

United Response

United Response - 85 St Anne's Road East

Inspection report

85 St Anne's Road East
St Anne's-on-Sea
Lancashire
FY8 3NF

Website: www.unitedresponse.org.uk

Date of inspection visit:
13 April 2017

Date of publication:
30 May 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of 85 St Anne's Road East on 25 February and 8 March 2016. At which we found breaches of legal requirements. This was because the provider had failed to ensure staff were working in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards legislation. This meant the rights of people who did not have capacity to consent to any aspects of their care or support may not have been fully protected. They had also failed to operate implement effective arrangements to monitor safety and quality across the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on 13 April 2017 to check they had followed their plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the latest inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for United response – 85 St Anne's Road East on our website at www.cqc.org.uk.

United Response – 85 St Anne's Road East is a small care home registered to provide care and accommodation for up to six people. The home is located close to St Anne's town centre, local services and public transport. At the time of the inspection visit four people lived at the home.

There was a registered manager in place. Although they were unavailable when we inspected. However the area manager was available to provide information during the inspection. 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.

At our focused inspection on 13 April 2017, we found that the provider had followed their plan which they had told us would be completed by April 2016 and legal requirements had been met.

We checked what progress had been made in completing mental capacity assessments in relation to each person. Records seen demonstrated mental capacity assessments had been carried out and established people did not have capacity to make the decisions identified.

Audits and monitoring of the care provided had been regularly completed. Accidents and safeguarding concerns were monitored and evaluated for lessons learnt. Medicine checks were completed daily and audited weekly. This reduced the risk of medicines errors. House meetings, team meetings and manager meetings were held regularly to make sure staff were kept informed and up to date with any actions, ideas and changes. This assisted in providing safer governance.

We could not improve the rating for effective or well led from requires improvement because to do so

requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Records were in place to show mental capacity assessments had been completed in relation to each person.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for responsive at the next comprehensive inspection.

Requires Improvement 

Is the service well-led?

We found that action had been taken to improve the leadership of the service.

The home was led and managed and governed more effectively with regular monitoring and audits and action taken on their findings.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well led at the next comprehensive inspection.

Requires Improvement 

United Response - 85 St Anne's Road East

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.

We undertook a focused inspection of 85 St Anne's Road East on 13 April 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 25 February and 8 March 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service effective and well led. This is because the service was not meeting legal requirements in relation to those questions.

The inspection team consisted of one adult social care inspector.

Prior to our unannounced inspection on 13 April 2017 we reviewed the information we held about . 85 St Anne's Road East. This included the provider's action plan, which set out the action they would take to meet legal requirements and notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home.

We spoke with a range of people about 85 St Anne's Road East . People who lived at the home had limited verbal communication. However we chatted with three people and observed staff interactions. We also spoke with two staff and the area manager. We did this to gain an overview of what people experienced whilst living at 85 St Anne's Road East .

We checked documents in relation to two people who lived at the home and management and audit records.

Is the service effective?

Our findings

At the comprehensive inspection on 25 February and 8 March 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had failed to ensure staff were working in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards legislation. This meant the rights of people who did not have capacity to consent to any aspects of their care or support may not have been fully protected.

At this focused inspection on 13 April 2017, we found that the provider had followed their plan which they had told us would be completed by July 2016 and legal requirements had been met.

We checked what progress had been made in completing mental capacity assessments in relation to each person. We spoke with a member of staff and the area manager about these and checked the care records of two people. We found each person had mental capacity assessments in place in relation to their care. These confirmed the people they related to did not have capacity to make these decisions. We saw best interest meetings had been held and specific decisions made on behalf of people who used the service. Records had been kept to state who had taken part, the options considered and decisions made in relation to each issue. These demonstrated mental capacity assessments had been carried out and established people did not have capacity to make the decisions identified.

We could not improve the rating from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At the comprehensive inspection on 12 and 18 April 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because appropriate governance and monitoring were not carried out. At that inspection the home had been without a manager for some time. Although there was an audit system in place designed to ensure regular monitoring of quality and safety. This had not been fully completed and some checks had not taken place for several months. Other quality assurance processes such as monthly quality visits from an area manager and peer inspections from other managers from the organisation, had also fallen behind. Medicines audits were not taking place on a regular basis. Neither were adverse incidents, such as accidents or safeguarding concerns being effectively monitored.

On this focused inspection we checked what progress had been made in relation to governance of the home. We found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 and the home was led and managed more effectively. A new manager had been appointed and was registered with CQC as the registered manager of the home. The registered manager was unavailable when we inspected. However the area manager was available to provide information during the inspection.

Regular audits and monitoring of the care provided had been regularly completed. Accidents and safeguarding concerns were checked by the registered manager and sent on to the area manager for further monitoring, ensuring adverse events were not ignored. There had been regular quality audits of the home by other service managers and by the area manager and actions taken on findings. One result of this was new activities and a more structured activity plan had been introduced. This had increased social and leisure opportunities and improved people's experiences.

Medicine checks were completed daily and audited weekly. This had reduced the risk of medicines errors. House meetings, team meetings and manager meetings were held regularly to make sure staff were kept informed and up to date with any actions, ideas and changes. These measures ensured care and support, staffing and health and safety were monitored and governed appropriately.

We could not improve the rating from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.