

Ann House 2013 Ltd

# Ann House

## Inspection report

Ann Street, Kendal  
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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 

### Overall summary

We carried out this announced inspection on 22 May 15. Ann House was registered in April 2014 and this was our first inspection of the service.

Ann House provides accommodation and personal and nursing care for up to 16 people who have a learning disability and/or mental health needs. The service does not provide permanent accommodation for people. People are provided with specialist care and treatment to support them to be able to move to a more independent living environment.

There are eight bedrooms on the ground floor of the home and eight bedrooms on the first floor of the property. There are communal facilities on the ground and first floors of the home which people who live there share.

There was a registered manager employed in the home. 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.

# Summary of findings

People who used the service were safe. Staff were trained and knowledgeable about how to identify and report any concerns about a person's safety or wellbeing.

There were enough staff, with the appropriate skills, qualifications and knowledge to support people and to meet their needs. The staffing levels allowed people to take part in a range of activities and to make choices about their lives.

People's rights were protected because the registered manager was knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Where people required continual supervision and support to maintain their safety appropriate procedures had been followed to ensure their rights were protected.

Ann House was purpose built as a care home and provided people with a safe and comfortable environment that was suitable to meet their needs.

The focus of the service was on promoting people's skills and there were appropriate strategies in place to assist people to gain confidence and to have greater independence. The staff were kind and friendly to people and gave people the support they needed.

People made choices about their care and were given the information they needed to understand their support and to make choices about their lives. The staff employed at Ann House knew each person who lived in the home and the support they needed.

The registered provider had systems in place to monitor the quality and safety of the service. People who lived at Ann House were placed at the centre of their care and were asked for their views about the support they received.

# Summary of findings

## 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 safe.

People who lived in the home were protected because the staff in the home were knowledgeable about how to identify abuse and were confident to report any concerns.

There were enough staff, with the appropriate skills, qualifications and knowledge to support people and to meet their needs.

Checks were carried out on new staff before they were employed to ensure that they were suitable to work in the home.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were trained and qualified to provide the care they needed.

People's rights were protected. The registered manager was knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Appropriate authorisations were in place for any restrictions on people's liberties to ensure their rights were protected.

Ann House was designed and built to meet the needs of people who would be offered accommodation in the home. People were provided with a safe and comfortable accommodation that met their needs.

Good



### Is the service caring?

The service was caring.

The staff were kind and friendly to people and gave people the support they needed.

People made choices about their care and were given the information they needed to understand their support and to make choices about their lives.

The focus of the service was on promoting people's skills. There were appropriate strategies in place to assist people to gain confidence and to have greater independence.

Good



### Is the service responsive?

The service was responsive.

People made choices about their daily lives and were included in decisions about their support.

A range of appropriate activities were provided that took account of people's interests and preferences and which were aimed at increasing their independence and skills.

The registered provider had a procedure for receiving and managing complaints about the service. People knew how they could raise any concerns about their support and were confident that action would be taken if they made a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

People who lived in the home were asked for their views about the service and placed at the centre of decisions about their lives in the home.

The registered provider monitored the quality of the service to ensure people received safe care that met their needs.

Good



# Ann House

## 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 22 May 2015. We gave the provider 48 hours' notice of our visit to the service because the location was a care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one Adult Social Care inspector and a Specialist Advisor who had experience of supporting people who have a learning disability and complex mental health needs.

There were nine people living at Ann House when we carried out our inspection. During the inspection we spoke with six people who lived in the home, two support staff, two registered nurses, two ancillary staff, the deputy manager and the registered manager of the home. We observed care and support in communal areas of the home and looked at the care records for four people. We also looked at records that related to how the home was managed.

Before the inspection, 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. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local authority social work teams to obtain their views of the home.

# Is the service safe?

## Our findings

All the people we spoke with told us that they felt safe living at Ann House. One person said, “I’m safe, the staff keep me safe” and another person told us, “I feel safe here”.

People told us that they would speak to one of the staff in the home if they felt unsafe or anxious. We saw that people were comfortable and relaxed in the home and with the staff who were working there. We observed that some people looked to the staff to reassure them when they were anxious and saw that the staff provided support promptly. This showed that people trusted the staff to provide the support they required.

All the staff we spoke with knew how to identify and report abuse. They told us that, if they had any concerns about the wellbeing of an individual, they would report this immediately to the registered manager or deputy manager of the service. The staff showed that they understood their responsibility to protect people in the home from harm. They said they would be confident to speak to the registered manager if they had any concerns about the actions of another member of staff.

