

## St Anne's Community Services

# St Anne's Community Services - Lees Hall Road

### 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

About the service: St Anne's Lees Hall Road is a residential care home for up to seven people with long term mental health needs. Support is provided 24 hours a day. The home has five bedrooms with shared facilities and two bedrooms with kitchen/living room and their own bathrooms. The home is located close to local shops and is a short distance from the centre of Dewsbury. Seven people were living at the home on the day of our inspection.

People's experience of using this service:

There were enough staff to meet people's needs and keep them safe. Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse.

Risks to people had been identified and a positive risk approach was used to ensure the potential for harm was minimised without restricting a person's human rights. People had been involved with decisions in how to reduce the risk of harm to them, although some chose not to engage and partook in activities which posed some risk to their health.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. We found staff to be knowledgeable about people, their medicines and how best to support them. Staff in turn told us they felt supported by the registered manager.

People received support to eat and drink if this was part of their care plan and were responsible for making most of their own meals with varying degree of support from support staff. Staff knew how to access relevant healthcare professionals, and this was evidenced in people's care records. The service worked in partnership with other organisations and healthcare professionals to improve people's outcomes.

People's care and support had been planned in partnership with them where possible, either formally at review or informally through conversations. 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.

Staff knew people well and supported them in line with their current needs and wishes. Staff were knowledgeable about people's likes, dislikes and personal preferences.

People and relatives were aware of the complaints procedure although they had not needed to use this. Information was present on notice boards in the building to direct people to the complaints process.

The service was well-led by a registered manager with support from a deputy manager. Staff took on responsibility for aspects of service improvement such as health and safety to ensure continuous monitoring and improvement of the service.

The provider and registered manager used a variety of methods to assess and monitor the quality of the service. We saw detailed provider audits, measuring the service against best practice to ensure a good standard of care provision.

The service worked in partnership with other organisations such as the local authority and health professionals.

Rating at last inspection: Good (report published 06 October 2016)

Why we inspected: This was a planned inspection to check this service remained Good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-led findings below

# St Anne's Community Services - Lees Hall Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult social care inspector and a specialist professional advisor, whose specialism was in mental health services.

Service and service type: St Anne's Lees Hall Road is a residential care home. People in residential care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection: The inspection was unannounced.

What we did:

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

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.

This information was used to help inform our inspection.

During the inspection we spoke with two people using the service. We spoke the with the registered manager, the deputy manager and two support workers. We reviewed a range of records. These included two people's care records and two medication records. We also looked at three staff recruitment files and records relating to staff training and supervision. We reviewed records relating to the management of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. We asked what made them feel safe. One person said, "I feel safe, Yes, the security with my money." Another told us they felt safe because of the environment.
- Staff told us people were safe. They told us if they were concerned about a colleagues practice, "I would go straight to [Manager] and further, but I've never needed to."
- Staff had been trained in safeguarding adults and knew the action they needed to take if they suspected someone was at risk of abuse. They were aware of what they needed to do if they were concerned about a person and told us they would report this if there was any question of harm to people at the home.

Assessing risk, safety monitoring and management

- Detailed risk assessments had been completed to ensure risks were well managed. There was an acknowledgement that some people at the service took part in activities which might cause harm to themselves. The staff encouraged people to stay as safe as possible without placing unlawful restrictions on them.
- The service used positive risk assessment ensuring people were encouraged to take part in activities to improve their experiences.
- The provider used an external company to undertake electrical, fire, gas and water checks. We saw these were all up to date. The environment was regularly checked by staff at the service to ensure they met the provider's health and safety standards.
- Emergency evacuation procedures were in place to ensure people were supported appropriately in the event of a fire. Each person had a risk assessment in place and where identified a personal emergency evacuation plan.

Staffing and recruitment

- There were sufficient staff to meet people's needs; people using the service, and staff confirmed this. The rotas allowed for flexibility to support people to appointments.
- Staff worked well together as a team to ensure people's needs were met and often filled in vacant shifts to ensure people were supported by staff they knew.
- Staff were recruited safely with all required checks completed before they started in post.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had completed training in medicines administration and had their competency assessed. Our discussions with staff showed they were knowledgeable about people's medicines and what they were for.

- Medication was counted after each administration to ensure the likelihood of errors was minimised.

