

## St Anne's Community Services

# St Anne's Community - Astbury

### Inspection report

9-9a Astbury  
Marton  
Middlesbrough  
TS8 9XT  
Tel: 01642 318084  
Website: [www.st-annes.org.uk](http://www.st-annes.org.uk)

Date of inspection visit: 23 July 2014 and 29 July 2014  
Date of publication: 21/01/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



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

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We last inspected St Anne's Community – Astbury on 11 February 2014 and found the service was not in breach of any regulations at that time.

The service provides accommodation for up to eight people with a learning disability who require personal care. Care is provided in single occupancy rooms in two adjoining bungalows. There were spacious communal

# Summary of findings

areas as well as a well-appointed garden. The service is close to a local shopping centre, which had a number of facilities. It also provides their own transport for people who used the service.

There was a manager in post at the time of the inspection; however they are not registered with the Care Quality Commission. It is a condition of the provider's registration to have a registered manager and this is a breach of that condition. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The manager had the appropriate knowledge to know when an application should be made and how to submit one. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were encouraged to live fulfilling lives and it was clear from our observations that staff had developed good relationships with people. We saw kind and caring interactions and people were offered choices, encouraged to make decisions and had their dignity and privacy respected.

Good arrangements were in place to ensure people's nutritional needs were met. Where risks had been identified there was input from the relevant healthcare professionals. People told us they were satisfied with the meal choices and quality.

People had their needs assessed before moving into the service. Whilst people had their care needs assessed not all records were up to date. Support plans were not always fully reviewed and updated and information was not always cross-referenced.

People had opportunities to be involved in a range of activities, which were influenced by their hobbies, interests and lifestyle preferences.

People were provided with information about concerns and complaints. There was an open and inclusive culture and people had their views listened to.

We saw that some of the management systems were not effective, as action had not been taken to review and update plans, this included the staff development plan. This plan had last been completed in March 2013. We did see that some of the other systems to monitor and review the quality of service being delivered were in place and being routinely used to check that the service was performing in line with the provider's expectations. We saw that a range of health and safety audits had been completed and action had been taken when needed.

Both the manager and deputy manager discussed their plans for on-going development of the service, which was also detailed within the PIR. These plans included a review of the staff training and development and the workforce development plans.

We found that the provider was in breach of Regulation 10 (1)(b) (assessing and monitoring the service) and regulation 20 (1) (maintaining accurate records) 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 the report.

# 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?

The service was safe. People were safe living at the service. Staff were clear about the action to take should they suspected abuse. Individual risks had been assessed and identified as part of the support and care planning process, which enabled staff to keep people safe from risks.

The manager and staff had a good understanding of the Mental Capacity Act and Deprivations of Liberties (DoLS) and they understood their responsibilities.

There were enough skilled and experienced staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured that only staff who were suitable to work in the service were employed.

Good



### Is the service effective?

The service was effective. Staff received training appropriate to their job role, which was regularly updated.

People's nutritional needs were assessed and met. People were involved in menu planning and were provided with meals of the choice.

People received support to maintain their health. People had regular access to a range of healthcare professionals as need dictated, such as GP's, district nurses and dieticians. People were also supported to attend hospital appointments.

Good



### Is the service caring?

The service was caring. Staff were kind and friendly and had developed good relationships with people.

People's independence was promoted and their privacy and dignity respected. People's likes and dislikes were recorded in their care records and we saw that staff followed people's choices.

Good



### Is the service responsive?

The service was not always responsive to people's needs. Whilst people had their needs assessed, some care records did not always provide staff with all of the information they needed and were not always up to date.

There were systems to assess what people's needs were and how the service could meet these. This included seeking the views of people who used the service and staff; ensuring staff had the appropriate skills to meet individual needs; and that any changes were identified and accommodated.

Information on how to make complaints was available for people with guidance about the steps involved and what to do if they were dissatisfied with the outcome.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was not well-led

Although the service had a manager in post they were not registered with CQC.

Accidents and incidents were monitored by the manager and the organisation, which ensured that Individual risks were identified. However systems in place to monitor the service were not always effective.

**Requires Improvement**



# St Anne's Community – Astbury

## Detailed findings

### Background to this inspection

The inspection visit took place over two days, with the first day being unannounced. The first inspection visit took place on the 24 July 2014 and the second inspection visit took place on 29 July 2014 and the inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. We spoke with one of the commissioning team about the service. We also spoke with Healthwatch, which is an organisation that seeks people who use services views. The provider completed a provider information return (PIR) and this was returned before the inspection. 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.

