

Sheffield Health and Social Care NHS Foundation Trust

Wainwright Crescent

Inspection report

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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 

Summary of findings

Overall summary

This unannounced inspection took place on 10 and 17 May 2016. The home was previously inspected on 24 November 2014 when we found one breach of regulations. This was regarding a lack of effective systems being in place to monitor the quality of the service delivery.

Following that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to this breach. This inspection was undertaken to check that they had followed their plan, and to confirm that they now met all of the legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wainwright Crescent' on our website at www.cqc.org.uk

Wainwright Crescent provides respite support and step down support for people with mental health needs. It can provide a service for up to twelve people.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At this inspection we found improvements had been made. However, although systems were in place to monitor the quality of the service these were not always effective and we found a continued breach in regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People we spoke with, that used the service told us they were very happy with how care and support was provided at the home. They all spoke extremely positively about the staff and the way the home was managed.

People told us they felt safe living at the home. We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and management plans to reduce the risks were in place to ensure people's safety.

People were not always protected against the risks associated with the unsafe use and management of medicines. Policies and procedures did not ensure appropriate systems were in place for the recording, safe keeping and disposal of medicines.

We found that staff had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision.

There was predominantly enough skilled and experienced staff on duty to meet people's needs. However, some staff felt additional staff would be beneficial at key times, such as weekends and bank holidays when management were not at the service. Although this was being addressed at the time of our inspection.

There were robust recruitment procedures in place. Staff had received formal supervision and an annual appraisal, although this was not always documented in line with the provider's policies. Staff received training to be able to fulfil their roles and responsibilities.

People's nutritional needs were met. People purchased and cooked their own food during their stay and support was provided by staff as required.

People's needs had been assessed before they went to stay at the home and we found they had been involved in planning their care. The care files we checked reflected people's main needs and preferences so staff had clear guidance on how to care for them. However, we found these were not always reviewed.

People had access to activities which provided regular in-house stimulation, and people accessed the community independently during their stay.

There was a system in place to tell people how to make a complaint and how it would be managed. However, complaint outcomes were not always clearly evidenced.

Our inspection identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

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 always safe.

People told us the home was a safe place to stay. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place.

There were robust recruitment processes, however, we found not all evidence of this was available. Staffing levels were being reviewed by the registered manager at the time of our inspection following creation of new posts.

People received their medications as prescribed. However, policies and procedures did not ensure appropriate systems were in place for the recording, safe keeping and disposal of medicines.

Is the service effective?

Good 

The service was effective.

Staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes were being followed to protect people's rights.

A structured induction programme and a varied training programme were available which enabled staff to meet the needs of the people they supported.

People's nutritional needs were met. People purchased and cooked their own food during their stay and support was provided by staff as required.

Is the service caring?

Good 

The service was caring.

People we spoke with told us the staff were always patient and supportive. We saw people were treated with respect, kindness

and compassion.

Staff demonstrated an understanding of how they respected people's preferences and ensured their privacy and dignity was maintained.

We observed that staff took account of people's individual needs and preferences while supporting them.

Is the service responsive?

The service was not always responsive.

People had been encouraged to be involved in care assessments and planning their care. Care plans reflected people's needs and preferences. However, we found gaps and omissions in some care files.

People had access to various activities and accessed the community independently.

There was a system in place to tell people how to make a complaint and how it would be managed. However, outcomes of complaints were not always evidenced.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Systems were in place to monitor the quality of the service. However, these were not always effective. Provider policies did not always reflect how the service operated at this location.

People we spoke with told us the management team were approachable, always ready to listen to what they wanted to say and acted promptly to address any concerns.

Staff were clear about their roles and responsibilities and attended regular meetings to ensure good communication.

Requires Improvement ●

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.

The inspection took place on 10 and 17 May 2016 and was unannounced on the first day. Which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection team consisted of two adult social care inspectors. At the time of the visit there were 10 people using the service

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. On this occasion we did not ask the provider to send us 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.

We spoke with three people who were using the service at the time of our inspection. We also looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing four people's care records, staff rotas, the training records, three staff recruitment and support files, medication records, audits, governance systems and policies and procedures.

During our inspection we also spoke with six members of staff, including support staff, operations supervisor, the deputy manager, registered manager and the assistant service director.

Is the service safe?

