

Annelfield House Ltd

# Annelfield House Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

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 and provides accommodation over three floors.

### People's experience of using this service and what we found

Some areas of the home required improvements to the environment. There were worn carpets on the stairs leading to people's bedrooms and some furniture required replacing. We have made a recommendation that these issues form part of their refurbishment programme.

People felt safe using the service and staff had a good understanding of how to identify and report any concerns. People living at the service had varying degrees of capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests the policies and systems in the service supported this practice.

Risks were fully assessed using recognised tools and management plans provided clear guidance to staff on how to minimise the risk.

People were supported by enough staff who were well trained, kind and caring and knew people well.

People received their medicines as prescribed by trained and competent staff.

Staff worked well as a team and worked well with other professionals. Professionals were positive about their experience of working with the home.

People were supported by staff who routinely promoted privacy and dignity. Staff had a good understanding of people, their likes and dislikes.

There were varied activities in place tailored to people's needs. People were encouraged to be involved in the choice and delivery of activities as much as possible. People were encouraged to access the community independently. Some people needed support and encouragement from staff to undertake daily living skills such as cleaning their bedrooms and assisting with their personal washing.

People and staff were positive about the management. There was an open culture focussed on continual learning and improvement.

There were robust systems in place for auditing and reviewing the quality of care. The registered manager did a daily walk around the home to check on repairs, cleanliness and any refurbishment required. After the inspection the registered manager sent up a refurbishment plan with dates for completion. This included

areas identified in this report.

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

Rating at last inspection: The last rating for this service was good (published 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Annefield House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Annefield House Limited

## Detailed findings

### Background to this inspection

#### The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector on 25 October 2019.

#### Service and service type

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

The 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

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Throughout the inspection we provided the service opportunities to give us feedback on what they did well and any improvements they had planned to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service. We spoke with three members of staff including the deputy manager, support staff and the cook.

We observed medicine administration to people. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered manager as she was unavailable on the day of the inspection. This helped to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The registered manager carried out regular checks to ensure the cleanliness of the service. We were sent a refurbishment programme after the inspection which showed action would be taken to address the issues identified in the effective domain.
- Some areas of the home needed refurbishment. The provider had made improvements to ensure people were safe and met their comfort needs by replacing the heating system and installing a new fire alarm system.
- Communal areas were clean and tidy, and people told us they helped to clean their own bedrooms.
- There were housekeeping staff employed to keep the home clean and carry out laundry duties.
- Staff had received training in prevention and control of infection. Staff told us they had access to protective equipment such as gloves and aprons if they were required to use them.
- The home had a food hygiene rating of five stars which is the highest rating and the staff had received training in food hygiene.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "The staff are kind and caring. They guide us if they think we may be making unwise decisions." Another person said, "We all get on, but sometimes we may have a disagreement with another person. Staff are always around to talk things through."
- Staff had a good understanding about safeguarding vulnerable adults. One staff member said, "We have safeguarding training every year. I would report anything of that nature to the deputy or the manager."
- The registered manager appropriately reported incidents of potential abuse to CQC and the local safeguarding team.

### Assessing risk, safety monitoring and management

- People were protected from potential risks. Risks posed to people because of their mental health condition had been assessed. For example, we found risk assessments were written and detailed what support people needed to stay safe while out in the local community.
- A monthly recovery plan provided details of risks to people on the front page of their care plan including assistance they would need if there was a fire, whether they had difficulties eating, drinking or swallowing and whether they were at risk of falls.
- People told us that they liked to smoke but understood the reason why they were not allowed to smoke in their bedrooms. One person said, "We have to smoke outside for the comfort and safety of other people living at the home."

### Using medicines safely

- People received their medication in a safe way and in a timely manner.
- People were supported with their medicine by staff who had received training and were deemed competent to provide safe care to people.
- We observed people receiving their prescribed medicine. Staff were professional and calm when administering medicines. The member of staff asked people if they were ready for their medicines. People were discreetly asked if they needed 'as required' medicines for pain relief.
- One person we spoke with told us they knew their medication helped their mental health. They said, "I can talk to the staff if I begin to feel unwell, we talk to our keyworker who supports me to my appointments and medication reviews."
- Medicines were audited monthly routinely and randomly. Any issues were addressed, and staff received appropriate training as required.

### Staffing and recruitment

- There were robust recruitment processes in place to ensure that the service employed staff who were suitable to work in a care service.
- Staff rotas confirmed the right amount of staff were on duty to support people.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery.
- Additional staff were used to support people with things like medical appointments and social outings.

