

Annefield House Ltd

# Annefield House Limited

## Inspection report

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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

This inspection took place on 1 March 2017. The inspection was unannounced. At our previous inspection during November 2014 the provider was meeting all the regulations we checked, but we saw that some improvements were needed. This was because the provider did not have robust recruitment procedures to ensure that new staff were suitable to work with people at the service. People who had been prescribed medicines on a when required basis were not given these in a consistent way. Where it was identified a person lacked capacity, there was no mental capacity assessment in place ensuring people were supported in the least restrictive way, whilst protecting their rights. We also found the service was not well-led as the provider did not have effective procedures for monitoring the quality of the service. At this inspection we found improvements had been made.

Annefield House Limited is registered to provide residential care and support for 17 people with mental health needs. At the time of our inspection there were 16 people using the service. The service is located within a residential area of Derby, which provides accommodation over two floors.

There was a registered manager 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.

People who used the service were positive about the support they received and praised the quality of the staff and management. People told us they felt safe at the service. We saw staff interacting with people in a relaxed and friendly manner.

Staff we spoke with understood their responsibility in protecting people from the risk of harm. Recruitment procedures still needed further improvements so that they were thorough to ensure suitable staff were employed to work with people who used the service. Staff told us they had received training and an induction that had helped them to understand and support people.

Risk assessments and care plans had been developed where possible with the involvement of people and their representatives. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People received their medicines as prescribed and safe systems were in place to manage people's medicines.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act (MCA) 2005. Some people were subject to restrictions on their freedom and the provider had identified where their support needed to be reviewed. This provided assurance the principles of the MCA 2005 were followed.

Staff understood the needs of the people they were supporting. People told us staff provided support with

kindness and compassion. People were treated with dignity and respect by staff and encouraged to express their views. The delivery of care was tailored to meet people's individual needs and preferences. People were supported to maintain a diet that met their dietary needs. People were supported to use healthcare services.

People were supported to maintain relationships which were important to them. People were able to access local community facilities and supported by staff to pursue their individual hobbies and interests.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People told us they felt if they raised any concerns these would be taken seriously and would be addressed by the registered manager.

People found the staff and management approachable. Staff felt supported by the management team. The registered manager was viewed as being approachable and involved in the day to day management of the service

A quality assurance system was in place which included audits and feedback from people who used the service. When shortfalls were identified action was taken to improve the level of service. The registered manager understood their responsibilities to inform the CQC when specific incidents occurred within the service

## 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 was safe.

People at the service felt safe when receiving support and care from staff. There were systems in place to assess the risks people faced and these managed safely. There were sufficient staff to meet people's needs. Recruitment procedures were not always thorough to ensure the staff employed were suitable to work with people.

### Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who had received training to provide them with the knowledge and skills to meet people's needs. The provider and staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health. Staff monitored people to ensure any changing health needs were met.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. People were involved in planning for their care. People's independence was promoted and respected. People were treated with dignity and respect and they had a right to privacy.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their support plan which was updated when their needs changed. The support people received met their needs and preferences. People felt confident that any concerns they raised would be listened to and action would be taken.

### Is the service well-led?

Good ●

The service was well led.

There was a registered manager in post, who had an open and inclusive management style. People found staff were approachable and helpful. Staff and people that used the service were positive about the management of the service. The provider had a system in place to assess and monitor the quality of care provided. People were encouraged to give their views about the service.

# Annefield House Limited

## 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 was 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.

Our inspection visit took place on 1 March 2017 and was unannounced. The inspection team included one inspector, an inspection manager and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

We did not send the provider a Provider Information Return (PIR) prior to this 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with nine people who used the service; we did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager, deputy manager, two support workers and the director.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed two staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

# Is the service safe?

## Our findings

At our previous inspection visit during November 2014 we found that recruitment procedures were not robust. At this inspection we found that further improvements were still required in this area.

We looked at two staff recruitment files which showed the staff employed had been subject to the required pre-employment checks. Checks included the Disclosure and Barring Service (DBS) checks and references. Staff we spoke with told us that pre-employment checks such as DBS checks were completed prior to them commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, both staff files did not have a full employment history in place. This meant the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. We discussed this with the registered manager, who confirmed that they would take immediate action to address this and would be checking all recruitment files to ensure all the required information was in place. Following the inspection visit we received confirmation from the registered manager that she had received written statements from the two staff with satisfactory explanations of the gaps in employment.