Our findings

People we spoke with told us they felt the home was a safe place to stay. One person told us, "Yes, I feel very, very safe [staying at the home], there are cameras in the car park and locks on the doors so it's private." Another person said, "It's quite a safe place [the home]. Staff understand my issues here."

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to stay independent during their stay while monitoring their safety.

Care and support was planned and delivered in a way that promoted people's safety and welfare. The care records we sampled showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. However, we identified safe systems were not always in place for management of medicines. The service had a medication policy outlining the safe storage and handling of medicines. This did not always reflect how the service was operating. For example, on the first day of the inspection records showed that medicines no longer required in February and March 2016 were still in the home. We found there was an appropriate disposal system in place, but the registered manager was unclear about the process, which had led to medicines being retained at the home unnecessarily. On the second day of our inspection this had been addressed.

Most people were responsible for their own medication, with other people having support to take their medication for at least the first seven days they were staying at the home. One person described how they managed their own medication which they said was stored in a locked drawer in their room. We saw each person had signed a medication consent form which highlighted the level of support they agreed was needed.

We saw staff had checked what medicines they had brought with them and signed them out when they left. However, in some cases these medicines were in a monitored dose system or together in bottles. For example, one person had brought a bottle with all their medication in the same bottle. Therefore staff could not identify what medicines were in the bottle so were recording 'one bottle has three days' supply [of medication]. We sought advice from a CQC pharmacy inspector on this subject. They told us that if the person was assessed as being competent to manage their medication and staff had no involvement in the storage or administration there was no reason to make any record of the medicines brought into the home. However, the service should hold a list of all current medicines being taken in case of an emergency. We found some people's files did contain a photocopy of current medication, but other people's did not.

We checked three people's records and found where staff were supporting people to take their medication there were medication administration records [MAR] which detailed what medicines the person was taking. These were handwritten by staff, but they had not been signed to show which staff member had completed the form, therefore it was not possible to identify who was responsible if an error was found. On one form we found the name and frequency of the medicine prescribed as 'as and when required' [PRN] had been recorded, but not the dose. We later found the dose was recorded on the PRN administration form. This form showed when and why the medication had been administered, for example for anxiety, but there

was no specific PRN protocol in place to tell staff what the medicine was for, under what circumstances it should be given or the desired effect.

The registered manager told us night staff completed regular medication audits, but there was no evidence that the shortfalls we found had been identified and action taken to rectify them. The registered manager said additional weekly checks were to be introduced as soon as possible to identify any shortfalls.

This was a breach of Regulation 12 (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. They understood their responsibilities in promptly reporting concerns and taking action to keep people safe. Staff we spoke with could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they received yearly training in this subject to keep their knowledge up to date. This was confirmed in the training records we sampled. Staff also had understanding of the whistle blowing policy and told us they would feel comfortable to report any incident of poor practice to the management team, the local authority or the Care Quality Commission.

We looked at the number of staff on duty on the days we visited the home and checked the staff rotas. We also spoke with staff regarding staffing levels and if they ensured enough staff were on duty to meet people's needs. Staff told us that predominantly there was enough, however, at weekends and bank holidays when there was no management on duty this sometimes was difficult. When we spoke to the operations supervisor they told us their post was new and it had been developed to provide additional cover over these periods. It had been identified by the registered manager that additional staffing was required at times. The operations supervisor post was flexible and they worked hours to suit people's needs, depending on how many people were accessing the respite service.

The registered manager was able to explain the recruitment process, which was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We saw application forms had been completed, two written references had been obtained and formal interviews arranged. However not all the documentation was in the files we looked at. For example one person had gaps in their employment history. The registered manager told us these were explored at interview and documented in the interview notes; these were not in the file. In another file we checked we found the references were not from the last employer, again the registered manager was able to explain the reasons for this, but this was not documented anywhere in the file.

All new staff completed a full induction programme that, when completed, was signed off by their line manager. We were told that all new staff also attended a four day corporate induction based at one of the Trust's training venues.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. We checked three staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. 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 registered manager told us they were only obtained at the time of recruitment. We asked if there was a regular declaration obtained from

staff to determine that nothing had changed since their last DBS check. They told us that as good practice they intended to implement this as part of the annual appraisal.

Is the service effective?

Our findings

People we spoke with said staff were caring, friendly and efficient at their job. One person told us, "I can't praise the staff enough. They are always there for me. Another person said, "I have a good connection with staff, some staff more than others. On the whole staff do a good job." A third person said, "They [staff] have an understanding of my issues."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff understood the requirements and followed them in practice.

