

St Anne's Community Services

St Anne's Community Services - Daleholme

Inspection report

Station Road
Settle
Craven
North Yorkshire
BD24 9BN

Tel: 01729825769

Website: www.st-annes.org.uk

Date of inspection visit:
10 March 2016

Date of publication:
26 May 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 10 March 2016. The provider did not know we were coming. The service was last inspected in June 2014 and it was meeting all the regulations in force at that time.

St Anne's Community Services – Daleholme is a purpose built service which provides residential and personal care. The service is registered to support people with a learning disability. It does not provide nursing care. There were 5 people living there at the time of this inspection.

The service had a registered manager who had been registered with the Care Quality Commission since 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had been trained to recognise and respond to any safeguarding issues. Staff knowledge and understanding of safeguarding was good. However, we found one safeguarding incident which was being investigated and had not been notified to CQC and other incidents where it was unclear if a notification would have been required..

Risks to people were assessed, and risk assessments gave detailed information to ensure that people could be supported safely by staff. These had been reviewed fairly regularly. Plans were in place to keep people safe in the event of an emergency although this information was not easily accessible for staff. Accidents and incidents were not centrally analysed and considered for trends and to identify ways to minimise risk.

There were no staffing vacancies and there was a regular and consistent staff team. Staff files showed that recruitment was professional and robust to ensure suitable applicants were employed.

Medicine administration was managed safely and carried out appropriately and all staff had received training, although some required up to date training. Medicine storage was safe and appropriate. People were well supported with their nutritional needs and with their general health needs.

Staff had received some training to enable them to meet people's needs. Other training had not yet been delivered or was overdue. Staff had received supervision and annual appraisal and this was completed in line with the provider's own policy. Some records of supervision were repetitive but showed that the conversation between staff and the registered manager was a two way discussion.

People were asked to give their consent to their care. Where people were not able to give informed consent, their rights under the Mental Capacity Act 2005 were monitored. The Care Quality Commission had not been notified where deprivation of liberty authorisations were in place. We will write to the provider about this. Staff knowledge of mental capacity and deprivation of liberty was poor.

People we spoke with who used the service gave us positive feedback about the service and were satisfied with the care and support they received. We observed that some staff were caring and knew people well but others were less pro-active in their approach to people. Staff did not always show a good understanding of the importance of dignity, privacy and respect.

Care plans were clear and detailed, and reflected people's preferences. They were personalised and demonstrated input from relevant others. Reviews and updates were recorded clearly. The range of personalised activities offered to people on a daily basis was limited and we observed long periods of inactivity.

The environment was in good condition. Infection control was well managed and staff demonstrated an understanding of ways to minimise the risk of infection.

There was mixed staff morale across the staff team and differing approaches to working with us during the inspection in an open and transparent way. Staff and people who used the service felt the registered manager was effective.

There were systems in place to monitor the performance of the service and these were being used to make improvements across all areas of the service provided although these systems had not identified the shortfalls we found as part of our inspection. People told us they felt they were listened to and surveys were completed although these were not specific to the location.

We found breaches of regulation in relation to person centred care, staffing and governance. You can see what action we have asked the provider to take at the end of this report.

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 always safe.

Staff were trained to recognise and respond to any suspicion of abuse. Safeguarding procedures had been followed although notifications had not been submitted. Staff showed a good understanding of safeguarding principles and processes.

Risks to people receiving a service were sufficiently assessed to ensure steps were taken to keep people safe from harm.

People received appropriate support to take their medicines safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had mostly been given the training they needed to meet people's needs effectively although some required updating.

Staff were given support to carry out their duties by means of regular supervision and appraisal.

People's rights under the Mental Capacity Act 2005 were respected but staff understanding of deprivation of liberty was poor.

People's health needs were assessed and met.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People told us that some of their care workers were kind and caring, and treated them with respect but others did not. We observed some neutral interactions during the inspection. People who used the service and staff also commented on some staff's approach to people.

People's privacy and dignity was not always respected and protected.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People and their families were involved in assessing their needs and in deciding how they wanted those needs to be met.

People's care was not always person-centred in relation to meaningful activities and interactions. We observed a lack of pro-active approach from staff during our inspection.

The service responded to meeting people's needs.

Requires Improvement 

Is the service well-led?

The service was not always well led.