At our previous inspection visit during November 2014, we found that medicines management was not robust. At this inspection we found that improvements had been made in this area.

Some people required their medicines to be administered on an as and when required basis (PRN). We saw that protocols were in place for medicines administered as PRN. For example a care file we looked at provided staff with information about the reasons for the PRN and when the person required this. This showed that people were supported to take their medicines as prescribed.

People told us that they received their medicines on time. Medicines were stored securely and safely and were not accessible to people who were unauthorised to access them. The medication administration record (MAR) charts we looked at were completed accurately.

Staff we spoke with stated only staff who had received medicines training administered people's medicines. We briefly observed people being supported to take their medicine at lunch time and saw that people were supported by the support worker on duty to take their medicines in a safe way. We saw the person was given a drink of water and time to take their medicines. The staff member stayed with them to ensure the medicine had been taken before recording this. The member of staff wore a red tabard which stated 'Do not disturb' so that they were not interrupted to help prevent mistakes being made. The member of staff was also observed sanitising their hands in between supporting people with their medicines.

Risk assessments were in place to support people to be as independent as possible; these had been created to reduce known risks to people. Risk assessments we looked at contained guidelines so that risks could be minimised. For example when supporting people accessing the community independently and the management of finances. We saw that a person was accessing the local community independently. This had been achieved by staff working with this person on how the identified risks were going to be managed.

Discussions with staff and information on people's care plans ensured people were supported safely.

People had individual personal evacuation plans in place in the event of a fire or any other incident which required the service to be evacuated. This was to help ensure people received the appropriate level of support in an emergency to keep them safe.

People at the service said they felt safe living at Annefield House Limited. Comments included "They [staff] look after you very well here," "The staff are lovely and you can say no to treatment or anything else and they listen" and "Staff will bend over backwards, I feel very safe here." We observed people interacting with staff in a relaxed and friendly manner.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff could tell us what actions they would take if they had concerns for the safety of people who used the service. Staff told us and records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. We saw that safeguarding referrals were made when necessary. Staff were confident to use the provider's whistle-blowing procedure to report concerns to external agencies. This demonstrated the provider had taken steps to reduce the risk of abuse to people at the service.

We observed there were sufficient staff available to support people. People told us there were always enough staff available to provide support for them when they needed it. The registered manager told us that staffing levels were determined by the needs of the people at the service and were kept under review to ensure they were appropriate. Staff we spoke with told us there were enough staff to meet people's needs and the registered manager would always help out during any busy times. This demonstrated the staffing levels were sufficient to meet people's needs.

People told us the environment was well maintained. We found the home to be clean and well presented.



# Is the service effective?

## Our findings

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

At our previous inspection visit during November 2014 we found that the provider had not carried out mental capacity assessments where it was identified that a person lacked capacity. At this inspection we found that improvements had been made in this area. The registered manager understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if they lacked capacity. From the three care records we looked at one person's care record contained a mental capacity assessment as it was deemed the person lacked mental capacity. Staff had received training in the MCA, records we looked at confirmed this. Throughout the inspection it was clear staff understood the need to gain consent before carrying out tasks with people who used the service.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities in relation to DoLS and had submitted applications to the relevant authority to ensure people were not deprived of their liberty unlawfully. At the time of our inspection two people had DoLS authorisations that had been approved by the supervisory body. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment.

People told us staff understood their needs and provided them with the support they needed. Staff said they received training which gave them the skills to meet people's needs. This included an induction and training on meeting people's specific needs. Comments from staff regarding training included, "The training has been good" and "Yes the training has been relevant to the job."

