

St Anne's Community Services

St Anne's Community Services - Croft House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected the service on 23 March 2015. The visit was unannounced. Our last inspection took place on 11 June 2013 and there were no identified breaches of legal requirements.

Croft House provides 24 hour care and support for up to seven people with complex learning disability needs. The service provides long term care. It is situated in a quiet residential area close to the centre of Horsforth in Leeds.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We looked at the arrangements in place for the storage, administration, ordering and disposal of medicines and found medicines were not being stored as per manufacturer's guidance. Medicines were administered to people by trained care staff.

People received sufficient amounts to eat and drink. We found the dining experience for people using the service was good.

Robust recruitment processes were in place which ensured staff were suitable to work with vulnerable adults.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). We were told that all seven people using the service were subject to authorised deprivation of liberty. People's care records demonstrated that all relevant documentation was securely and clearly filed.

Staff received regular supervision and annual appraisals. This gave staff the opportunity to discuss their training needs and requirements.

People using the service and their relative had opportunity to give their views and opinions on the service provision. There were regular resident and relative meetings and satisfaction surveys were also distributed to people using the service on an annual basis.

Staff demonstrated a good understanding of how to protect vulnerable adults. They told us they had attended safeguarding training and were aware of the policies in place regarding reporting concerns.

Care plans were person centred and individually tailored to meet people's needs.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. However, the provider had failed to respond to the maintenance issues which the quality assurance system had identified. These were in relation to the redecoration required at the home and also areas which required improvements included rotten window frames, stained grouting, wooden shelving very worn and stained, a stained bath, holes in tiles, broken bath panel and wallpaper coming away from the walls.

We looked in people's bedrooms and found people had personalised their rooms with ornaments and photographs.

We found one breach 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 not consistently safe.

Appropriate arrangements were not in place regarding the storage of medicines.

Robust recruitment practices were followed to make sure staff employed were suitable and safe to work in the care home.

People understood safeguarding and how to raise any concerns as this was discussed and promoted. Staff understood the safeguarding procedures and knew how to put them into practice.

Requires improvement



Is the service effective?

The service was effective.

Staff were trained and supported to meet people's needs.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's health care needs were being met. Care records showed people were supported to visit their local GP, dentist and chiropodist.

Good



Is the service caring?

The service was caring.

People said staff were kind and caring. Staff had developed positive relationships with people, listened to them and supported them in making decisions.

People were supported to build and retain individual living skills. Staff enabled people to be as independent as possible. People's privacy and dignity was respected and maintained.

All of the staff we observed offering people support demonstrated a caring attitude.

Good



Is the service responsive?

The service was responsive.

People's care and support was planned with them and staff worked flexibly to meet people's individual needs and preferences.

People accessed activities of their choice in the community. People's views were listened to and acted upon by staff.

People knew how to raise complaints and had an easy read complaints procedure. One complaint had been received in the last 12 months.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

There was a registered manager in post. Staff we spoke with told us they felt the management in place at the home were approachable and supportive.

People and staff were actively involved in developing the service.

There was strong leadership and systems were in place to monitor the quality of the service. The area manager carried out monthly quality assurance visits to the service however; no action had been taken in response to the issues identified regarding improvements to the premises.

Requires improvement



St Anne's Community Services – Croft 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.

This inspection took place on 23 March 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

At the time of our inspection there were seven people living at the home. During our visit we spoke with one person who used the service. Not all of the people spoken with during the inspection were able, due to complex care needs, to tell us about their experience of living at the home. We also spoke with three members of staff, the deputy manager and the registered manager.

We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's care records. We also spent time observing care in the lounge and dining room area to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms.

Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion the provider had not received their PIR request. We reviewed the information we held about the service including previous inspection reports and contacted the local authority.

Is the service safe?

Our findings

We spoke with one person who used the service and they told us they felt safe living in the home and discussed how staff supported them to live as full a life as possible. They described measures that were in place to keep them safe which they said had been discussed and agreed with them. This was evidenced in the care records we reviewed. There were detailed risk management plans which showed where restrictions were in place and identified the triggers that could initiate behaviour that challenges. Clear guidance was provided for staff in how to manage these situations to ensure the safety of the individual as well as other people who may be present. Staff we spoke with gave consistent accounts of how risks were managed which reflected the information seen in the records.

Our observations and discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The registered manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people to lead active lives out in the community pursuing their own interests safely. This was confirmed by our observations during the inspection.

