

## St Anne's Community Services

# St Anne's Community Services - Heatherstones

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

Heatherstones is a 'care home'. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Heatherstones is registered to provide a service to eight adults with learning disabilities. The service is a purpose built home consisting of two interconnected bungalows. Each one had four bedrooms, a kitchen, lounge and communal bathroom. There is a conservatory which serves as the manager's office and there is an enclosed garden which is accessible to people living in the home.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 26 June 2018 and was unannounced which meant the provider did not know we would be visiting.

A registered manager was in post. 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.

Staff told us they were confident people were safe. They understood safeguarding and whistle blowing procedures. The provider had effective arrangements in place to manage risk. People lived in a clean environment which was well maintained. Staffing arrangements ensured people received safe care from a consistent workforce. The provider reported issues and concerns to relevant agencies, although they had failed to notify us when Deprivation of Liberty Safeguards were authorised in 2017/18. The registered manager rectified this as soon as it was brought to their attention. Medicines were usually well managed although some issues were noted with topical creams and lotions. The registered manager shared a new more robust medicine audit which would pick up the issues we identified.

Through effective training and supervision staff were equipped with the skills to do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received a balanced and varied diet, and accessed services which ensured

their health needs were met.

People were treated with kindness and respect. Staff knew people well and understood their preferences and what was important to them. The provider promoted people's rights and had systems in place to ensure people were not discriminated against.

People received care that was person centred. Support plans were comprehensive and reviewed regularly. People had opportunity to engage in varied in house and community activities. They were supported to maintain relationships.

The service was well-led. The registered manager worked closely with people who used the service and staff, and promoted a person centred approach. The provider had systems and processes in place to make sure safe quality care was being provided. People were encouraged to share their views and help drive improvement.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service has deteriorated to requires improvement.	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service is caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service has improved to Good.	<b>Good</b> ●

# St Anne's Community Services - Heatherstones

## **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.

Before the inspection we reviewed all the information we held about the service including statutory notifications and contacted relevant agencies. The provider was last asked to complete a Provider Information Return (PIR) in December 2016. 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. At the inspection we asked the provider for information which was more up to date where relevant.

This comprehensive inspection took place on 26 June 2018 and was unannounced. An adult social care inspector carried out the inspection.

During the visit we spoke with two people who used the service, three members of staff, the registered manager and a senior manager. We gained limited information from some people who used the service about their experience of living at Heatherstones because of the different ways they communicated. We looked around the service, observed how people were being cared for, and reviewed documents and records that related to people's care and the management of the home. We reviewed two people's care plans and three people's medication records. The day after the site visit we spoke with, on the telephone, one person's relative and one person's friend. We did not use the formal observation method used during inspections (Short Observational Framework for Inspection- SOFI) because people often sat individually in small areas so this could have infringed on their personal space.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe. At this inspection we found the service was not always safe. The provider had not breached regulation but improvements were required.

People were safeguarded from abuse. People we spoke with told us they felt safe living at Heatherstones. Staff also told us systems were in place to keep people safe. We saw staff regularly discussed safeguarding at team meetings and received training which ensured they understood safeguarding and whistle blowing procedures. Staff told us they would report any concerns and were confident the management team would respond appropriately. The registered manager told us there were no open safeguarding cases.

We saw the provider had reported issues and concerns to relevant agencies, for example they had informed the local safeguarding team when a medication error was made. They contacted the GP for advice and notified CQC. The provider had also notified CQC about other significant events such as a serious injury. Providers have a responsibility to submit notifications when Deprivation of Liberty Safeguards (DoLS) are authorised and they had done this up to June 2016, however we found they had not notified us when DoLS were authorised in 2017/18. The registered manager acknowledged this was an oversight and sent the relevant notifications once this was brought to their attention.

