

Ann House 2013 Ltd

# Ann House

## Inspection report

Ann Street  
Kendal  
Cumbria  
LA9 6AA

Tel: 01539730551

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16 January 2018

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

We carried out this announced inspection on 12 and 16 January 2018. At our last inspection of the home in May 2015 the service was rated Good. At this inspection in January 2018 we found the service remained Good.

Ann House was purpose built to provide personal and nursing care for up to 16 adults who have a learning disability and/or mental health needs. The accommodation is arranged over two floors and there is a passenger lift to assist people to access the upper floor. There are communal facilities on the ground and first floors of the home which people who live there share.

The service does not provide permanent accommodation for people. People are provided with specialist care and treatment to support them to be able to move to a more independent living environment.

Ann House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

People were safe living in the home. Hazards to people's safety had been identified and managed. People were protected against harm and abuse.

There were enough staff, with the appropriate skills and knowledge, to support people. People were able to follow a range of activities they enjoyed because there were staff available to support them.

Safe systems were used when new staff were employed to check they were suitable to work in the home.

The focus of the service was on promoting people's independence and placing them at the centre of their care. The staff knew people well, gave them their time and treated people with respect. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff had received a range of training to ensure they had the skills and knowledge to provide a good quality of support.

People were provided with choices of meals, drinks and snacks that they enjoyed. People were also able to choose and make their own meals, with support from staff as they required.

Care was planned and delivered to meet people's needs. Appropriate specialist services had been included in assessing people's needs and planning their support.

The provider had a procedure for managing complaints about the service. Where complaints identified areas where the service could be further improved the registered manager and provider took action.

The registered manager was supported by a deputy manager and by the provider's director of operations. There were appropriate arrangements to ensure the effective management of the service. The staff in the home felt well supported by the senior management team.

The director of operations carried out regular visits to the home to support the registered manager and to oversee the quality of the service. The provider had good systems to monitor the quality and safety of the service.

The registered manager had links with health and social care services and worked with them to ensure people received prompt and appropriate support.

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.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Ann House

## 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.

We carried out this comprehensive inspection on 12 and 16 January 2018.

We called the service on the afternoon of 11 January 2018 to give notice of our visit on 12 January 2018 because the location was a care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector and a specialist advisor who had experience of supporting people who have a learning disability and complex needs.

There were 16 people living in the home when we carried out our inspection. We spoke with 8 people who lived in the home, three members of the nursing team, six support staff, two members of the ancillary staff team, the registered manager and with the provider's director of operations.

Our visit to the home on 12 January focused on speaking with people who lived there, observing how the staff supported people and examining care records. The inspector arranged to return to the home on 16 January 2018 to interview staff and to look at records related to the management of the service.

During our inspection we looked at care records for four people who lived in the home, records relating to staff recruitment and training, complaint records and records showing how the provider assessed the quality and safety of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted local authority commissioning and social work teams

and specialist services that supported people who lived in the home to obtain their views of the service.

# Is the service safe?

## Our findings

People who could speak with us said they felt safe living at Ann House. One person told us, "Yes, I feel safe." We saw that people who could not easily share their views were confident around the staff on duty.

All of the staff we spoke with told us they were confident people were safe living in the home. The staff showed they were committed to ensuring people were protected against the risk of abuse. One staff member told us, "I'm fully confident that people are safe, I wouldn't work here if I thought people weren't safe." Another staff member showed they knew how to identify and report abuse. They told us they were confident the staff team protected people from harm. They said, "I'm very happy people are safe" and told us, "Safety is paramount."

Hazards to people's safety had been identified and actions taken to reduce or manage any risks. Risk assessments were used in a positive way to support people to gain independence and to follow a range of activities safely. The staff we spoke with knew the actions to take to protect people from harm.

Some people who lived in the home experienced behaviour that could challenge the service. The staff had completed training in how to support people in a safe way if they experienced challenges in managing their behaviour. Throughout our inspection we saw that people who had complex needs were supported in a way that respected their rights and protected them against discrimination.

There were enough staff with the appropriate skills, knowledge and qualifications to meet people's needs. The home provided personal and nursing care. There were qualified nurses employed who had the skills and knowledge to support people who had complex needs. The provider also employed specialist staff including a psychologist and occupational therapist to provide specialist support to people. During our inspection we saw that people were able to follow a wide range of activities in the home and local community because there were sufficient staff to support them.

Safe systems were used when new staff were employed to ensure they were suitable to work in the home. All new staff completed thorough induction training and worked with an experienced staff member before working as an active member of the team. All of the staff we spoke with said they had completed a range of training in how to support people safely.

Medicines were handled safely and people received their medication as their doctors had prescribed. The service worked with people to support them to be able to take their own medicines in a safe way. Medicines were stored securely to prevent their misuse and staff who handled medicines had been trained. Medicines prescribed to individuals were reviewed regularly by appropriate specialist services to ensure they were used appropriately and in line with best practice.