Staff were able to tell us they attended regular training, were knowledgeable and were able to fulfil their roles and responsibilities. Staff explained they had to attend mandatory training every year and this was checked at their appraisals. They also told us they attended other training specific to the service needs to ensure they were able to meet people's needs. However, the training records we saw were out of date and did not evidence that staff had received regular training in line with the provider's policy. The deputy manager told us they were updating the records at the time of our visit. They explained many of the problems were with the on line training system that did not always print off a certificate, so did not show training had been completed. They also explained that staff were not always able to access the training due to problems with the system. They said part of the role of the new post of operations supervisor was to ensure staff are able to access training and that it is effective.

Records we saw showed staff received regular supervision, however the supervisions were not carried out as frequently as the providers policy stated. Staff we spoke with told us they were very well supported and if they wanted an individual supervision they only had to ask. We also found that group supervisions were taking place regularly but were not formally documented.

All staff had received a yearly appraisal. The registered manager told us this year's appraisals were being planned at the time of our visit, we saw evidence these had been booked with staff.

People took responsibility for their own meals. One person told us how they went food shopping, while another person said they brought in food from home that would last the short time they were staying there. We saw there were adequate facilities available for people to store and cook their meals to suit their

individual needs and preferences. Staff were available to offer support and assistance should it be needed.

People were supported to maintain good health and had access to healthcare services. Care records checked detailed any health care professionals involved in the person's care. One person told us it had been arranged for a physiotherapist visited them at the home.

Is the service caring?

Our findings

Our observations and people's comments indicated that staff respected people's decisions and confirmed they had been involved in planning the care and support staff provided. One person described how they had been fully involved in planning their stay at the home commenting, "We went through my support plan and checked nothing had changed."

Most people were independent so needed little support from staff other than having someone to talk to. We saw staff supported people in a caring and responsive manner while assisting them to go about their daily lives. Throughout the inspection we observed staff treating each person as an individual and involving them in making decisions. We saw people were always asked what they wanted to do or what assistance they needed in an inclusive, sensitive way.

People told us staff respected their privacy and dignity. One person explained how staff ensured incontinence aids were removed from their rooms discreetly so other people did not know they had to use them. They said this protected them from embarrassment. Another staff member described the importance of respecting people's privacy and dignity adding, "I would take people into a separate room to chat and we also offer people a female or male carer."

Staff described to us how they preserved people's privacy and dignity by knocking on bedroom doors before entering and speaking to people about things quietly, so they could not be overheard.

We saw people chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas, and staff respected these decisions. A care worker described how one person had gone home for the day and decided not to come back for the remainder of their stay. They added, "This was their choice."

Is the service responsive?

Our findings

The people we spoke with indicated they were happy with the care and support provided and we saw that they looked happy and interacted with staff in a very positive way. One person told us, "Everyone loves it here. It keeps me well, without this place I don't know where I'd be." Another person described the benefits they gained from staying at the home adding it was, "An oasis of calm."

We saw interactions between staff and people using the service were good and focused on the individual needs and preferences of the person being supported. A staff member told us, "Everyone is different with different needs and worries."

The files we sampled contained information about the care and support the person needed, along with details about how staff could minimise any identified risks. We saw needs assessments had been carried out before people stayed at the home. There was an online care planning system used, as well as a paper copy. We found these had mostly been reviewed and updated. However, we found gaps and omissions in some care files.

For instance, in one file there were two care plans, one for respite care [short stay] and the other one for step down care [following discharge from an acute setting]. Both plans stated they were in draft format, but the person concerned had been living at the home for over two months. Each plan contained additional information that had been added randomly in spaces not devised for this information. There were no signatures on the plans to indicate who had completed them. When we spoke with the registered manager they said the person had stayed at the service before so one plan was from that stay. They acknowledged that this information should have been incorporated into the new plan to make one comprehensive plan.

As the service provided short term respite accommodation people did not stay at the home for long. Care plans and risk assessments had not required reviewing and updating. However the registered manager told us if someone revisited the home a review of their needs would take place to ensure they had not changed.