#### Preventing and controlling infection

- People were protected from the spread of infection. Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections. There were adequate supplies of personal protective equipment such as gels, gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager recorded all accidents and incidents on an on-line data base which notified the provider's designated quality and safety team. This ensured the provider had oversight and analysed any themes in accidents, incidents and safeguarding issues to share lessons learnt across all the provider's services.
- The registered manager shared lessons learnt with staff at monthly team meetings and at handover. They told us there was a culture of learning lessons amongst other managers at their monthly meetings to promote people's safety and shared minutes of meetings with us to demonstrate this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were offered choice in line with their preferences whilst at the home. We saw this included how they wanted to spend their day and what they wanted to do.
- The provider ensured the registered manager was provided with up to date evidence-based guidance to support the service. They had effective systems in place to cascade important information to the service electronically and at face to face meetings.
- The registered manager told us the provider put on workshops for all managers to ensure they were delivering care in line with best practice, and evidence-based guidance. They also regularly visited CQC website to check the resources available. We affirmed this knowledge during our conversations with the registered manager and the wider staff team.

Staff support: induction, training, skills and experience

- People received effective care from staff who received the induction and training they required to meet individual needs.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. The provider had a programme of ongoing training which staff were expected to refresh at set intervals either face to face or online. Staff told us they were happy with the training they completed and felt supported and encouraged to develop.
- People were supported by staff who had their practice assessed through regular supervision, annual appraisal and informal observations.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff checked the fridge daily for out of date food, and the registered manager told us they also checked this when they were at the service. One person commented, "They are more fussy about food in the fridge than I am."
- People chose what food they wanted to eat and were supported to shop for these ingredients. Staff supported people to make their meals when they required support, but people were encouraged to make their own meals to retain their independence.

Adapting service, design, decoration to meet people's needs

- All bedrooms were based on the first floor accessed via two staircases. There was no lift between floors. We discussed what would happen if a person could not manage the stairs in the future. The registered manager said, the staff sleepover room was on the ground floor and if a person was unable to manage the stairs, they would consider changing this room from a staff room, so the person could remain at the service.
- The service had been adapted at one time to support people requiring a secure environment. There were

areas in need of refreshing and although there was no refurbishment plans in place, the registered manager had identified what they felt was a priority.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to a multitude of external health professionals.
- Staff and people using the service told us how they were supported to attend appointments which ensured an improvement in their health. One person said, "They take me to the doctors, they make the appointment."
- The deputy manager confirmed not everyone at the service engaged with preventative healthcare such as dental appointments, but they encouraged people as much as possible.

Ensuring consent to care and treatment in line with law and guidance

- People and staff told us consent was sought before providing care. We also saw consent documentation in people's care plans to show their agreement to care arrangements and the sharing of information.
- 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.
- Staff understood the principles of the MCA and the significance of the presumption of capacity and the right to make unwise decisions.
- We checked whether the service was working within the principles of the MCA and found people's autonomy, choices and human rights were promoted. We found people had consented to their care plans where they were able to do so. Where there were concerns about a person's capacity to consent they had considered whether they needed to assess mental capacity formally.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). There were no DoLS in place and people had unrestricted access in and out of the property. People had some freedom to manage their own property and security for example they had keys to their bedrooms and some people kept their designated cupboard in the communal kitchen locked.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- It was clear from our observations throughout the inspection people were very comfortable in the presence of staff.
- People told us they were happy living at the service. One said, "The staff are very kind." Another said, "I like living here."
- A visiting professional said, "I come once a month and always ask people if they are happy and if they have any concerns. They have always said they are happy."
- The registered manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the protected characteristics of the Equalities Act 2010.
- Staff were able to explain people's differing cultural needs and how these were met within the service, such as the provision of specific food and whether a person was required to fast. A member of staff said, "We check to see whether yoghurt contains gelatine."