Some people who lived at the home could experience behaviour that challenged the service and that could place them, other people or the staff at risk. We saw that all staff carried personal alarms to summon assistance if they felt that they or a person living in the home was in danger.

The records we looked at showed that there had been times when the staff had used the alarms because they felt at risk or had been assaulted by an individual who lived at Ann House. The registered manager told us that staff had to activate the alarms to summon assistance. They said that the alarms would not automatically trigger if, for example, a staff member was knocked to the ground or was unconscious on the ground. We were concerned about how the systems in the home protected staff working alone in private areas with individuals.

After our visit to Ann House we discussed our concerns with the registered provider for the service. They provided us with additional information showing how they had assessed that the measures in place ensured the safety of staff in the home. They told us that they were confident that staff were safe due to the controls that were in place including the training provided to staff, staff knowledge of the individuals they were supporting, the specialist support

available within the service and the assessments around potential risks. The registered provider gave us assurances that all options had been considered to maintain the safety of the staff and people living at Ann House. They also confirmed that the safety systems were reviewed taking into account the needs and behaviours of people who lived in the home.

The records we looked at showed that risks to individuals’ safety had been identified and measures put in place to reduce and manage any hazards identified. We saw that the risk assessments focused on protecting people from harm while also supporting them to have opportunities to develop their skills and to increase their independence.

At our inspection we saw that there were sufficient staff to provide the support people needed and to allow people to follow a range of activities in and away from Ann House. The service provided support to people who required nursing care and there was a qualified nurse employed on each floor of the home. The registered manager and deputy manager were also qualified nurses and able to support the care and nursing staff.

The care and nursing staff were supported by ancillary staff including a cook, housekeepers, a receptionist and maintenance person. This meant that the care and nursing staff were able to use their time to support people who lived in the home. The registered provider also employed an Occupational Therapist and Psychologist to provide specialist support and advice. This helped to ensure people had access to appropriate specialist support.

We looked at how medicines were stored and managed. We saw that medicines were stored securely to prevent them being misused. All the staff who handled medication had received training to ensure they could do this safely and good procedures were in place to ensure people had the medicines they needed at the time that they needed them. The records of medicines that had been given to people were fully completed to show when people had received their medicines. This protected people as it helped to prevent mistakes in how medicines were administered.

Safe systems were used when new staff were recruited to work in the home. We saw that all the checks required by law had been completed. This meant that people could be confident that the staff were safe and suitable to work in the home.

## Is the service safe?

Ann House was purpose built to be used as a care home. Appropriate guidance had been followed to ensure the premises and furnishings were safe for people to use. There was equipment to detect and fight fires and a procedure for staff to follow to protect people in the event of a fire.

Checks were carried out on the premises to ensure the safety of people who lived at Ann House and equipment in the home was serviced and maintained to ensure it remained safe to use.

# Is the service effective?

## Our findings

We asked people who lived at Ann House if they thought the staff who worked there were trained and competent to carry out their duties. They told us that they thought the staff were trained and one person said, “They [staff] are good at their jobs”. Another person told us, “They [the staff] know what they’re doing”.

All the staff we spoke with told us that they had completed a range of training to ensure they had the skills to meet people’s needs. They said they had completed training in protecting people from abuse, safe moving and handling, first aid and health and safety. They also said they had completed specialist training relevant to the needs of people who lived at Ann House, including training in how to manage behaviours that challenge the service.

The staff told us that they felt well supported by the management team in the home. They said that they had a meeting each month with their line manager where they discussed their own practice and were able to raise any concerns. They told us that the registered manager and deputy manager were “very hands on” and worked alongside them providing support and guidance as they worked with people. All the staff we spoke with said they received the support they needed to carry out their roles and to provide the care people in the home required.

People told us that they enjoyed the meals provided in the home. We saw that people were supported to make their own breakfast and snacks, with the midday and evening meals usually provided by the kitchen. On each floor of the home there was a domestic style kitchen which people could use, supported by staff, to make their meals and to gain independent living skills. One person said that they enjoyed cooking the food that they had chosen and purchased.

During our inspection we saw that people made choice about their daily lives such as where they spent their time and the activities they followed. We saw that the staff in the home sought people’s consent and agreement before providing support to them.

The registered manager was very knowledgeable about their responsibility to protect the rights of people who lived in the home. They had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and how they applied to respecting the rights of people who lived at Ann House.

Some people who lived in the home required specialist support to make important decisions about their lives. We saw that people had been supported to make decisions by their families and some people had been supported by an Independent Mental Capacity Advocate, (IMCA). IMCAs are independent of the home and are trained to support people to make choices about and to express their wishes about their care.