### Learning lessons when things go wrong

- Incidents and accidents were recorded and the registered manager had systems in place to monitor and analyse trends in accidents and incidents.
- Staff were aware of what needed to be reported.
- The registered manager gave an example where lessons had been learnt from an incident involving a medication error. Additional checks, further training and the checking of staff's competencies had helped to minimise the risk of further mistakes.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

- The environment was in need of some improvements. There were worn carpets and damage to the ceiling in one of the toilet areas. Some of the furniture was old and worn and in need of replacement. This made them difficult to keep clean.
- Bed mattresses needed replacing so they could be cleaned effectively.

We recommend the provider considers the replacement of some furniture which meets best practise guidance on infection control standards and health and safety.

- People were able to personalise their room with some of their own furniture.
- We observed people moving freely around the home. People were encouraged to socialise during the day in communal areas but could return to their bedrooms if they wished.
- Secure outside space was available to people. People were encouraged to spend time outside.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were supported in line with the Mental Capacity Act 2005.
- Staff had been trained in the MCA and understood the importance of helping people make their own choices regarding their care and support and had a good understanding of the principles of the Act.
- Where people had a DoLS authorisation this was clearly recorded in people's files. These were managed in the least restrictive way possible. For example, one person was not able to access the community without staff supervision. This was for their own personal safety.

- We observed staff seeking consent from people prior to them being supported. People told us they were asked about how they would like their support.

Supporting people to live healthier lives, access healthcare services and support

- People we spoke with told us they could access healthcare professionals such as dentist, opticians, chiropodists and their own doctor. People we spoke with confirmed they visited healthcare professionals both in the community and those who visited them in the service.
- People were supported to attend appointments to review and assess their mental health. One person we spoke with said, "My keyworker goes with me to appointment so that I don't get anxious."

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

- Care plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- People's preferences and choices were recorded, including their interests, hobbies and work life history.

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

- People were encouraged to make suggestions about the type of food they liked. The cook told us curries and pasta dishes had been added as people told them they liked spicy foods.
- People's wishes, and beliefs were taken into consideration when preparing meals. Vegetarian and halal foods were provided; along with meals for people who required a diet suitable for conditions like diabetes.
- Where there were concerns relating to people eating and drinking, care plans were in place and these were highlighted in the monthly recovery plan. Weights were also recorded, where required, to highlight any changes which may need further intervention from dieticians.
- Observations over the two lunch sittings showed people were offered a choice of meal and included various drinks and fruit juices.
- People said they had enjoyed the fish and chips which was homemade by the cook. They said, "The cook is excellent, she has cooked for the Queen, so she must be good."

Staff support: induction, training, skills and experience

- Staff told us they felt supported. One member of staff told us, "I feel very supported by my manager and deputy manager. I know I can go to them at any time for advice."
- Staff training, and refresher training was arranged to ensure skills and knowledge were kept up to date.
- New staff employed are expected to complete a formal induction followed by ongoing supervision and mentoring from more senior staff.
- Staff files showed confirmation that formal supervision takes place at regular frequency and staff also attend staff meeting for updates from the registered manager and the provider.

Staff working with other agencies to provide consistent, effective, timely care

- Where healthcare professionals had been involved, their advice was followed.
- We received positive feedback from the quality monitoring manager from the local authority. They told us the service worked closely with themselves to make ongoing improvements to the service
- 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.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- People we spoke with told us they were treated with respect. One person said, "We all get on it's a nice home and the staff are really nice." Another person said, "I have not been here very long and would like to eventually go home but it's nice here staff are really kind and friendly."
- Observations throughout the day were positive. The deputy manager particularly had good rapport with people. People engaged in banter and there was a pleasant relaxed atmosphere throughout the service.

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

- People were supported to be involved in their care. Care plans contained details of people's preferences.
- People were able to choose how they spent their day and we observed people taking part in a range of activities of their choice.
- People told us they felt confident to express their views and make decisions about their care.
- People were encouraged to attend meetings where they could discuss menus, outings and activities. One person said, "We all had a great day in Skegness. We chose there as a few of us had holidays there in the past. It was a long way, but we enjoyed it."