Staff and people who used the service felt listened to and told us the registered manager was good.

There were systems in place to capture the views of people, their relatives and staff.

There were systems to monitor the quality of the service and these were being used. However, we found several areas, including analysis of accidents and incidents, fire safety information and notifications that had not been submitted all identified as part of our inspection which had not been picked up by the providers own internal governance and monitoring..

Requires Improvement 

St Anne's Community Services - Daleholme

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 10 March 2016. The provider did not know we were coming.

The inspection team was made up of one adult social care inspector.

We reviewed the information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authorities to gain their experiences of the service. No concerns were shared with us prior to the inspection.

We spoke with the registered manager and four support workers. We spoke with two people who used the service. We spent time observing the care and support being delivered. We reviewed a sample of two people's care records; three staff personnel files; five medication records; supervision records for three staff; training records for all staff; and other records relating to the management of the service including maintenance, audits, policies and procedures and governance.

We looked at all areas of the home including the lounge, dining room, kitchen, laundry room, bathrooms and with permission, some people's bedrooms.

Is the service safe?

Our findings

People who used the service told us "The staff help me. They would help me if I was poorly. They help me with my medicines. I am safe. The staff protect me" and "Oh yes I feel safe. I have a call bell and they come quickly".

We looked at how the service protected people from harm or abuse. There was a safeguarding policy in place which had been regularly reviewed. The policy included the principles of abuse, prevention, accountability and the process to follow when raising an alert. There was also a copy of the local multi-agency policy and procedure for staff to refer to. The registered manager and staff we spoke with had a good understanding of what constituted abuse and the actions they should take. All the staff we spoke with were aware of the local safeguarding procedures and ways they could escalate any concerns they had. One staff member told us "I would raise any concerns I had". We found that when there had been safeguarding incidents, these had been reported to the appropriate safeguarding authority. However, a related notification to the Care Quality Commission had not been submitted. We will write to the provider about this.

There were safety assessment and management plans in place in the files we looked at. These included some information on risk history, the short term risk, the current harmful factors and the current protective factors, the options and then the proposed management of this. These included clear guidelines for staff about the current situation and the things leading up to these identified risks.

Within care plans we also saw that risks were clearly identified and risk minimisation was balanced with personal choice. There were risk assessment and management plans where required for areas such as bathing and showering, road awareness, medication, epilepsy and inappropriate behaviours. Where appropriate these included input from other professionals such as the community psychiatric nurse. These were detailed and included the risk itself, what would potentially increase the risk and what should be done to minimise the risk. They gave staff clear directions on the triggers and ways to minimise the identified risks. Some included action plans to develop the person's ability to have more control over their lives through developing personal responsibility.

Safeguarding awareness was included as part of the induction for new staff. Training records we looked at confirmed all staff had completed safeguarding training. We discussed 'whistleblowing' with staff. They were fully aware of their responsibilities to report bad practice and all said they would report to the registered manager if they had any concerns.

We looked at the records of accidents and incidents that had occurred in the service. These were both centrally stored and filed in individual people's care plan folders. Those recorded were fully documented and any actions taken were recorded. The forms mostly showed that staff had taken appropriate action. We found 33 records in one person's file and 18 in another. It was not clear if these had been analysed to look at ways to ensure the same incidents were not repeated. One member of staff told us that they were not aware of the service using body maps to record the location of injuries when they were sustained. We did not see

evidence in meeting minutes that any incidents were discussed with staff or if ways to minimise risks had been considered. There were a large amount of incidents where injuries had been sustained (usually minor) and where behaviour had been a factor. However, it was not clear from the forms or the feedback we received whether causes and triggers were being considered and if there were any trends or common factors that could be considered. The registered manager was not clear as to whether any were notifiable incidents. We did not see any analysis if these to identify trends, environmental factors or steps that could be taken to minimise future risk.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that staffing levels were based on the needs of people using the service. People were supported 24 hours per day. There was a small team of permanent staff and the registered manager confirmed that extra cover was provided by regular bank staff who knew people well and the use of agency staff was rare. We looked at rotas for the six weeks following the inspection and the six weeks before the inspection. We found that there were between two and three staff working at all times. The registered manager told us they were supernumerary to core staffing numbers but helped on shift regularly. None of the people or staff we spoke with felt there were any issues with staffing levels and all told us that people received the support they needed in a safe way.