The provider had effective arrangements in place to manage risk. We saw people lived in a clean environment which was well maintained. Certificates and service records such as gas installation, electrical wiring and fire safety equipment showed checks had been carried out to make sure equipment and the premises were safe. Information was displayed in the service about keeping people safe. This included topics such as safe use of bedrails and fire procedures. Equipment for preventing the spread of infection, such as disposable gloves and appropriate handwashing facilities were readily available.

People had assessments which identified the level of risk and measures in place to minimise the risk of harm. Assessments and support plans covered areas such as skin care, mobility and failure to take medication. Although risk was usually well managed we saw during a recent team meeting a discussion was held around keeping cleaning products locked away because this could pose a risk to one person. During the inspection we saw most items were locked away, however, we saw an aerosol air freshener in the toilet and a fluid thickening powder were left out which if ingested could cause harm. The registered manager told us they were in the process of completing a formal risk assessment which would include a management plan. They said they would closely monitor the environment and remind staff that all harmful products must be locked away at all times.

During the inspection we observed there were enough staff to meet people's needs. One person told us there were enough staff to support them when they asked for assistance; they said staff never rushed them. Staff told us they did not have any concerns about the staffing arrangements. The registered manager told us they had a low turnover of staff and the last member of staff to start working at Heatherstones had commenced in October 2016; we reviewed one member of staff's recruitment records who was recruited in the last two years and saw appropriate checks had been carried out before employment commenced.

We checked the systems in place for managing medicines and found these were usually well managed, however, we found examples where the provider had not followed safe medicine practice in relation to topical creams and lotions. Medication administration records (MARs) were completed correctly. Daily checks were carried out to make sure the stock of medicines was correct. We checked the stock levels of medicines for three people and found these were correct.

Nurses were responsible for administering medicines; they had completed competency assessments and received medicines training. We observed the nurse followed safe administration practice and made sure people received their medicines correctly. The MAR was signed after medicines were given, which ensured this was not signed in error.

We saw staff used a topical medication administration records (TMAR) when applications were applied. However, we saw they did not always record the date when the creams were opened, which could result in these being used after the recommended timescale for disposal. We also saw one person had a barrier cream but this was not included on the MAR or TMAR. The nurse agreed to follow up the issues with topical creams highlighted at the inspection.

We saw monthly medication audits had been completed by the management team, however, the issues with the topical creams and lotions had not been picked up. The registered manager told us the provider was introducing a more robust medicine audit and said they were confident this would pick up the issues we identified. They sent us a copy of the audit after the inspection.

We found medicines were stored appropriately and daily checks were carried out to make sure storage met the recommended temperatures. On the day of the inspection the weather was very warm. The nurse on duty noted that the temperature of the medicines' cabinet slightly exceeded the recommended temperature, which we saw, from the records, was unusual. They managed the situation effectively because they checked the temperature again after a short while, and when this still slightly exceeded the recommended temperature they contacted the pharmacist for advice.

# Is the service effective?

## Our findings

At the last inspection we found the service was effective. At this inspection we found the service remained effective.

Staff had the skills and knowledge to deliver care effectively. We looked at the home's training matrix and saw staff had received training that was relevant to their role and responsibilities and included areas such as moving and handling, fire, infection control, autism, food hygiene, equality and diversity, information governance and safeguarding. Staff also received regular supervision and an annual appraisal. Staff we spoke with said they received very good support from the team and the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We found Heatherstones was working within the principles of the MCA. People told us choice was promoted. One person told us they were encouraged to make decisions such as deciding how to spend their day. They said they were consulted about their care and also about the running of the home, and received advice and guidance when they requested it. People's care records evidenced that, where appropriate, people's capacity was assessed and best interest decisions involved relevant others. Staff and the registered manager had a clear understanding of their responsibilities in relation to MCA.

People were supported to have sufficient food and drink. A food record was maintained which showed what each person had eaten at breakfast, midday, evening and supper. We reviewed three weeks' records and saw people received a varied and balanced diet. For example, meals over the period of a week included sausage casserole, chicken stew, pork and mash, lasagne, honey and mustard chicken, beef stew and roast chicken. Vegetables were served daily. Staff we spoke with had a good understanding of people's preferences and special dietary requirements.