Supporting people to express their views and be involved in making decisions about their care

- People were offered the opportunity to be involved in the development and review of their care plan. One person said, "The staff involve me." When asked if they had read their support plan, they said, "I haven't read it lately."
- The registered manager told us even if people didn't want to engage in a review of their care, their views were incorporated through informal, ad hoc conversations with people.
- Throughout the day we could see people were involved in day to day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff knew when to prompt people and when people required additional support. People confirmed this to us, one said, "They help me as much as I need" and "I have enough freedom."
- Staff were aware of respecting people's private space and would not access anyone's room without express permission. The deputy manager said, "We even knock when we know someone isn't in their room." People had keys to lock their rooms and also their designated food cupboard in the communal kitchen.
- One person said, "They knock on the door. The door is locked from the inside. They treat me well."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were clear and provided detailed assessments of people's support needs and how they wanted their support to be provided. The registered manager had updated all the care plans recently and said, "I have put a huge amount of work into the risk assessments and support plans. Clients are very independent but the detail in the care plans was not detailed enough."
- We found records to be clear and easy to understand. The visiting professional also commented on recording practices and said, "each individual care file is broken down into sections. Daily notes written up by staff are easy to follow. Helpful for me to make my notes."
- People received support from staff to engage in their chosen interests and to access the community if this was part of their assessed needs. One person told us they had been supported to do their shopping and they had bought some steak for their tea. Another person took part in a walking group as this was a particular interest to them. One person said, "We play chess and stuff like that. Board games and stuff like."
- The registered manager and the deputy manager told us it was often hard to motivate and engage with people who used the service. This was an area they were constantly working on and encouraged staff to continue with activities in the hope that people would engage and become interested if they saw what was going on.
- We listened in to a shift handover meeting where key information was shared and evidenced people's needs were considered individually.
- The Accessible Information Standard requires the service to ask, record, flag and share information about people's communication needs and take steps to ensure that these needs are met. Each care plan contained a section on the standard to ensure staff considered these requirements as part of their assessment and review.

Improving care quality in response to complaints or concerns

- No complaints had been recorded since 2017. People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain.
- The provider's complaints policy detailing how people could complain was displayed in the service. The deputy manager told us they had offered this to a family member who had a concern about their relative but as the complaint was not about the service itself, they had declined.

End of life care and support

- The service did not provide end of life support. Staff told us they had done so in the past and were familiar with the requirements, but this service was aiming to support people to more independent lifestyles.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service promoted person-centred care. People were clear who the registered manager was and we found there was a positive atmosphere at the service where people felt comfortable to come into the office to speak with staff. One person said, "He is nice is the manager. He is nice." Of the deputy, one person said, "[Name] does a lot for me."
- The registered manager and the staff team were clear about their responsibilities in terms of duty of candour and when to notify CQC of incidents. There had been very few incidents at the service and we did not find any evidence to suggest this was a lack of reporting.
- The service was displaying the ratings of their previous inspection as required by legislation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-led by a registered manager supported by a deputy manager. The registered manager was also registered at another of the provider's service and spent time across the two services. They ensured either one or the other had a presence at each service when possible.
- Staff spoke highly of the management team and told us they were well supported. People at the service also spoke well about the managers and it was clear from their comments, they were available to people.
- There were monthly visits from the area manager who provided scrutiny over the service and completed a monthly report of their findings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they undertook an annual survey to seek feedback about the service. They had sent out the survey to clients, professionals and families. They received no response from families and professionals. We did speak to a visiting professional during our inspection. They said of the service, "Brilliant. No problem with any staff. Lines of communication are open. With staff here, they are always available to take people out and socially, helping to access the community, which is important for their mental wellbeing."
- People we spoke with were happy about the service. One person said, "I wouldn't change a lot about this service. Nothing springs to mind except the shower keeps breaking down."
- The provider had sought formal feedback from staff in September 2018 when a staff survey was carried out although this was across all the provider's services and not this specific service. This was of benefit to the provider to gauge the views of staff.

- An ongoing action plan was produced in response to the feedback received.
- Staff meetings regularly took place and gave staff the opportunity to raise any ideas or concerns.

#### Continuous learning and improving care

- Regular checks and audits were completed at the service. The registered manager said, "Money and medication are checked twice a day. Some staff feel it is too much, but it means there aren't any meds errors." They gave us details of all the audits carried out which showed us they were improving the care for people.
- The registered manager told us the provider was always improving audits to ensure each service was meeting the required standards and said the medication audit had been changed in the last month to capture more information to improve care.

#### Working in partnership with others

- We saw examples of the service working with other professionals and agencies to help ensure people's needs were met. This included health services and social workers and local commissioners.