

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

## Derriads

70 Derriads Lane, Chippenham, SN14 0QL

Tel: 01249652814

Date of Inspection: 22 November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Safeguarding people who use services from abuse**

✓ Met this standard

**Assessing and monitoring the quality of service provision**

✓ Met this standard

## Details about this location

Registered Provider	Wiltshire Council
Registered Manager	Mrs. Tanya Andrews
Overview of the service	Derriads is a respite service in Chippenham in Wiltshire. It provides short term residential care breaks for adults with a learning disability. The service has places for up to four people at a time.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether Derriads had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

### How we carried out this inspection

We carried out a visit on 22 November 2013, talked with staff, reviewed information given to us by the provider and talked with other authorities.

We looked throughout the property to check that information was displayed for people who stayed at the unit and for staff.

### What people told us and what we found

We carried out a follow up inspection to the home on 22 November 2013 as we had identified areas for improvement in an earlier inspection.

We found that significant improvements had been made which had also benefitted employee's within the whole of Wiltshire County Council.

A wide range of documentation around safeguarding vulnerable adults and whistleblowing had been devised to ensure that people who used services, their families and staff had access to appropriate information. A whistleblowing poster, a revised policy and a new leaflet for people who used the service had been written. The leaflet was written in easy English with pictures, which explained how to tell someone if you were being treated unfairly. Staff would now be able to use the leaflet with people, if anyone who stayed at Derriads had a concern around being safe. The revised whistleblowing policy had more information so that staff knew who to contact if they had a concern.

The training department in Wiltshire county council had changed the way they provided training in safeguarding, so that there was more face to face training. Staff said they preferred this method as it was easier to understand. We spoke with one agency worker who told us they had received refresher training in safeguarding and they had found the 'face to face learning better than just learning from a computer'.

The department who supplied agency and relief agency staff to services such as Derriads had put a new system in place to ensure that all staff who worked for the county council, were competent and knowledgeable in safeguarding procedures and were able to support people appropriately.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Safeguarding people who use services from abuse** ✓ Met this standard

**People should be protected from abuse and staff should respect their human rights**

### Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

### Reasons for our judgement

During a previous inspection on 28 August 2013, we observed that people were comfortable with the staff in the home and they had told us they felt safe. Families we spoke with said they were happy with the staff and the way they cared for their family member and had no concerns relating to safety. Staff told us they had received training in 'Safeguarding of Vulnerable adults' and we found that permanent staff members were knowledgeable around what constituted abuse. However, we found this was not the case for the agency worker. In addition, there was a lack of information around safeguarding and recognising abuse, for staff and people who stayed at the unit.

We asked the provider to make some improvements. We carried out an inspection on 22 November 2013 to see what improvements had been made. We found that the provider had made significant changes towards compliance which had been rolled out throughout other services which the council provided.

We spoke with an agency worker regarding safeguarding. They told us they had received further training and through discussion with us, could confidently explain the 'Deprivation of Liberty Safeguards', the Mental Capacity Act 2005 and the whistleblowing procedures within Wiltshire County Council. They were able to give appropriate examples of what a deprivation of liberty was and where this would apply. They told us they had received a copy of the new whistleblowing policy which contained more information about the external regulators. They said they were confident that they had access to all of the information they would need in order to escalate safeguarding concerns appropriately.

Appropriate information around safeguarding and whistleblowing was available to all staff who worked in the home. On the office noticeboard was a comprehensive flow-chart detailing the safeguarding referral process along with contact telephone numbers. In addition, was a copy of the whistleblowing policy and contact details for the external regulators..

People who used the service, their families and staff had access to appropriate information around recognising and reporting abuse. The provider had developed an 'easy to read' leaflet called 'Keeping adults safe from abuse and neglect'. This leaflet contained information about who to tell if someone was worried they were being abused. It also listed helpful telephone numbers of who to contact. The manager told us that the provider had consulted with people and their families about the leaflet and the new leaflet had their approval.

