminster Road was monitored and safely maintained.

Our conversations with staff and our review of records provided evidence that a number of weekly checks in relation to the health and safety and the premises took place. For example, we saw a comprehensive weekly health and safety inspection took place which incorporated areas such as fire safety, food hygiene and safety and electrical equipment. We also saw a copy of a recent infection control audit and noted that the service had carried out the actions needed to address the shortfalls noted in an initial audit and had achieved a score of 96% when re-audited.

Whilst the registered manager told us that the quality of the service was reviewed within regular governance meetings, we found that audits relating to key areas of practice did not take place. This resulted in a number of issues which could present a risk to the health, welfare and safety of people receiving respite care at Warminster Road not being identified by the provider. For example, the shortfalls identified during our inspection in relation to medicines, epilepsy and medicines training and records had not been identified or highlighted by an internal auditing system. Our findings demonstrated that Warminster Road did not have an effective comprehensive system in place to continually assess, monitor and improve all aspects of the service.

The registered manager and staff spoken with during our inspection told us that staff meetings took place and our check of records verified this. We noted that the meetings included discussions about the service in general as well as a 'clinical' section to discuss any specific needs or observations about people who had received, or were due to receive respite. Staff told us that they were able to raise issues within these meetings and felt that that their views and contributions were listened to. They also told us that they valued the way in which these meetings provided them with the opportunity to discuss people's needs and share best practice.

We looked at how Warminster Road gathered the views of people and their relatives in order to improve the service. Relatives told us that their views were obtained at coffee mornings and by a relatives' questionnaire. One relative told us, "The staff ask how we find things and we get to have a coffee and chat to carers like us." We reviewed a copy of the relatives' questionnaire and found that the results of this were positive. The questionnaire asked if relatives had any suggestions about how the service could be improved. Suggestions had been made by three of nine respondents and were listed as actions within the survey. This showed us that Warminster Road had listened to relatives' comments.

We found that a meeting had recently taken place with a sister service and had been attended by people and their relatives. We reviewed the minutes of this meeting and found that the meeting provided a range of information about key areas of the service. A visiting speaker had also attended in order to speak about and provide written information about the Mental Capacity Act and Deprivation of Liberty Safeguards.

The registered manager told us that they ensured that people who received respite at Warminster Road were involved in decisions about the service whenever possible. For example, they told us that the colour scheme for a recent redecoration of the home had been chosen by people who accessed the service. They also told us of their plans for people to be involved in interviews for new members of staff.

In order to further gain and understand the experiences of people who used the service and their relatives, the provider had commissioned a project from Sheffield Mencap Sharing Caring Project, an external, impartial organisation. Warminster Road mentioned this project within their provider information.

We contacted the person leading this project prior to our inspection. They told us that they were in the process of scoping the project and developing a steering group involving people who used the service and their relatives.

Requires improvement

Is the service well-led?

From previous engagement with the service, they told us that Warminster Road, "Routinely engages well with family carers." They were positive about the forthcoming project and the services wish to work in partnership with them. To be able to understand people's experiences of the care provided and look at any areas of improvement. They also told us that there was a commitment from the provider's senior leadership team to make sure that, "Outcomes are embedded in practice."

The registered manager told us that a staff questionnaire had taken place earlier in the year. They said that a workshop was soon to take place in order to address some of the specific issues raised within it. This again showed us that the provider listened and took action about issues raised.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration and recording of medicines.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records reviewed were not always sufficiently detailed to provide an accurate record of the care people required. This meant people were not protected from the risks of unsafe or inappropriate care and treatment, arising from a lack of proper information about them.