People's health needs were met. Health diaries showed other professionals were involved in people's care when appropriate. We saw one person had recent dental, optician and GP appointments. Another person had recently seen a health professional who made recommendations; we saw these were implemented. People had a VIP hospital passport which gave hospital staff important information about the person. Staff we spoke with told us good systems were in place to monitor people's health needs.

People lived in a suitable and pleasant environment. The service was adapted to ensure accessibility and people's independence was promoted. Ceiling tracking was installed which ensured people could transfer to different areas. We saw one person who used an electric wheelchair accessed all areas. People's rooms



were personalised. One person told us the home did not get too hot or too cold.

# Is the service caring?

## Our findings

At the last inspection we found the service was very caring and rated this key question as outstanding. At this inspection we found the service was caring.

One person told us they were happy living at Heatherstones and staff were nice. They said staff understood how to look after them. They used hoisting equipment to transfer and said staff were careful when they assisted. Another person told us they liked living at Heatherstones and did not want to leave.

Throughout the inspection we observed staff were caring and knew people well. Staff supported people in a person centred way such as talking to people about their personal preferences. One member of staff chatted to one person about football and they spoke to another person about drawing and painting. We observed a member of staff administering medicines. They used different approaches to meet people's needs. For example, with one person they put a tablet onto a spoon, and explained to the person they were giving them their medicine. In between each tablet they gave the person a drink and plenty of time. They chatted about lots of different things that were of interest to the person which ensured they were relaxed.

Staff told us they were very proud to work at Heatherstones and were confident people received high quality care. One member of staff said, "We focus on getting to know people. We talk about everything as a team so everyone knows what they are doing." The registered manager said, "I'm very proud of the care we provide. We have exceeded expectations and see positive outcomes for people."

A relative told us, "Staff are very nice. They make us feel welcome and will ring and tell us how things are. [Name of person] is very content." One person's friend told us staff supported the person to meet them in the community. They said, "[Name of person] looks so happy, has big smiles and seems settled. They always look smart."

People had care records which detailed their communication needs, and what was important to them and included 'what a good day' and 'what a bad day looks like'. Staff said they referred to the care records to help make sure they were familiar with how to provide appropriate care. One person had recently moved into the service and important information was being gathered to ensure staff understood how the person should be involved in their care. We saw some of the care records for this person were not kept in their file; they were on a 'clip board' and kept on the kitchen unit. This meant keeping information in different places could be confusing for staff and personal information was not stored confidentially.

Staff had a good understanding of how to promote people's privacy, dignity and independence. They gave examples of how they did this on a day to day basis, for example, respecting people's personal space and preparing in advance when assisting people with intimate personal care. The provider had systems in place to ensure people were not discriminated against. All staff received training around equality and diversity, and information governance. Relatives and staff we spoke with told us people were treated fairly and with respect.

## Is the service responsive?

### Our findings

At the last inspection we found the service was responsive. At this inspection we found the service remained responsive.

People received person centred care. Support planning was focused on the individual, and ensured they had control where appropriate and the right level of support. Support plans covered key areas such as postural management, nutrition, personal care and maintaining independence, and there was clear guidance which ensured staff knew how to deliver appropriate care. One person had a support plan which clearly identified how they their medicines should be administered; the care delivered reflected the support plan guidance. We saw support plans were regularly reviewed.

People had support plans which identified how information should be presented to help ensure it was accessible. One person's accessible information support plan stated it was important that things were explained to them, and they could respond yes or no to closed questions. During the inspection we saw staff followed the support plan guidance. The person told us they had an electronic communication aid which they used when they attended community activities but chose not to use this at home. Staff told us this was effective because they knew the person very well; we saw during the inspection the person could communicate their needs and wishes, and staff clearly understood what the person was communicating.