We saw that in each of the bedrooms, that a small laminated notice entitled 'Dear Customer' had been put on the wall. This gave people information on what to do 'when someone does or says something to make you feel upset or frightened'. In the foyer of the home was a large poster called 'Whistleblowing it's everyone's business – Stop Abuse'. This was a new poster developed by the provider on who to contact internally within Wiltshire Council, and externally, should people suspect abuse. This document had been rolled out to all services within Wiltshire County Council as part of their safeguarding documentation.

**Assessing and monitoring the quality of service provision**

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

**Our judgement**

The provider was meeting this standard.

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

**Reasons for our judgement**

During a previous inspection on 28 August 2013 we looked at outcome 16, the 'Assessing and monitoring the quality of service provision' as an additional outcome. We found that the provider did not have fully effective quality assurance systems in place in relation to governance, training and the skill base of relief agency staff.

We asked the provider to make some improvements. On the 31 October 2013 we met with the county manager of learning disabilities provider services to review evidence towards compliance. In addition, we carried out an inspection on 22 November 2013 and found that the provider had made significant improvements. These improvements had been rolled out throughout other services which the council provided.

Staff had access to a whistleblowing policy which was appropriate to those services who delivered care. The governance department for the council had revised the whistleblowing policy. This policy was generic and used throughout all services within the council.

The new policy described the council's whistleblowing procedures and who to contact internally. There was also information around the Public Interest Disclosure Act 1998 (PIDA) and how it could protect staff if they decided to whistle blow. At the end of the policy was detailed information about how to contact the external regulator according to their function, for example, for health and social care there was contact information for the independent regulator.

Changes were made to the methods used in the delivery of safeguarding training which all council employees received. The head of training reviewed the effectiveness of the current training methods and found that employees preferred a combination of e-learning and face to face learning as opposed to just e-learning.

As a result of the feedback from learners, the provider introduced 'face to face' teaching sessions for the main safeguarding training with refresher training being a combination of e-learning and face to face. Every two years the training would be classroom based, however the county manager told us that they were striving to only use face to face



training for safeguarding in the future.

The content of the training had been changed to focus on discussing real life scenarios within the learning groups. In addition, there was now a session around the role of the independent regulator for health and social care and the employee's responsibility in keeping people safe. The county manager and the home manager told us that they had received nothing but positive comments from staff around the new training regime. Stating that staff had found it much easier to retain their learning and understanding of what safeguarding was by learning in a group, face to face.

The county manager informed us that all staff within the council had received a copy of the updated whistleblowing policy, along with several worksheets in relation to whistleblowing, dignity at work, PIDA and the grievance process.

Quality assurance systems had been set up to monitor that staff had received appropriate mandatory training and had read and understood their responsibilities and 'duty of care' to people who used their service. Wiltshire county council had introduced an 'employee's annual check sheet' for the safeguarding of vulnerable adults and whistleblowing. Employees confirmed their understanding and responsibility as an alerter for safeguarding and whistleblowing by signing the form.

Statements on the form asked employees if they understood statements such as, 'I have seen and I understand how to complete and submit a form 75' and 'I feel confident, to be able to identify the signs of abuse'. A copy of this form was kept in the employee's training file. The employee was then given a Certificate of Competency which they had to supply to any new services they worked in, in particular for agency and relief agency staff.

The council had introduced a new system to ensure that all relief agency workers supplied by the council and external agency workers were competent in their knowledge of safeguarding. The council agency workers completed a form which confirmed they had completed the mandatory training in the safeguarding of vulnerable adults and deprivation of liberty safeguards (DoLS) and the date of completion. A list of the policies they had been given, the date of issue of their Disclosure and Barring service check (DBS).

For the external agency workers which the council sub-contracted, a similar declaration was signed by the worker which gave details of their training, and competence in safeguarding, and which would be reviewed on an annual basis. The county manager told us that they had reviewed their service level agreement with the external support worker agency, so that regular quarterly audits were submitted to the council concerning the agency staff competence and skills.

As a way of highlighting the importance and legal responsibilities of the individual employee's role in safeguarding people, the council had given presentations around 'safeguarding and the deprivation of liberty' to the contracts and commissioning teams within the council. The county manager explained that they hoped to continue this with other departments within the council.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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