We found there was a robust recruitment policy in place. Staff we spoke with told us they had filled in an application form, attended an interview and were unable to begin employment until their Disclosure and Barring Service (DBS) checks and references had been returned. The DBS is a national agency that holds information about criminal records. We looked at three staff personnel files which showed detail of the person's application, interview and references which had been sought. This showed that staff was being properly checked to make sure they were suitable to work with vulnerable adults.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding vulnerable adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant

to them. Staff records confirmed staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Records showed an up to date fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced as well as discussed in staff supervisions and resident meetings. The home had personal emergency evacuation plans for each person using the service. These provided staff with guidance on how to support people to move in the event of an emergency.

We checked the systems in place regarding the management of medicines within the home. We found there were issues relating to the storage of people's medication. We saw that medicines were stored in a locked cupboard in the kitchen and staff were not recording the temperature of the area of the home where people's medicines were stored. If medicines are not stored at the recommended temperatures this may affect their effectiveness.

People received their medicines safely and when they needed them. We checked the stock levels for three people against their medicine administration record (MAR) and found they were correct. We looked at all seven MAR charts and saw there were no gaps where staff were required to sign to say they had given people their medicines. We saw on the reverse of the MAR there were notes made to evidence decisions made to omit medication and where people had received 'as required' medication. We saw each person had a medication care plan and identity record in place. This held information regarding people's GP known allergies and circumstances for administering 'as required' medicines. This ensured staff were aware of the signs to look out for when making decisions around administering pain relieving medication. We saw ordering systems ensured people did not run out of their medicines.

During our look around the premises we found there were areas which were not well maintained. These included two bathrooms a downstairs toilet and the kitchen. Concerns in these areas included rotten window frames, stained grouting, wooden shelving very worn and stained, a stained bath, holes in tiles, broken bath panel and wallpaper

Is the service safe?

coming away from the walls. Another area of the home which was not used by the people who used the service was found to be dirty and contained a variety of items such as old clothing.

We spoke with a staff member who carried out maintenance checks of the building and saw all of the areas of concern identified by us had been recorded on a monthly basis since May 2013. We looked at 'repair request' documents which had also been submitted to the provider maintenance department which had not been actioned. We also looked at a 'premises safety report' carried out in February 2015 which identified 'Internal areas of the premises' as an area of required improvement.

We spoke with the registered manager about our observations and we were told that the home was on a '5 year redecoration programme' although this had come and gone and the home had not been redecorated. This demonstrated that the provider had failed to ensure the premises were properly maintained and suitable for the purpose for which they were being used. This is a breach of Regulation 15 (Safety and suitability of premises) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 15 (Premises and equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People had access to healthcare services when they needed them. We saw evidence in three people's care records which showed they regularly visited other healthcare professionals such as dentists and chiropodists. This showed people living at the home received additional support when required for meeting their care and treatment needs.

People's needs were met by staff who had appropriate skills, competencies and knowledge for their roles. Staff we spoke with told us they received good support from the manager and colleagues. Everyone said they had training opportunities and had received appropriate training to help them understand how to do their job well. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we reviewed.

We looked at staff training records which showed staff had completed a range of training sessions. These included moving and handling, medication, mental health awareness and de-escalation techniques. We saw staff also completed specific training which helped support people living at the home which included epilepsy awareness. The registered manager told us they checked the training matrix on a monthly basis and identified what training had been completed and what still needed to be completed to ensure staff's skills were up to date.

The registered manager told us an induction programme was completed by all new members of staff on commencement of their employment. We looked at staff files and were able to see information relating to the completion of induction. We saw one person's new starter induction booklet had a range of questions that the new member of staff needed to complete. These included fire procedures, accidents and incidents, policies and procedures, risk assessments, medication and menus. The registered manager told us they discussed the answers

with the member of staff to assess the level of knowledge, understanding and if further training was required. One member of staff told us they had completed their induction and this had included training and meetings with the manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told that all seven people using the service were subject to authorised deprivation of liberty. People's care records demonstrated that all relevant documentation was completed and securely and clearly filed.

The Mental Capacity Act 2005 covers people who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. Staff told us they had received Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) training.

People's care records showed each person had been asked to give their consent to their care and support. One person said, "I had a review and we talked about what I wanted to do. I can make my own decisions."

People told us the food was good and described how staff supported them with meal planning and preparation. One person told us they were involved in shopping, planning and cooking their meals and deciding the menus, which we saw were available in the kitchen. During the inspection we saw people making their own drinks and snacks and chatting with each other about what they were going to have for their meals and who was doing the shopping. Dietary needs were recorded in people's care plans. Weights were monitored monthly and records showed they remained stable.

Is the service caring?