During this inspection we were unable to fully engage individuals in verbal discussion about life within the service

because people had difficulty communicating. We did however carry out some observations while people were in the service. We also spent time looking around areas of the home including people's bedrooms (with their permission) and communal areas.

At the time of the visit, there were eight people living at the service. During the visit, we engaged with three people who lived at the service, as others were either at day services or out of the service involved in activities. We also spoke with two relatives of people who used the service. We spoke with the manager, deputy manager and three support staff.

We looked at a range of records, which included the care support plans of three people who lived at the service, all of who had different needs. We also looked at staff records and records relating to the management of the service.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People who lived at the service had complex needs and were unable to fully verbally communicate their views and experiences to us. During this inspection we spent time in communal areas so that we could observe the interaction between staff and people who used the service. We saw that staff were available to provide support and care to people, which kept them safe. One person we spoke with told us they were happy living at the service and they felt safe. They said, “The staff are nice and no one is ever horrible.”

Staff who we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. We looked at training information which showed that staff had completed training in regards to these topics. Training records showed they had received safeguarding training and updates. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe. We saw that safeguarding information was available within the service, displayed on the notice board.

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests and the least restrictive option is taken. The manager and staff we spoke with were aware of the process to follow should they need to and the principles of the MCA. At the time of the inspection no one living at the service was being deprived of their liberties.

We looked at the support plans for three people who lived at the home. We saw a range of risk assessments had been completed. These included risks associated with mobility, nutrition and skin integrity, as well as risk associated with behaviour that challenges, such as verbal aggression. We saw that this information had been used to develop plans to reduce or minimise the risks.

We spoke with staff about the recruitment procedures that had been carried out and looked at recruitment records. This was to check that the recruitment procedures were effective and safe. Staff we spoke with told us there were

good recruitment systems in place within the service. This was confirmed from the recruitment records of three members of staff we looked at. We looked at a selection of records, including one person had recently appointed, one who had worked at the service for two years and another for someone who was a longstanding member of staff. The procedure involved completed application forms, formal interviews and Disclosure and Barring Scheme (DBS) checks before starting work. This practice ensured staff were fit to work at the home. The original recruitment records were held at the organisations head office. There were however copied records retained within the service. We saw there was a process of a probationary period to check that the individual staff members had the necessary values and skills for continued employment within the service. This showed that effective and safe recruitment and human resource processes had been completed, meaning only people who were suitable were employed to work and support people who used the service.

We saw there had been some staff sickness within the service. However, shifts had been covered by existing staff or by agency staff. The manager told us they only used one agency and that they requested the same staff so that they had knowledge of people’s needs. They also said they obtained information from the agency about the individual staff they used and had agency staff confirmation forms. These forms detailed the person’s identification, eligibility to work, their training and when this was last updated and details of DBS checks. The manager said they were in the process of recruiting for some more casual staff, to increase the flexibility within the staff team. They also described how pre-interview visits were arranged, which provided an introduction to the service and people living there. This allowed for observations to take place in terms of how potential staff interacted with people.

Throughout the inspection we observed the interactions between staff and people who lived at the home. We saw a high visibility of staff and observed staff being available to support people living at the service. The deputy manager told us there were five support workers on a morning and four support workers on an afternoon. They also said there was a shift-leader. We saw this staff cover during our inspection visits and the duty rota also detailed this cover. The relatives we spoke with told us that this level of staffing was usual and they thought there were sufficient staff to meet people’s needs.

## Is the service safe?

Staff told us there were sufficient staff to support people and to meet their individual needs. One member of staff said, “Definitely enough staff and there is flexibility for individual residents.” Another said, “We are a very

experienced team, who are supportive.” They also confirmed that within the staff team there was also a good male and female gender mix. This meant that people were able to receive support from their preferred gender of staff.

# Is the service effective?

## Our findings

People had their needs assessed before they moved into the service. A relative we spoke with said, “The staff are marvellous, I am quite happy with the care he receives.” Another said, “I have confidence in how he is being cared for and would not want him to be anywhere else.”