There was a range of information available for people about how to remain safe. The information was in formats suitable to meet the needs of people who lived in the home.

The registered provider had good systems in place to analyse incidents that occurred in the home. Incidents were explored thoroughly to identify any actions that could be taken to reduce the likelihood of recurrence.

The home was purpose built to accommodate people who had complex needs. There was appropriate equipment in place and the premises and equipment were checked regularly to ensure they remained safe for people to use.

Throughout our inspection we saw the home was clean and free from odour. All the staff employed in the home had completed training in how to protect people from the risk of infection.



# Is the service effective?

## Our findings

People who could speak with us told us Ann House was "a good place to live". They told us the staff knew them well and were skilled to provide their support.

Each person who lived in the home had a thorough assessment of their needs carried out before they were offered accommodation in the home. Due to the complex needs of individuals, a range of specialist services had been included in assessing their needs to ensure their care was appropriate and based on best practice.

All of the staff employed had received a range of training to ensure they knew how to support individuals. The staff told us the training provided was of a high standard. Some staff had been supported to complete specialist training to give them the skills to train and guide other staff in best practice in supporting people who had complex needs.

The staff told us they felt well supported by the management team in the home. They told us there were always senior staff available if they required any support or guidance.

People told us they enjoyed the meals provided in the home. We saw people were provided with a choice of meals and could enjoy drinks and snacks as they wished. People could also choose not to have a meal prepared by the catering team but to make their own. We saw this was very important to some people who enjoyed being able to plan and make their own meals.

The registered manager had developed links with local and specialist health care services to ensure people could access appropriate health care as they needed. The home liaised with other services to ensure people's needs were met. People who lived in the home told us about the services that supported them. They said the staff at Ann House supported them to attend appointments, as they needed, to maintain their health.

One person had required a specialist procedure to be carried out to ensure their health was maintained. Due to their needs this caused them increased anxiety making it difficult for the procedure to be completed. The staff in the home had been innovative in working with a local health care professional to reduce the person's anxiety so the procedure could be completed. This showed how the staff used their knowledge of individuals to provide effective support to maintain their health.

Ann House was purpose built as a specialist care home. The accommodation was suitable to meet people's needs and of a high standard. Technology was used to support people to remain safe while protecting their rights. Some people who lived in the home enjoyed engaging in online gaming. We saw there was guidance for staff on how to support people with using electronic games they enjoyed and in using the internet safely.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff in the home were knowledgeable about the MCA and DoLS. Where people needed restrictions on their liberty to ensure their safety the registered manager had applied to the local authority, as the appropriate supervisory body, for authorisation. The staff knew how to support individuals so they remained safe and their rights were respected. Any restrictions were kept to a minimum and only used to ensure people's safety.

Where people were not able to make important decisions about their care, people who knew them well had been included in making decisions in their best interests. The provider had supported one staff member to undertake training to become a Best Interest Assessor. This meant they were available in the home to provide guidance to other staff and to ensure decisions were made in a way that protected individuals' rights.

## Is the service caring?

### Our findings

People told us the staff in the home treated them in a kind and respectful way. Throughout our inspection we saw that people enjoyed laughing and chatting with the staff. The staff gave individuals their time and used their knowledge of people's interests to engage them in conversation about things that were important to them.

We saw that people knew the staff who were working in the home and approached them for support and reassurance when they were anxious. The staff responded promptly when people showed signs of anxiety and supported them to feel less anxious.

Some people received support from a team of specialist services. Regular meetings were held to agree how individuals would be supported. Staff in the home supported people to prepare for and attend the meetings so they could share their views. We also saw the staff asked people for their views about their support informally throughout the day.

Some people were not easily able to share their views. The registered manager had links with a range of local advocacy services that could support people to make important decisions or to express their wishes about their support. Records we looked at showed that, where people needed independent support to express their views, appropriate advocacy support had been arranged for them. This helped to ensure people were supported to share their views and wishes.

The focus of the service was on supporting people to gain greater independence and placing people at the centre of their care. The staff supported people to gain skills of daily living such as cooking, doing their own laundry and cleaning their own rooms. One person told us they did not particularly enjoy these tasks, but understood why the staff tried to encourage them to take part. Other people said they enjoyed gaining new skills and greater independence.

People were supported to gain paid and unpaid work to increase their skills and independence. The service was looking at additional ways people could be involved in paid employment.

People told us the staff respected their privacy. We saw the staff knew when individuals were using the communal toilets and acted promptly to guide other people away so they were not disturbed. We saw that the staff knocked on doors to private areas before entering.

Visitors were made welcome in the home and people were supported to see their friends and families as they wanted. Two people told us about visits they were planning in their local communities with their families. The home had a range of areas where people could spend time with their friends and families in private. People were supported to maintain relationships that were important to them.

## Is the service responsive?

### Our findings

People we spoke with told us the service was responsive to their needs and wishes. Throughout our inspection we saw that people were included in decisions about their lives and the choices they made were respected.