Staff told us they received supervision with the registered manager. They told us this provided them with support and guidance about their work and to discuss training and development needs. Staff felt supported and able to raise any issues or concerns outside of formal supervision sessions. Supervisions are regular meetings with a manager to discuss any issues and receive feedback on a member of staff's performance. A staff member said, "The registered manager listens. I feel encouraged to speak my mind." Another staff member stated, "I have received regular supervision and feel supported. The registered manager has an open door policy, if there are any concerns you can speak with her." The registered manager told us that they were in the process of updating the induction program to include the 'care certificate' and to develop the delivery of training. The care certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

People told us they enjoyed the food provided at the service and were able to choose meals they liked. People explained that there was always an alternative meal if they did not fancy what was on the menu. Comments from people about the food included, "The food is first class" and "The food is excellent." One person told us that they had always wanted to have a vegetarian diet and it was only when they arrived at Annefield House Limited that they catered for this. We observed the lunch time experience and saw that it was relaxed and informal

People were supported to maintain their nutritional health. The care plans we looked at included an assessment of people's nutritional requirements and their preferences. People's care records showed they had been weighed regularly. Staff were aware of people's specific dietary needs.

People told us they were able to see health professionals when necessary, such as their GP. People said that the optician visited the service annually. People's mental health and physical health needs were identified in their care records. People had a 'hospital passport', which contained a summary of their needs, including their medical history. This was used when a person required an unplanned admission to hospital. Staff were aware of people's health conditions and monitored for signs of deterioration in their mental health needs. On the day of the inspection we saw a GP visiting a person at the service. This demonstrated people were supported to maintain their health.

# Is the service caring?

## Our findings

People told us they were treated well by staff, who they felt were kind and caring. Staff demonstrated a calm and supportive approach in all of the interactions we observed. We saw staff spent time chatting with people and interacting socially with them.

People's privacy and dignity was respected and promoted. People told us staff always knocked before entering their rooms and treated them with dignity and respected their privacy. We saw that people's right to privacy was observed when they wanted to spend time alone in their room. Staff we spoke with gave us examples of how they respected people's privacy and dignity. People were supported to be as independent as they could be. We observed that some people went out into the local community without staff support. People were also provided with support when required. For example, we saw a person being supported by staff to do their laundry. People were also encouraged to collect their own cutlery and drinks during their lunch time meal. This demonstrated that staff treated people in a respectful and caring manner, whilst promoting their independence.

People had been involved in developing their care plans. Two people told us that the staff from Annefield House Limited wrote their care plans 'with' them and not 'about' them. People's care plans provided detailed information about their health and social care needs. We saw that these were individualised and included information about the person's likes and preferences. People had a 'one page profile', which set out what was important to the person and how to support them.

Records showed that staff supported people to follow their individual, cultural and religious needs. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care. Staff told us that two people living at the care home required a halal diet. A person confirmed that the staff supported them to shop for halal meat. Another person told us they preferred being assisted by female staff with their personal care needs and they were also supported by female staff. The provider was committed to providing care on an individual basis. This demonstrated that people's diverse needs were met by staff who had a good understanding of their needs and preferences.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person told us they regularly visited their family, which included overnight stays.

The registered manager told us that advocacy services were available to support people in the decision making process. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. Information on advocacy services was displayed at the service. Two people were currently supported by Relevant Person's Paid Representatives (RPPR). RPPR are qualified advocates who have specialist knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) legislation. People who are deprived of their liberty in care homes or hospitals have a statutory right to have a representative to support them to exercise their rights under the Mental Capacity Act. This meant that the people were being supported in making

decisions about their care when they required support to do so.

## Is the service responsive?

### Our findings

We observed positive relationships between people that used the service and the staff. People's daily routines were varied and relaxed; we saw that people were able to spend their time as they wished. For example some people spent time in their rooms, whilst others moved around the communal areas or accessed the local community.

People told us they were encouraged by staff to maintain hobbies that they had before moving to Annefield House Limited. One person told us they liked playing the guitar and had two in their room. This person also told us once a week they got together with some of the other people at the service and listened to music. Another person told us how they were supported by a staff member to attend the gym every week. People also told us that there were some organised activities within the service including quizzes, board games and crafts. As well as accessing facilities in the wider community such as trips to local places of interests. People told us they had been to Skegness, Matlock and ten pin bowling, which they enjoyed. During the inspection a person approached the director, telling them that they would like to visit a farm. The director told the person they would look into this and arrange to take them. This demonstrated that people were supported to maintain their interest and hobbies.