All staff had an initial induction when they commenced employment with the service and they also completed mandatory training. The provider had developed a list of training that they felt was essential for staff to complete it included topics such as, moving and handling, safeguarding of vulnerable adults, emergency aid and food hygiene. The staff we spoke with told us that as a staff team there was a good range of knowledge, skill and experience to effectively meet people’s needs. The training information we looked at also showed staff had completed other training which enabled them to work in safe ways such as caring for people with epilepsy. They told us about the training they had completed, which was regularly reviewed and updated. This meant that people’s needs were met by staff who had the appropriate training and knowledge.

We spoke with staff about the three people whose support plans we looked at. Staff had a very good understanding of these people and were able to describe the care and support they provided to people. We saw that people who lived in the service had behaviours that could challenge. Staff clearly outlined the strategies they had in place and how they worked with people to reduce their anxiety and to keep people safe. They also talked about positive behaviour support (PBS) training that they had completed, which was being updated again shortly. PBS is an approach used when dealing with behaviours that challenge in the least restrictive way.

Staff we spoke with told us they had received appraisal and supervision. The staff records we looked at showed evidence of staff supervision, although not all at the same frequency as there had been some gaps of several months. The three staff records we looked at did show evidence of staff having at least three supervisions since January 2014. The manager provided us with information to show the frequency of supervision was being addressed. We saw that a schedule had been developed for both appraisal and supervision with the completion date to bring all up to date by the end of September 2014.

Staff had opportunities to attend meetings and they told us they could express their views and were listened to. The manager and staff told us that they worked with people to ensure as far as possible they were involved in their care planning and review process. One member of staff we spoke with told us the importance of the ‘keyworker’ meetings. A keyworker is a person who takes a lead role with the person to work with them to ensure they receive individualised care. They said this was an opportunity to spend time with people who lived at the service on an individual basis to check that they were happy with the care and support provided and to make changes to people’s support plans if needed. We looked at the notes of the ‘keyworkers’ meetings and saw people had been consulted about whether they happy living at the service. Also whether they were receiving the right level of support, what activities they wanted to be involved in and where they wanted to go on holiday. A relative we spoke with confirmed they were aware of their relative’s keyworker and that they had been involved in discussion about their life and needs.

We spoke with staff about the menu. They told us there is a weekly menu, which was discussed at the ‘resident’ meeting, where everyone was consulted about preferences and choice. They said people were able to choose what they wanted for breakfast, a small meal at lunch-time with the main meal being served in the evening. Staff we spoke with discussed how they monitored people’s nutrition and how they identified if people were nutritionally at risk. They told us about two people who had involvement from the dietician and speech and language therapist. They also said where necessary, people would have food charts in place as part on ongoing monitoring of their dietary intake. We evidenced these charts during the inspection. We also saw that people had individual place mats, which were pictorial, and detailed people’s likes, dislikes and preferences.

We saw that one person was offered a choice for their breakfast and they chose toasted crumpets, which they were provided with. Staff cut these up for them so they were able to manage to eat this more easily and retain their independence. The person indicated that they had enjoyed the crumpets through their non-verbal communication. Another person we spoke with told us, “The meals are nice” and they indicated that they always had enough to eat.



## Is the service effective?

Another member of staff we spoke with discussed the use of fortified supplements that had been prescribed. Nutritional assessments were completed and we saw people had their weight monitored and saw that these were regularly reviewed and up to date. We saw that where risks had been identified the service had consulted with the person's GP and there was the involvement of the relevant healthcare professionals, such as speech and language therapists.

Staff we spoke with told us that people who lived at the service had annual health checks and accessed all of the health care provision they needed. This was confirmed through the three care records we looked at, where their health action plans clearly detailed the involvement of other health professionals. These included, district nurses, chiropodist, dentists and optician involvement. We also saw that people were offered vaccinations, such as flu

vaccination and also had annual medicines reviews. We also saw that multi-disciplinary meetings had taken place which included the involvement of people's psychiatrist and other relevant professionals. We saw that people also had 'hospital passports' in place. A hospital passport is a document to support the care of adults with learning disabilities when going to hospital. This information helps agencies to work in partnership with people when using hospital services, which meant staff are able to meet people's needs more effectively.

A relative we spoke with said, "They keep me informed of any changes and also anything to do with his medical needs." Another said, "They keep up well informed of any changes to treatment or if he is unwell." Relatives welcomed this information as it kept them involved and informed of people's changing needs.