The service had systems in place to make sure only suitable applicants were employed to work with vulnerable people. These included checks of identity, any criminal convictions and work permits, taking up references from recent employers and asking for a full employment history. Interviews were recorded in good detail. This ensured that the provider made robust recruitment decisions and employed staff with the right skills and knowledge to keep people safe.

We found there were Personal Emergency Evacuation Plans (PEEPs) in place for everyone using the service. These were not detailed enough to demonstrate people's individual needs clearly. They were stored in the middle of a large file in the office and the information was not available anywhere else. When we asked staff, they did not know what we were referring to and could not tell us where these were located. We discussed this with the registered manager. They assured us that this would be addressed and confirmed the day after the inspection that these were now available to staff on display in the staff office. There were also general service risk assessments in place for areas such as a fire and the environment.

The fire file included information about the house layout and details of the location of emergency lights and alarm call points. There was also a fire safety risk assessment and an evacuation plan. Emergency lighting, fire-fighting equipment and alarm servicing was fully recorded and up to date. Fire drills had been carried out and recorded twice in the last year.

We looked at some of the other health and safety checks carried out in the service which included a premises safety survey done monthly. These consisted of tick-lists that noted if an area was deemed to be satisfactory, required attention, needed urgent attention, was dangerous or was untidy. Comments recorded what actions were needed and when these actions had been completed or had been reported to maintenance to be addressed. The checks included all areas of the home, fire safety, fire exits and the external environment.

We checked the management of medicines. People received their medicines in a safe way. All medicines were appropriately stored and secured. We checked the stocks of medicines for three people and found these tallied accurately with the medicines records. Medicines records included administration charts and

individual profiles which were detailed, accurate, fully completed and up to date. These supported the safe administration of medicines. Where people were prescribed medicine on an 'as and when required' basis, the medicine file included information about when the medicine should be used. Staff we spoke with told us they were trained in handling medicines. Training records confirmed that all staff had received training. All staff had received up to date training for administering a specific epilepsy medicine. Monthly audits were carried out looking at medicine administration charts, storage, training, labels, reviews and any errors although these had not been recorded for the three months prior to the inspection. There was a clear protocol in place which covered administering, collecting medicines, replacing dropped or damaged medicines, refusal and errors.

During the inspection we looked round all the communal areas of the service and with permission, some people's bedrooms. The communal areas were well decorated and furnished. All the communal areas were clean, as were the toilets and bathrooms. The registered manager explained that cleaning was the responsibility of all staff. There was a checklist of jobs to complete and staff explained that they also cleaned things when required and this worked well. We saw in records that checks were in place for things such as gas safety, electrical installation, fire safety systems and equipment. There was a maintenance contract in place to carry out any necessary repairs to the building and these were usually completed in an appropriate timescale.

One member of staff was concerned that staff had not had recent moving and handling training but due to a person's needs changing, they now required moving and hoisting using lifting equipment. They told us that staff had been unable to use the equipment so had been lifting the person manually. The training records confirmed that some staff had not received this training for some time. Another staff member told us that the registered manager had recently shown them how to use the equipment appropriately. When we spoke with the registered manager they told us that they had just completed a train the trainer course for moving and handling and were intending to deliver this to all staff over the week following the inspection.

Is the service effective?

Our findings

We spoke with people who used the service. They told us "The staff make me feel better because they make sure I am alright" and "It's alright. I like it here".

Staff we spoke with told us about the training they had completed. One staff member told us "I haven't had much training yet but I know it's organised". Another told us I have done all sorts of training since I have been here". We looked at an overview of all the training completed by the staff team and three separate training records for members of staff. This included food hygiene, manual handling, medicine administration, safeguarding, the Mental Capacity Act (2005) and deprivation of liberty, positive behavioural support, equality and diversity and health and safety. We found that for health and safety, food hygiene, medicines and moving and handling this had been completed by some staff as long as three or four years previously and had not been refreshed. We also found that staff knowledge in some areas was lacking and the need for re-training staff was identified by the registered manager in relation to Deprivation of Liberty Safeguards following our conversations with them.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Individual records showed that service specific training had also been completed for diabetes, mental health, dementia and epilepsy. There was a staff development plan in place that noted all mandatory training, when it had last been completed and when it was due to be refreshed. The registered manager explained that this was arranged through the wider provider organisation. The provider had a learning and development department and the registered manager told us that there was a mixture of online, face to face and distance learning provided. The registered manager told us that it was their own responsibility to ensure that staff were up to date with their training. The registered manager also told us they carried out a competency check for medicine administration with each staff member on an annual basis.