The home employed specific staff to facilitate social activities. Support staff also organised in house activities for people when they stayed and occasional outings to the shops, if support was required. Most people were able to access the community independently during their stay. They told us how they went shopping and visited local places of interest. Two people described the 'communal meal' as something they really enjoyed. They said the menu was decided at the weekly meeting and they all put in money to pay for the food, plus helped to prepare the meal. One person said they booked their stay to coincide with the meal as they enjoyed it so much.

The provider had a complaints procedure which was available to people who lived and visited the home. The deputy manager was able to explain how complaints were dealt with and said they were all resolved and responses sent to the complainants. The deputy manager was able to show us some evidence of this, however they explained the information was kept by the staff member who investigated the issue and was not on a shared system. Therefore we did not see evidence of outcomes of complaints. The deputy manager

acknowledged this needed reviewing to ensure all concerns and complaints were logged, and records kept in one place so that all staff could access the information.

People we spoke with told us the staff at Wainwright Crescent listened to them and responded to any issues raised. However, they felt the provider had not listened to them with regards to the service becoming a non-smoking environment, both in the home and in the grounds. This meant that all the people who used the service had to go off site if they wished to smoke. People told us this was not safe as some people had mobility problems and they felt it was not safe to go outside the gates at night. They also told us it was not fair on the neighbours if people smoked on the road outside their houses. One person said they did not like people smoking near the patio area as the smoke drifted into the home. However, people felt a facility could be provided at the end of the building in the car park for people to smoke in safely.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The people we spoke with said they were happy with the overall care provided and how the home was run.

At our previous inspection in November 2014 the service was in breach of regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found lack of effective systems in place to monitor the quality of the service delivery.

At this inspection although we found improvements, the quality monitoring of the service had not identified some of the issues we found and was not always effective.

We found there were systems in place to monitor and improve the quality of the service provided. We saw the registered manager completed daily, weekly and monthly audits which included the environment, infection control, fire safety, medication, ligature points and risks and care plans. We found actions had been identified, however, we found these were not always effectively addressed. For example, actions had been identified on a number of audits and were still not addressed. The environmental audit in 2014 identified areas for improvement, but these areas were still outstanding at the audit undertaken in 2015, and when we checked at our visit they were still not rectified. The actions had just been carried over with no outcome or explanation.

The registered manager had also assessed ligature risks and showed us the risk assessment completed. The assessment we were shown was in draft and had a column to document if any actions were required, this was blank. The registered manager explained this was because no actions were required, however as it was in draft format it was not clear if actions should be taken, and it had not been reviewed since it was drafted in March 2015.

We identified that staff were not supervised in line with trust policy. The policy stated staff were to have supervision every four to six weeks. On average staff were receiving a formal supervision between four and five times a year. Staff told us they were supported and had group supervisions, which were not recorded. However, the action plan developed for the service following our last inspection included supervisions, yet it had not been identified by the provider that the policy had not been adhered to.

We found some systems did not meet the requirements of data protection. People's personal information was being recorded in a communication book for everyone to see. This had been developed as staff did not always have to access the online system. The registered manager ceased this practice at the time of our inspection, but this concern had not been identified by the provider.

The registered manager told us a new post had been created to provide additional support to ensure governance at the service was improved. This person commenced in the post the week of our inspection. However, further improvements were required to ensure the improvements are embedded into practice.

We saw the registered manager predominantly had identified the areas we found that required action. However, some were waiting to be followed up by the provider. We found there was a lack of timescales to determine when improvements would be implemented; therefore the provider was not ensuring actions were completed in a timely way. This did not ensure adequate oversight and governance by the provider.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said the provider gained their opinions using questionnaires and regular meetings. We also saw the provider gained feedback from people who used the service. A questionnaire was sent to people who used the service at the end of their stay. We sampled a number of completed questionnaires which all contained very positive comments.

We saw minutes from various meetings involving people who used the service were available in the reception area. There were also suggestion/comments slips available for people to complete if they wanted to. We saw completed slips which outlined ideas for improving the service and commenting on improvements made. One person told us they were a member of the forum where people who used the service met to discuss how the home operated. They said, "We met with the manager and the activities person to discuss ideas for developing the unit. There has been a lot of change, which took a lot of getting used to, but everyone likes it now."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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
Treatment of disease, disorder or injury	People were not always protected by safe medication policies and procedures, as they did not ensure appropriate systems were in place for the recording, safe keeping and disposal of medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were not always protected by effective governance procedures. Systems were in place to monitor the quality of the service. However, these were not always effective. Provider policies did not always reflect how the service operated at this location.