# Is the service caring?

## Our findings

From our observations we saw that staff treated people with dignity and respect. We saw people being treated kindly, with explanations given when aspects of care was being delivered. We saw that staff were visible and engaged with people in a positive way. A relative we spoke with said, "The staff are marvellous, I am quite happy with the care he receives." Another said, "They ensure he has a good quality of life." They also told us they were free to visit at any time.

We saw people lived a flexible life depending on their daily activities. The service aimed to promote choice for people who used it. People were given options about things they wanted to do. We saw that staff asked people where they wanted to go and what they wanted to do after breakfast. People were asked if they wanted to go out or stay at home. One person wanted to go to the lounge to listen to music and read their magazines. We saw that staff supported the person to do this, all of the time chatting to them, supporting them to transfer to their chair, while giving encouragement and explanation about safely transferring. Other people wanted to go out and were supported to do this by staff. We saw that other people living at the service had a more structured routine to their lives, which was an important aspect of their care and this included going to day services. Staff told us that having a structured routine reduced people's anxieties.

We saw that staff communicated well with people and explained things in a way that could

easily be understood. They described the care they provided to people, which was reflected in the people's care records we reviewed. However, we did note that the care records had not always been evaluated and updated. Staff clearly knew the people who lived at the service very well and had the information and skill to anticipate and

meet their needs. Staff we spoke with talked of the importance of knowing people, their life histories and the involvement of family members. They described how they used life history information to inform them on aspects of people's needs. They told us that when people could not verbally communicate, they would interpret their non-verbal cues, gestures and body language. We saw staff supporting one person and communicating with them through the use of hand gestures.

Staff we spoke with also said, "It is a really nice place, it is about the individuals, their choices and there is a flexible approach to life for people."

The provider information return (PIR) detailed that the principles of respect, dignity and choice and core principles were to, "Ensure our clients are centre of everything we do." The PIR detailed that a member of staff within the service had the dignity champion role and that respect and dignity were a core principle within the service. Staff who we spoke with spoke of these values. One member of staff said, "Dignity and respect are key here at Astbury, but it is also about people having the right to refuse."

We saw that people had their own rooms. They were extremely personalised and showed their personal interests. One person was in the process of having their room redecorated and was choosing new wall paper. One person we spoke with took a great deal of pride in showing us their bedroom. We saw staff knocked on people's bedrooms doors and waiting for a response before going in. This protected privacy and respected the people who used the service.

The PIR detailed that in the event that people who lived at the service needed support in terms of rights and decision making that there would be discussion through multi-agency working and involve advocates.

# Is the service responsive?

## Our findings

We looked at the support plans for three people who used the service. People's support plans were personalised and contained a very good level of information about each individual.

Whilst people had person-centred support plans in place and staff could discuss in detail people's needs we did note that aspects of the support plans had not been updated for some time and it was unclear if they were fully reflective of people's current needs. Although individual risks had been assessed and it was not always clear how this had been used as part of the support and care planning process. We also found that information from other healthcare professionals was not always cross-referenced to the relevant support plan. For example following a medication review one person's pain relief had changed but this had not been recorded in their care plan.

People's support plans we looked at were person-centred (aimed to see people as an individual with unique qualities, abilities, interests, preferences and needs). They clearly detailed people's lifestyle preferences, likes and dislikes. People had their care and support needs fully assessed. Where needs had been identified, specific support plans were in place. We noted within the support plans we looked at that monthly support plan reviews for activities of daily living had been completed. However, these tended to be a date and signature and whether any amendments were needed. They did not detail the actual changes made, which staff could then refer to easily.

In one person's records we saw there was a protocol and guidance for the use of therapeutic touch, such as hand massage. This had not been updated since 2011. A further protocol for the use of 'as and when' required medication was dated March 2009 and was due to be reviewed by August 2009. There was no evidence to show this had been reviewed. We also found some inconsistency in the use of records used to record incidents of behaviour that challenges the service. Two different records were used and there was no real clarity around the use of them. It was also unclear how this information was used in terms of analysis and lessons learnt. The manager and deputy manager had recognised this and were in the process of

arranging for people's support plans and corresponding records to be fully reviewed and updated. This was a breach of Regulation 20 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Inaccurate or out of date records could lead to people receiving inconsistent or inappropriate care.