The provider had a programme in place for supervision and appraisal of staff. When we looked in staff files we found that these had been carried out around every three to four months. For the files that we looked at, there appeared to have been a gap between July and August of 2015 and January 2016. One member of staff told us they had been working in the service for three months and had attended one supervision meeting. Forms had been completed and showed that conversations were varied and included the point of view of the staff member. We saw that subjects discussed included training needs, individual issues related to people who used the service and staff behaviour. We noted that the records for some months did not differ greatly between staff members. It was not clear if this was because the registered manager had very similar conversations with two different staff members. When we spoke with staff they felt these were helpful discussions and they told us they felt able to raise issues during these meetings with the registered manager. Appraisals had been undertaken. These included a discussion regarding objectives, learning and target dates for completion of work or training.

The staff we spoke with told us they felt communication was usually effective. Staff we spoke with felt that

everyone knew what they needed to do on each shift. A communication book was used to record calls and messages received, any deliveries due or made, tasks staff needed to complete during their shift and any updates or important things to note. Where a policy had changed, these were kept in a 'memo file' and staff were required to sign to say they had read the updated policy. This also included newsletters, and memo updates from the provider.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed that four people were subject to a deprivation of liberty safeguard. We saw this was clearly recorded in their files and the appropriate authorisations were in place. All the care staff we spoke with showed poor understanding of what a Deprivation of Liberty Safeguard was and were not aware of where these were active. All the staff had received training in mental capacity and DoLS in 2014 or 2015 but their lack of knowledge when speaking with us demonstrated that this training had not been effective. For example, they were not aware that four people had them in place and could not tell us what this meant for them when supporting the person. We discussed this with the registered manager. The registered manager had a comprehensive understanding of the process and the restrictions that were in place. However, the Care Quality Commission had not been notified of the DoLS that were in place. The registered manager completed and submitted these notifications a few days after the inspection. The registered manager assured us that the issue of staff understanding would be addressed quickly through re-training.

Mental capacity assessments had been completed and people's or families agreement with care plans and support had been clearly recorded. Where people did not have capacity, best interests meeting had been held. Best interest decision making is required to ensure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. The best interest meeting records showed that the appropriate people had been involved and the process had been followed correctly. We also saw that on the front of people's care plan files there was a statement that described the information as belonging to the individual and that no changes should be made to any information without discussing with the person or their nominated persons first.

The registered manager and staff we spoke with had a reasonable understanding of the principles of mental capacity, human rights and equality. All staff we spoke with were able to tell us about mental capacity and the processes that should be followed if there was any concern about someone's ability to make a decision. They were clear about best interests processes that might need to be followed and how this all influenced the ways they supported people in the service.

We checked how the service met people's nutritional needs and found that people had sufficient food and drink to meet their needs. People required different levels of support with preparing and eating food. People made independent choices where possible in relation to what they wanted to eat for lunch and staff assisted where required. The lunchtime meal choices included a variety of options dependant on people's preferences and needs. The evening meal was usually a hot cooked meal. One person told us "I like the food. Sometimes I get to help with making lunch".

We observed that people were given the appropriate support to eat if it was needed and this was done appropriately. We saw that one person was able to retain control of the process by indicating through eye movement, hand signals and noises when they were ready for their next mouthful, when they wanted a drink and when they had eaten enough. The staff member was responsive to this and supported them without leading the process. Where people had specific nutritional needs, these were catered for. Where needed, people's weight was monitored and recorded in their care plan files. The menus were planned according to the different meals people who used the service had picked for the week.

There was a personal file for each person. These included details of referrals made to external professional services. Health needs of people were well recorded. Information was available in the records to show the contact details of any other professionals who may also be involved in a person's care. Care records showed that people had access to General Practitioners (GP), community nurses, neurology, opticians, audiology, physiotherapy and the dentist and other health professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. We confirmed through speaking with staff and people who used the service that healthcare was well monitored and managed. Records demonstrated there was good communication and a responsive nature to any advice given. All the files we looked at included a health assessment and health action plan. This included information about the person to be used if they were, for example, admitted to hospital. This information was thorough and person centred and included guidance on how the person preferred to be supported and any needs they had.