Our findings

People we spoke with said they liked the staff and described them as 'very good'. They said staff knew them well and were kind and caring. One person said, "Staff here are all very nice and we all get on. It's a happy place to live." They told us staff were always around if they wanted to talk. They said staff listened to them and this helped them. They said staff supported and encouraged them to do things for themselves and we saw this happen throughout the inspection.

All of the staff we spoke with said they enjoyed working at the home and felt people received good care. One staff member told us, "It's like a family; we all get on and do our very best for them. We all really care it's not like a job." Another staff member said, "Whatever they want to do we do it. We go anywhere they want to go, this is their house and we make sure it feels like home for them."

We spent time with people in the communal areas and observed there was a happy atmosphere and people were comfortable and relaxed around staff. There was laughter and banter between people as they chatted with one another and staff. We saw staff encouraged people to express their views and listened calmly and patiently to their responses. We saw staff were skilled in communicating with people and discussing choices with them.

We observed there was information available to help keep people informed which was displayed in the home; this included easy read leaflets and booklets.

The support plans we looked at showed people were actively involved in decisions about their care and treatment and people we spoke with confirmed this. Our discussions with one person about how their care needs were met reflected the information we found in the care plans.

We saw people looked well dressed and cared for. For example, we saw people were wearing jewellery and had their hair nicely styled. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

We saw staff were respectful in their interactions with people who used the service, as well as each other. One person told us the staff always knocked and waited for an answer before entering their rooms. We saw staff discreetly and sensitively brought matters to people's attention. For example, one person's clothing was loose causing exposure and we saw the staff member quietly spoke with the person who readjusted themselves. We saw any personal care was carried out in private.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out to make sure all people who used the service were compatible and to give opportunity for people to get to know each other.

People were encouraged to maintain and develop relationships. People were encouraged to visit their family members and to keep in touch. One person we spoke with told us their family member who visited them on a regular basis was always made to feel welcome by staff.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the support plans for the three people who currently used the service. The support plans were written in an individual way, which included people's preferences, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

People attended annual care reviews where they decided and agreed what they would like to learn, what they do well now and what help they would like from staff. They invited others to attend which included family members. At one person's recent review they had stated they were happy and settled at Croft House.

Activities were meaningful and arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities. This included; bowling, going out for lunch and regular attendance at a community based day centre. We also saw there was a high degree of emphasis on encouraging independence and participation in daily activity in the service.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner.

There was a complaints file in the service with all information and documents available should any complaints be made. The registered manager told us there was one open complaint at the time of our inspection which was being dealt with by the area manager.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. The registered manager dealt with day to day issues within the home and oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them. Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere, which was inclusive.

People told us they could talk to staff and management if they had any concerns. One person said, "If there is anything they need to check out they say they will get back to me and they always do."

Staff spoke positively about the deputy manager and the registered manager and said they were happy working at the home. They knew what was expected of them and understood their role in ensuring people received the care and support they required. One member of staff said, "The home is well managed. I have always had a lot of support from the manager and they are always on the end of a phone." Another member of staff said, "We have regular staff and a knowledgeable manager. It's a great service."

Staff meetings were held which gave opportunities for staff to contribute to the running of the home. The staff meeting minutes for January 2015 showed discussions included cleaning, support plans, medication, rotas, sickness and safeguarding. The registered manager said the staff meetings were held monthly and the minutes were made available in an easy read format for people using the service. Staff told us communication was good.

The registered manager told us they held a meeting on a daily basis with people who used the service which we saw records of. The purpose of the meeting was for the planning of the day ahead and also allowed for people to raise any concerns or issues they had. We saw that satisfaction surveys were also carried out on an annual basis by the provider. We saw that responses were positive. This showed that people's views and opinions were taken into account in the way the service was provided.

We saw daily, weekly and monthly checks were completed at the home depending on the area of the service being reviewed. For example, water temperatures and first aid boxes. There was a system for auditing in place. The audits included infection control, finances and medication. Where improvements had been identified as needed in some areas we saw action plans had been completed about how these would be achieved. We saw that the area manager carried out monthly quality assurance visits to the home however; action had not been taken in response to the number of issues recorded relating the maintenance of the premises. We also saw that the issues relating to the lack of monitoring of the temperature of the area in which medicines were stored had not been identified through the system of audit in place.

The registered manager told us a monthly summary of accidents and incidents was completed. They confirmed there were no identifiable trends or patterns in the last 12 months. We saw individual incident forms had been completed and where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment 15.—(1) All premises and equipment used by the service provider must be— (c)suitable for the purpose for which they are being used, (e)properly maintained