People had opportunity to engage in varied in house and community activities. A 'leisure rota' showed the various activities that were provided. We reviewed the last three weeks and saw activities included church coffee morning, visits from relatives, local walks, trips to town, cinema, reflexology, beautician, ice cream at the park and visits to cafes. Each person maintained a diary which captured the activities they were offered. One person showed us their diary which had daily activities. The person said they would like to go out more but also accepted they did do lots of different things when they were at home and in the community. Another person had a list of leisure opportunities they enjoyed. We saw from their records they had regularly engaged in these. On the day of the inspection they were colouring and writing which was included on their list. They told us they liked doing both. At the time of the inspection one person was on holiday with staff support.

One person who used the service told us they spoke to the registered manager if they had anything they wanted to discuss or raise as a concern. They also told us the registered manager always listened. The provider had a formal procedure for dealing with complaints. The registered manager told us the service had not received any complaints since the last inspection.

We saw some people had complimented the service, and the support they provided to people who use the service and others. For example, a student nurse had praised the staff and management for the support they provided during their placement.

## Is the service well-led?

### Our findings

At the last inspection we found the service was not always well led because accurate and complete records were not always maintained in respect of each person who used the service. At this inspection we found improvements had been made and the service was well led.

We reviewed people's daily records, health and leisure diaries, and medication administration and food records. These provided a clear overview of people's care and enabled monitoring of their health and wellbeing. Records evidenced any concerns about a person were identified and followed up. Fluid charts were completed daily. We found there were occasions when these had not been totalled or fully completed so it was not always possible to get a true reflection of the level of fluid a person had. The registered manager said they would monitor this much more clearly and stress to staff the importance of having consistent fluid charts.

The service had a 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. The registered manager worked alongside people who used the service and staff so knew everyone well. They demonstrated their person centred approach throughout the inspection as well as a good understanding of the day to day running of the service and their overall responsibilities. They told us they were supported by a dedicated and competent team.

We received very positive feedback about the registered manager from everyone we spoke with. One person told us they liked the registered manager and said they were very supportive. A relative said, "We always have a good chat when we visit." A member of staff said, "He's very caring, he really cares. [Name of registered manager] is all for the people who live here." Staff told us they were comfortable talking to senior managers who regularly visited the service.

One agency told us they had, 'No concerns regarding this service; the manager is very cooperative, knowledgeable and organised. The service is transparent, and we have very few problems.'

The provider used different approaches and systems to encourage everyone to share their views and help drive improvement. People had individual reviews and best interest meetings which ensured people who used the service and their representatives had opportunity to discuss ideas. The register manager discussed various projects which covered best practice and included dignity, and equality and diversity. They discussed a project where events were organised so people from Calderdale could meet up; an event was being arranged for the beginning of July 2018.

Staff attended regular team meetings. They told us these were very productive because important information was shared and everyone put forward suggestions. We reviewed meeting minutes and saw topics included areas such as repairs, decoration, budget updates and sharing good practice. At a recent

meeting in June 2018 they discussed safeguarding and new data protection laws.

Systems were in place to make sure safe quality care was being provided. Staff and the management team completed a range of checks and audits to ensure things ran smoothly and safely, for example, fire tests and drills. Safeguarding, and accident and incidents were analysed by the registered manager and the data was sent to the provider for review. We saw where any trends were identified there was an explanation which confirmed these had been addressed.

Senior managers visited the service and ensured all relevant checks were being completed. We reviewed reports that had been completed by the area manager and the provider's quality and safety team. The area manager had written visit reports for March, May and June 2018. These covered the five key questions used during CQC inspections- safe, effective, caring, responsive and well-led. Although it was evident the provider was monitoring the service we saw that in March 2018 the area manager had recommended flooring in the toilet was replaced. The flooring had not been changed when we inspected Heatherstones and there was no reference to the flooring in May and June 2018 reports, which meant the recommendation could be lost. The registered manager assured us this was not the case and showed us confirmation the flooring had been ordered.

The provider had policies and procedures which ensured staff had clear guidance to follow. Staff told us these were regularly discussed at team meetings and during supervision. We saw records that confirmed this.