We saw in care plan files that where possible, people had consented to their care and support, the use of their photographs and people accessing their care plan files. However, these were not signed in all of the files we looked at. Where appropriate, best interest decisions had been recorded to provide appropriate consent for care and support where the person was unable to give consent themselves.

Is the service caring?

Our findings

People who used the service told us "The staff are alright. They are usually kind to me. They help me and I think they care about me. They shout a lot but it's not at me", "The staff are alright. They are kind. They speak to me nicely" and "They are the best thing about being here"

We spent time during the inspection observing interactions between people and staff. We found that some interactions were positive, some were fairly neutral and others were not positive. During the morning of the inspection we observed some jovial and friendly interactions. People clearly enjoyed the company of the staff on duty. Staff took time to chat, were friendly and affectionate with people and responded to requests for support in a timely manner. We observed that the staff on duty took the opportunity to socially interact or instigate activities with people during times when no care tasks were being completed. All the people who used the service were using the communal areas and there was a calm and relaxed atmosphere. We saw staff supported people to complete activities and assisted and supported them with things such as putting on makeup and doing their hair which they clearly enjoyed. We observed that when staff were asked repetitive questions, they answered each time in a patient and caring manner. People were given choices about what they wanted to do and where they wished to be. We noted that when a person requested repeated assistance with personal care, this was given without delay. When a person indicated they were in pain, staff responded quickly and reassured the person as well as ensuring they received some pain relief medication.

During the afternoon, following a staff change, the service became more subdued. We noted people who were sitting in the lounge for long periods not engaged in any activity. We observed staff sitting in the lounge at the same time, watching the television and not interacting with people very much. On one occasion a person using the service asked a member of staff to walk up and down the corridor with them. The staff member responded "No, I will just watch you from here" and they then returned to watching the television. We saw multiple examples of people getting up and wandering around only to be quickly guided or encouraged to go and sit back down in the lounge. The television was showing programmes that none of the people using the service had an interest in. No indoor activities or interactions were introduced by staff. The temperature in the lounge was very warm and people just sat around dozing in and out of sleep. We observed that this lack of interaction and purposeful activity went on for over three hours.

When we spoke with people who used the service and some staff we were told that sometimes, particular staff shouted and used swear words. We also noted that approaches and appropriate communication with people, as well as staff codes of conduct had previously been discussed at team meetings and in supervision discussions. We spoke with the registered manager about these issues. They told us that they would consider ways to ensure that staff were mindful of confidentiality and were respectful in their approach.

We also noted during the inspection several occasions where staff were not mindful of confidentiality or respectful of people in their vicinity. For example, we heard staff discuss in a room full of people, when someone last had a shower, incontinence pad supplies for one person, and a person's family member. We observed one person become extremely distressed because the staff member was talking about them while

stood next to them. Despite this distress they did not stop speaking about them. We also saw a person request some assistance to wash their hands. The staff member turned to another staff member and said "They have a thing about being clean" in what could have been interpreted as a derogatory tone.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Bedrooms had been personalised to each individual and staff explained the ways that they had involved people in making decisions and identifying things that would make the space more inviting and personalised to the person's preferences. One person told us "I clean my own room and I have chosen to have dolphins on the wall. The manager is taking me to buy dolphin wallpaper".

Within care plans we saw records relating to communication. A sheet in each care plan recorded how the person behaved and communicated when they were in pain, fed up, unwell, or tired. The language used was respectful and caring. We also saw a detailed guide in one person's file regarding their use of behaviour management medication. It noted the protocols for staff to follow in relation to behaviours, triggers, minimising risk and dealing with any issues while maintaining the person's safety, dignity, privacy and choice. This encouraged staff to look at alternatives wherever possible. Another person had a section in their file regarding their level of understanding of the written word, how to communicate with them regarding diet and nutrition and how to recognise things that might be affecting their mental health.

People had specific care plans regarding personal care. These were recorded in a good level of detail and included information about the person's preferences. Where appropriate, care tasks specified if they should be carried out by male or female staff to protect people's dignity. Staff we spoke with had good knowledge of how to support people while maintaining their privacy and dignity. We saw that this was demonstrated with the care being delivered during our inspection. Plans demonstrated that families and people where possible had been involved in their development and review.