People told us they had their own possessions in their rooms and said they were able to arrange and furnish their rooms as they preferred. One person told us there had been one aspect about their room they had not liked. They said they had shared this with the staff in the home and changes had been made as they had asked.

The staff knew the activities people liked to follow and supported people to take part in a range of activities they enjoyed. People were supported to attend local colleges, engage in paid and unpaid employment and to take part in activities in the local community such as visiting local shops, the cinema and the leisure centre. We saw that the activities focused on individuals' interests and were centred on each person and the things they enjoyed engaging in.

Each person who lived in the home had a detailed care plan to guide staff on how to provide their support. People told us they had been included in developing their own care plans and in agreeing to the support provided.

We looked at care records for four people. We saw they gave information for staff about the support people required and the choices they had made about their lives. The staff we spoke with told us there were good systems in place to ensure they had up to date information about people's support. They told us that, as well as reading people's care records, they were given detailed verbal updates about any changes to the support a person required. This helped to make sure the staff had appropriate and up to date information about how to support individuals.

The registered provider had a procedure for receiving and responding to complaints about the service. We looked at the records of complaints that had been received. These showed issues raised with the provider were investigated thoroughly. Where complaints identified areas where the service could be further improved the registered manager and provider had taken appropriate action.

The staff knew how people communicated and the provider had developed a range of information in formats accessible to people who lived in the home. These included information about the service provided, making and sharing decisions and how to complain about the service.

Ann House was developed to provide care for people to increase their independence and support them to move to more independent living. It did not provide a "home for life" for people and this was clearly explained in the information for people who lived there. We discussed how the service would support people if they were reaching the end of their life. The registered manager and provider had good links with local services that could be contacted to assist in supporting people near the end of life. The provider's

director of operations told us, if an individual was identified as reaching the end of their life, they would aim for them to remain at Ann House as long the service was able to meet their needs.

## Is the service well-led?

### Our findings

People told us they liked living at Ann House and said it was a good service. There was a registered manager employed in the home. We saw that people knew the registered manager and were confident approaching him as they needed.

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 was supported by a deputy manager and by the provider's director of operations. The deputy manager and director of operations were available to provide guidance and support to the staff team if the registered manager was not available. There were appropriate arrangements to ensure the effective management of the service.

The director of operations had previously been the registered manager of the home and knew the service and the people who lived there well. She visited the home regularly to support the registered manager and to monitor the quality and safety of the service. This was confirmed by people we spoke with. One person told the director of operations, "You're here more than anywhere else."

We saw that people knew the director of operations from her visits to the home and from the time she had been registered manager. People told us they liked the registered manager, deputy manager, director of operations and the staff employed in the home. They told us the director of operations and registered manager were good at their jobs.

People told us they would speak to a member of the management team if they were unhappy or wanted any changes to their support. During our inspection we also saw people confidently approached the director of operations, the deputy manager and registered manager to share their views of the service. We saw people were very relaxed around the members of the home's management team and enjoyed laughing and joking with them.

All of the staff we spoke with told us this was a good service. They said they felt well supported and able to provide a high standard of support to people who lived in the home. One staff member told us, "I'm proud of what we do here."

The provider had formal systems to seek the views of people who lived in the home and to include them in decisions about how the service was provided. Accommodation was arranged as two "communities", one of each floor of the home. Each community had regular meetings where the service was discussed and they could request changes such as to meals or activities and request additional resources. We saw pictorial records of the discussions at the meetings were displayed in communal areas of the home. These identified what had been discussed, any resources requested and who was responsible for completing actions after

the meetings.

People had also been asked to complete a pictorial quality survey to share their views with the registered manager and provider. The feedback from the surveys had been collated and areas for further improvement identified. Where people had shared changes they would like to see in the service these had either been arranged or an explanation given about why the change could not be agreed.

The registered manager of the home had links with other service providers to share learning and best practice. The provider had also identified how the service could be improved by investing in advanced training for staff. One staff member had completed training to be a Best Interest Assessor. Another staff member had completed training to be able to train other staff in supporting people whose behaviour could challenge the service. The staff who had completed the training told us they felt the provider valued them and was committed to improving the service provided.

People who lived in the home had complex needs. The registered manager had developed links with appropriate health and social care services to ensure people received prompt and effective support. Specialist services we contacted before our inspection told us the staff at Ann House worked cooperatively with them to achieve positive outcomes for people who lived in the home.

The registered provider had good systems to monitor the quality of the service provided. The registered manager and staff in the home carried out regular checks on aspects of the service to ensure it was safe and effective. Checks were carried out on care records, medication and premises safety. The director of operations also visited the service each week to monitor the quality. This included auditing the checks carried out, speaking to people who lived in the home and to the staff who worked there.

Providers of health and social care services are required to inform us of significant incidents that happen in their services such as serious injuries or allegations of abuse. The registered manager of the home had notified us of important events as required. The notifications we received showed appropriate actions had been taken following significant events to protect people and to further improve the service where required.