We did however see daily records about the care provided to people. These had been completed three times per day and contained a good level of information about how people had been, how they had spent their day and how they had been supported.

In the support plan of one person we looked at, we saw there had been some changes to their routine which had an impact on their behaviour. We saw that the staff had taken steps to try to minimise any further anxiety and had involved professionals within a multi-disciplinary team and also the involvement of the positive behaviour support group for further support and strategies.

We saw that people had opportunities to be involved in a range of activities both within the service and also in the community. Some people also attended day services and we saw them being supported to attend. People were supported to go on holidays. One person who lived at the service told us, "I am going to Blackpool; I like to go up Blackpool tower." The service has its own transport. This gave lots of flexibility for people who wanted to go to different places at different times. A relative said, "They take them out a lot and they go on holiday twice a year."

During the inspection visit, we saw that one person was supported to go shopping, where they were choosing wallpaper for their bedroom. Two other people went out with staff for a drive in the country.

We spoke with staff about complaints. They were fully aware of the complaints procedure and said there was also an easy read version in people's care plans. We looked at the register of complaints and saw there had been no complaints recorded since the last inspection. We were told by the manager that a recent complaint had been received but this had gone directly to head office and was in the process of being responded to. Records of compliments were also kept and we saw a number of compliment letters and cards.

We saw that people were provided with easy read/ pictorial compliments and complaints leaflet. This set out

## Is the service responsive?

information in an easy read format for people should they want to raise concerns. We saw in a copy of a 'residents' house meeting minutes that the complaints procedure was discussed and leaflets were shown to people. This meant that staff ensured people had the information should they

need it. A relative we spoke with said, "I have no reason to complain, I know I would be listened to and feel well able to give my point of view." Another said, "We have no complaints and would be happy to raise any issues if we needed to."

# Is the service well-led?

## Our findings

A registered manager had not been in post since 2011, although managers had been appointed. The current manager had not yet registered with CQC. It is a condition of the provider's registration to have a registered manager. The provider's failure to ensure the managers they appoint are registered is a breach of that condition. A regional operations manager was also in post and they provided on-going management support to the service.

A relative we spoke with told us they thought the service was well organised and provided people with the care and support they needed. They said, "It is a marvellous place, where he receives individual attention," and "The carers are more like his family."

Staff we spoke with told us they thought the service was well-led, that the management team was approachable and that they could express their views. One member of staff said, "I feel listened to, I have a good relationship with management." The staff said they were well supported and that management was always available or contactable. They said they were supported in their roles both informally and on a more formal basis through staff meetings and supervision. One member of staff gave an example where they raised concern about the sufficiency of the shopping budget. They said they had been listened to and responded to this by increasing the budget.

Staff had received whistleblowing training and had a good understanding of the procedure to follow should they have any concerns about the provider, service or other staff.

We saw that some of the management systems were not effective and action had not been taken to review and update plans, this included the staff development plan. This plan had last been completed in March 2013. This was a breach of Regulation 10 (1) (b) (Assessing and monitoring

the quality of service provision); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Both the manager and deputy manager discussed their plans for on-going development of the service, which was also detailed within the PIR. These plans included a review of the staff training and development and the workforce development plans.

We saw that some systems were in place to monitor and review the quality of service being delivered. We saw that audits had been completed. These included regular health and safety audits and also a monthly regional operations manager's audit. These audits included engaging with people who lived at the service to seek their views, reviewing support plans and any staffing issues. We saw that in one of the audits it had been identified that there was some issues with the support plan and action was needed to address them. The manager and deputy manager were in the process of developing an action plan for staff to follow so they could improve the care records.

There were systems in place to monitor accidents and incidents within the service. This involved analysis of incidents and the identification of trends. We saw where individual risks had been identified the manager had liaised with other professionals, such as occupational therapists, physiotherapists or the behaviour team.

We saw there were a number of meetings that took place at regular intervals. These included first line manager meetings, 'resident'/carers meetings, 'residents' house meetings and staff meetings. We looked at a sample of the minutes of the meetings. Within a 'residents' house meeting there was discussion about how to spend money that had been donated. People agreed that it should be used to purchase further items for the garden, which we saw during the inspection visit. This showed that people's views and suggestions were sought and acted upon.

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	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The provider had not ensured that accurate records were maintained in respect of each person using the service and the management of the home.</p>