We observed that in relation to personal care, staff respected people's privacy and provided them with support and personal care in the privacy of their own rooms. We saw staff knocked on a person's door and waited for permission before they went into their room.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager any issues or concerns. One person who used the service had previously accessed an independent mental capacity advocate who had worked with them on a regular basis. They were now considering whether they would like to have an advocate. An advocate is a person who supports the person to have an independent voice if they do not have family or friends to advocate for them. The registered manager told us they would be looking in to whether this would be beneficial and useful for the person.

Some people had sections in their care plans that documented any end of life wishes they or their families had. These had been put together with the involvement of families where appropriate. Staff had been trained in end of life care through the providers training department. This was to ensure that staff were clear on how to care for somebody appropriately at the end of their lives. This was particularly important as most people who used the service had expressed a wish to stay in the service whatever happened.

Is the service responsive?

Our findings

We spoke with people about living at the service. One person told us "I chose to live here, I do like it". Another said "The staff help me get washed and dressed. There is always enough staff to help me. I don't know what could be better".

We saw that some of the care plan files we looked at contained laminated flip booklets with pictures of activities on them. These were named 'Choice Books'. Some featured photographs of the person themselves undertaking activities. These were designed to allow the person to make an informed choice about the activity they wished to undertake. However, these were filed in care plans and we did not see them being used during our inspection.

We found that people had a 'leisure' care plan which noted the kinds of activities that each person would enjoy. One we looked at was fairly limited and said that 'new activities need to be identified'. People had daytime activities plans but these were also limited. Some people did activities at external venues and the staff told us they tried to get people out and about in their local community as much as possible. We saw during our inspection that two people went out with a member of staff for a walk or to visit the shop. Staff explained that there always needed to be at least two members of staff in the house because of the care required for those people who were epileptic. This meant that people could only go out when staff numbers were higher. We did not see any structured activities take place in the afternoon but in the morning, people were encouraged to do some colouring, have their makeup, hair and nails done and to carry out some minor domestic tasks.

We noted that one person who used the service had challenging behaviour and that the triggers identified were boredom and lack of stimulation. We observed that during the afternoon staff did not attempt to engage the person in anything meaningful and in fact discouraged them when they suggested an activity. This did not support positive behavioural support approaches for the individual. The registered manager told us that there were not any staff members responsible for co-ordinating activities or things to do in the house but that there was a cupboard full of board games and puzzles. It was unclear if these would have been appropriate for the people using the service. Staff comments included "There are a cupboard full of activities but other staff don't get them out", "There is a lot of sitting around" and "Some staff don't allow people in the kitchen – they turn them away. They are not encouraged to take part in kitchen based activities".

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed during the inspection that staff were mostly responsive to people when they required support. We saw some staff pro-actively engaging people in activities or general conversation and when people required assistance, such as with personal care, this was delivered in a timely manner.

We looked at care plan files for two people who used the service. Care plans were well structured and included individual plans covering a range of topics including communication, health, medicines and medical conditions, mental health, personal care, eating and drinking and use of equipment. There was evidence that care plans were written with the involvement of relatives and people. All of the care plans had been reviewed and changes made as necessary. A list at the front of each folder documented when each care plan had been reviewed and updated and what sections had been changed. These had been completed either once every six months or when the needs of the person changed. One or more of the plans were reviewed per month. The care plans were very detailed, person centred and included a good level of information for staff to use to direct the support in the ways people wanted.

We saw in one person's file that they had a record of the things they were aiming to achieve over the coming year and what changes they would need to make. This covered personal care, general health, medicines and mobility. This was designed to help the person develop independent skills and take personal responsibility for some areas of their life.

One of the files contained a record of what high and low moods looked like for the person. This recorded what thoughts they were expressing, how they were communicating, what emotions they were showing and what behaviour they were displaying. This gave staff a guide as to how they should respond and what they needed to look out for.

When we spoke with people who used the service about care plans they told us "I don't know about a care plan but I talk to staff about medicines, getting dressed, what food I like and what things I like to do" and "Yes I have seen my care plan. It has all the help I need in there".

We saw that usually before a person came into the service an assessment of needs was carried out. This assessment covered all the appropriate areas and was completed to a good level of detail. This ensured that the service was clear on the needs of the person and how they would be able to support them prior to the person moving into the service.