Respecting and promoting people's privacy, dignity and independence

- People felt they were supported to be independent. One person told us, "I choose when I get up and get support when I need it. I can wash myself okay but always have someone with me when I have a shower. I feel that they all respect me and give me privacy and dignity"
- People were supported to be as independent as possible. Some people went independently out of the service to the shops or church for example. Others needed more support to go out into the community.
- One person told us they had visits three times a week from their partner. On the visits they went to the bedroom and the staff were respectful of their privacy. Staff knew they did not want to be disturbed.
- Staff understood how to maintain privacy and dignity. One staff member said, "We have people from different cultural backgrounds and beliefs and it is important for staff to understand people's differences."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support from staff. Care plans had enough detail to ensure staff understood their needs. People we spoke with confirmed their preferences and wishes were included in the care plan. One person said, "I meet regularly with my keyworker to discuss any issues and this gives me time to talk about what is important to me."
- Staff were knowledgeable about people and they ensured support-maintained people's independence.
- Recovery care plans were reviewed monthly by staff. The reviews included the views of the person and any family involvement they may have.
- We observed good interaction between staff and people. Staff listened to what people were saying and gave time for them to express their views.
- The management team and staff understood people's spiritual needs. The care plans included a section where the person could express their spiritual needs. Staff told us they would facilitate visits to places of worship if anyone wanted to go.
- People were encouraged and supported to maintain important relationships with family and friends. The service welcomed visitors. The deputy manager told us most people had regular contact with relatives and friends. Some people went out for meals with family others had visits from relatives at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We found people were able to communicate their wishes clearly without assistance from staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of a person's social and work history and how it impacted on their wishes and needs within a care home. For example, one person liked to bake cakes to be served at tea time. We were shown their latest cake baked on the day of the inspection.
- People were encouraged and supported to maintain important relationships with family and friends. The home welcomed visitors. The deputy manager told us most people had regular contact with relatives and friends. Some people went out for meals with family others had visits from relatives at the home.

- We observed two people playing board games. Staff had regular conversations with them asking who was winning. Another person told us they liked quiz programmes on television. They particularly liked the older programmes which we saw them playing along.
- Other people told us they liked going to the shops to pick up their favourite items. People told us they liked to go out for meals and had their favourite places to visit.

#### Improving care quality in response to complaints or concerns

- People told us the management were responsive if they had any concerns. One person told us, "I would not hesitate to go to the manager or any other members of staff if I had something to say. I know they would listen to me."
- There were no open or unresolved complaints on the file we looked at. The complaints procedure was displayed in the entrance. Staff said they would give support to anyone who wanted to raise a concern.
- The service operated an open-door policy, so that people could enter the office to speak to the manager at any time.

#### End of life care and support

- At the time of the inspection no-one was being supported with end of life care needs.
- People's preferences in relation to end of life support was explored during the care planning process. We saw evidence of discussions and outcomes on the care files looked at.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager showed an open and transparent approach and was passionate about promoting a person-centred, inclusive and empowering culture.
- It was clear throughout the inspection and feedback we received, the service was committed to providing person-centred care which promoted people's quality of life.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong.
- The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

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

- People and staff were complimentary about the way the service was run. A staff member said, "I feel very supported I know my roles and responsibilities within the organisation and I feel we all work well to make sure we support people to be as independent as possible." One person said, "I like all the staff, the managers are very nice. They make sure we receive the care and support we need."
- Staff were committed to providing person-centred care and learning from any incidents.
- Systems and processes were in place for the auditing of all aspects of care including care plans, and delivery of care as well as the management of the building.
- The registered manager told us they walked around the building to ensure it was clean and well maintained. After the inspection we gave feedback to the registered manager and she sent us a 'house maintenance report' which highlighted areas that would be given priority. She acknowledges that some areas of the home needed improvement. She told us she was awaiting a response from the provider.
- The registered manager continued to ensure the ratings from their last inspection were clearly displayed in the service.

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

- The service continued to actively seek people's views through regular keyworker meetings and service user meetings.
- People and staff were observed seeking guidance and reassurance from the deputy manager and support staff throughout the inspection. The atmosphere was relaxed and calm, with people and staff laughing and engaging in positive discussions. People continued to be treated equally and had their differences respected.

Continuous learning and improving care

- The registered manager demonstrated a commitment to continuous learning. They gave two examples of this. The first was learning from incidents where the person may have needed medical assistance. The second was learning from mistakes when administering medication. Further training and monitoring systems were put in place to minimise the risk to people.
- Staff meeting were used to discuss incidents and accidents. This meant staff were involved in the developments and progress of the service.

Working in partnership with others

- The registered manager told us they worked closely with outside agencies to ensure people received appropriate care and support. They have forged good relationships with community psychiatric nurses, consultants and social workers to help maintain and support people's mental health.
- We received positive feedback from commissioners of the service who also monitor the quality of care provided.