Information in care plans demonstrated that people or their representatives were involved in the reviews of their care. People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people, relatives and other professionals. Staff we spoke with understood the needs of the people including how they supported people.

Our observations showed that staff were responsive to people's needs. Staff were seen providing a person with compassion and reassurance. This person was experiencing a relapse in their mental health well-being. Staff followed the person's care plan to support the person when they experienced a deterioration in their mental health needs. Discussions with staff demonstrated that they knew how to support the person.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their concerns. A person told us how they raised a complaint with the registered manager. They felt listened to by the registered manager and explained that the problem had been sorted out.

We looked at the provider's systems for managing complaints, including the complaints procedure. We saw that the procedure was accessible to people as it was on display within the home. The provider had a system in place to record complaints received. The registered manager told us they had not received any complaints in the previous 12 months. Staff were aware of the complaints procedure and told us they would inform the managers if people raised any issues with them.

## Is the service well-led?

### Our findings

The registered manager had been in post since January 2016. Prior to this role the registered manager had worked at the service for seven years in the roles of duty manager and senior support worker. The registered manager was supported by the deputy manager, the directors and support workers. The registered manager told us she felt supported by the directors and had regular meetings with them, to discuss the running of the service and any areas for improvement.

People told us they liked the staff and knew who the managers were and found them approachable. People were particularly complementary about the registered manager and deputy manager. Comments included "The registered manager is excellent" and "The registered manager is a lovely lady." We observed positive interactions between the deputy manager and people. We asked people if there was anything they would like to improve about the service, they all said nothing and were happy with the way the service was run.

Staff understood their roles and responsibilities and told us the service was managed well. A staff member said, "The registered manager knows the people at the service well. It's a well-managed service and the registered manager will cover the floor." Another staff member told us, "The registered manager is very good with the people at the service. She has an open door policy."

Records and discussions with staff demonstrated staff meetings were held, to ensure they were kept up to date and involved in the development of the service. Minutes for a staff meeting showed that people needs were at the centre of discussions. For example daily care log recordings by staff had changed. A staff member told us that this had helped as the daily logs were now more person centred. A staff member stated, "At staff meetings we are encouraged to raise issues and issues we raise are listened to." Staff told us they worked well as a team. This showed that the provider encouraged an open and approachable leadership style that valued and motivated staff.

Staff told us they had a 'handover' so that staff could be updated about people's needs and if any changes in their care had been identified. Staff felt this gave them an opportunity to share significant information about people's needs with the staff coming on shift. This ensured staff were informed about events within the services and any changes in people's needs.

The people at Annefield House Limited were encouraged to express their opinions about how the service was run and what they would like to see happening at the service. This occurred through 'residents' meetings, where people told us they were able to raise issues and discuss activity plans. Meeting minutes showed that people were involved in menu choices for autumn and winter detailing the meals they would like to keep and what new meals they wished to include. The registered manager told us people completed satisfaction surveys. They told us any areas identified for improvement from the results of the surveys would be actioned and used to improve service delivery as required. We saw the results of the latest surveys completed, which showed positive feedback.

We saw that the provider had measures in place to monitor the quality of the service and drive

improvement. The registered manager carried out audits of medicines management, bedroom checks, maintenance checks, catering audits and audits of any incidents and accidents. For example during the bedroom checks, each room was checked and a record made of what needed to be actioned. The registered manager then spoke with the directors about what needed to be done, who arranged for the necessary works to be completed.

The registered manager told us the directors were investing in the service including a program of refurbishment. This included the replacement of carpets and the refurbishment of the kitchen. A staff member said, "The directors are investing in the service to improve it for people at the service." The registered manager told us they were also looking at investing in training and were looking into face to face training, which they felt would improve staff learning experiences.

The registered manager was clear about their responsibility in notifying the CQC of the incidents that the provider was required by law to tell us about, such as any allegations and incidents.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.

Prior to our inspection visit we contacted the local authority commissioners responsible for the care of people who used the service. They had positive comments about the staff team and the quality of care provided. During a recent visit in January 2017 by the local authority they left some recommendations such as people's names were not on their bedroom doors, which was being actioned. The registered manager told us they were working through the recommendations left.