We looked at the information regarding complaints. A policy was in place which included the process to be followed for both complaints and compliments. The registered manager told us that no complaints had been received in the time since our last inspection. The registered manager explained how complaints would be dealt with as quickly as possible or would be escalated to senior managers if it was felt necessary. They were able to give us examples of some lower level issues that had been raised and dealt with over the last few years. When we spoke with people who used the service they told us "I would complain to the manager and they would do something if I was worried" and "Oh yes, I would tell staff if I wasn't happy". Complaint information was given to people and their relatives when the service began. None was displayed in the home although staff told us this was because it was people's home and they did not wish to have such information displayed.

A client guide was included in the care plan files. This documented who the provider was, their statement of purpose, the things they believed in such as choices and rights, what staff would do, how to access advocacy, how to tell the provider about anything including if things were wrong and safety and security.

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission in 2010.

One person who used the service told us "The manager is alright". Another said "The manager is kind. The staff ask me if I am happy all the time".

Staff felt generally supported by the manager. Comments made to us included "I have had supervision and we have spoken about some of the other things I was worried about as well" and "The registered manager is supportive. You can raise anything and I feel able to chat with them. They would take action about anything important".

There were a range of systems being used to monitor and improve the service to ensure it was effective. The quality assurance processes in place were used consistently. A monthly audit file showed that finances, infection control, staff training, health and safety, nutrition, care plans, risk assessments, safeguarding, medicines, fire safety were all subject to regular checks and audits. However, we found that despite the high number of accident and incidents being recorded, there was not a system in place to routinely analyse these for trends or actions to be taken to avoid re-occurrences. We also found that reviews of fire safety in the building had not highlighted that personal evacuation plans were not accessible for people. We found several potential incidents that would have required notifications but these had not been submitted to the CQC since the last inspection. We also did not find any records relating to review and consideration of regular activities and occupation for people, especially in order to manage challenging behaviour due to boredom. This meant that the quality assurance and governance processes in place had failed to identify the issues found during our inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us, and documents we looked at demonstrated that a series of checks were undertaken to assess the quality of the service. The area manager visited monthly to carry out an audit of several different areas, alternating at each one and always inclusive of interaction or observation of people using the service. Monthly managers meetings enabled managers from the local area to get together and discuss issues, concerns or matters arising.

Questionnaires were sent to people, families and professionals and these were co-ordinated and analysed centrally. The results were not split into separate locations and covered all St Anne's services so it was not possible to ascertain the satisfaction of people for this particular service from the results.

A quality document the provider had implemented included a wellbeing outcome framework and basic standards expected in the service. This demonstrated that the focus was on continuous improvement in areas such as meeting individual's physical, emotional, social and cultural wellbeing. It noted how success was measured through both internal and external monitoring. Aims for the service covered various areas, for

example communication, privacy, cultural needs, participation, relationships and living conditions. The registered manager explained that this document would be the basis of the quality improvement framework used in the service going forward.

A strategic plan for the period 2014 to 2020 had been put together by the wider provider organisation. This included details on how improvements were going to be made and the areas that were to be the focus of the organisation such as 'clients at the centre' and 'learning and development'. The vision, mission, principles, key achievements, themes and strategic aims were all included.

We saw evidence and staff told us that staff meetings took place on a regular basis. Meetings took place around once per month and kept staff updated with any changes in the service and allowed them to discuss any issues. The registered manager and staff had discussed topics including client's health and wellbeing, activities and progress towards care plan objectives, learning and development, safeguarding, health and safety, policies, and quality assurance. The minutes appeared to show that the meetings were more focussed on information dissemination than inclusive discussions but the registered manager felt that the meetings themselves were more inclusive than the records captured. Staff we spoke with comments included "I offered some ideas but they weren't really taken up" and "I would feel able to challenge things in meetings".

We saw that there were regular client meetings for people who used the service. Topics discussed included issues from previous meetings, activities and things that needed to be addressed for each individual person. These gave the person, where able, the chance to tell staff about anything they wished.

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 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users was not appropriate, did not meet their needs or reflect their preferences. Regulation 9 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may have been at risk. Regulation 17 (1)(2)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider had not received appropriate training and professional development as necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2)