The aim of the service was to promote people’s independence while maintaining their safety. Some people who lived in the home had a Deprivation of Liberty Safeguard in place as they required continual supervision and support in order to maintain their safety or the safety of other people. We saw that the appropriate authorisation was in place for any restrictions to ensure people’s rights were protected.

People told us that they were supported to attend health care appointments as they required. The care records we looked at showed that people received support from local health care services such as GPs and from specialist services such as a mental health and learning disability services. We saw that people who lived in the home received support to maintain their health and to access specialist services as appropriate to their needs.

Ann House had been designed and built to accommodate people who may have complex needs. Each person in the home had their own room with a walk in wet room with shower. We saw that corridors were wide and spacious to give people the space they needed to feel comfortable. There were two enclosed garden areas that people in the home could use. People had access to safe outdoor spaces. Each floor of the home had a range of communal areas that people could use. People were provided with a safe and comfortable environment to live in.



# Is the service caring?

## Our findings

People told us that Ann House was “a nice place to live”. One person said, “It’s much better here than the last place I was at”. Another person told us, “It’s great here, I like it”.

We saw that people who lived at Ann House knew the staff, registered manager and deputy manager. They appeared comfortable around all the staff employed in the home. Everyone we spoke with told us that the staff were kind and helped them as they needed. Throughout our inspection we saw that the staff were friendly towards the people who lived in the home. We saw that the staff gave people their time and attention and shared jokes with people. This helped to create a relaxed and homely environment for people to live in.

The staff knew how each person communicated their needs and how they expressed their choices. We saw that people were given choices about their lives in a way that they could understand.

The focus of the service was on promoting people’s skills and independence. We saw that there were strategies in place to assist people to gain confidence and to have greater independence.

The home was equipped to assist people to gain daily living skills. There was a domestic style kitchen and laundry room on each floor of the home. People in the home were supported to use these to make their own snacks and drinks and to wash their own laundry. This gave people the opportunity to gain skills and increase their independence in the supported environment in the home.

Some people who lived at Ann House required support to make important decisions about their lives. We saw that the registered manager had good links with local advocacy services. Advocates are people who are independent of the home who can help people to make their own decisions and to express their views. We saw that some people were supported by advocates, including advocates who were trained to support people who had complex needs. This meant people were supported by services that understood their needs and could help them to protect their rights.

Each person who lived in the home had a support plan which detailed their background, the support they required and the choices they had made about their lives. We saw that the care records included a document that the individual could complete before a review meeting to help them to plan what they wanted to say at the meeting. This document was in a format to make it most relevant and accessible to the individual and how they communicated their wishes. We saw that people were given the information they needed to understand their support and to make choices about their lives. People were supported to express their views and wishes about their support.

Each person who lived in the home had their own room. We saw that some people enjoyed spending time in their rooms. The staff protected individuals’ privacy. We saw that the staff knocked on the doors to private areas before entering and ensured that bedroom and bathroom doors were closed when people were receiving support.

# Is the service responsive?

## Our findings

Everyone we spoke with told us that they were happy living at Ann House. People told us that they made choices about their daily lives and said that the staff included them in decisions about their support.

We saw that people followed a range of activities of their own choice. During our inspection we saw that some people chose to follow an activity alone in their room and other people were supported to follow activities in the local community. We saw that activities were provided to take account of the interests and preferences of each individual. People told us about recent activities they had enjoyed including visiting places that interested them and attending the cinema to watch a film that they had chosen. We saw the activities were centred around each person. People were also encouraged to take part in activities that were aimed at increasing their independence and skills.

People told us that they made choices about their lives in the home including choosing their own bedrooms. We saw that some people had chosen a room on the ground floor of the home and some people had chosen rooms on the first floor. The registered provider had ensured that the staffing levels were sufficient to support people on each floor of the home and to give them a choice of the location of their own rooms.

Each person who lived in the home had a detailed support plan that held information about the support they required and how this was to be provided. The support plans had detailed information to guide the staff on how to care for people. We saw that appropriate specialist services were included in supporting people and in developing their support plans. The support plans that we looked at included individuals' goals and the strategies agreed to help them to gain greater independence.

We saw that people's support plans were reviewed each month, or more frequently if this was required. This helped to ensure that the staff had up to date information about how to support each person.

The staff we spoke with showed that they knew each person who lived in the home and the support they needed. They had a good knowledge of individuals' support plans and the choices people had made about their support and lives.

Everyone we spoke with told us that the staff in the home listened to them and supported them to make choices about their care and their lives. Throughout our inspection we saw that the staff in the home gave people choices about their support in a way that they could understand.

We asked people if they would tell anyone at Ann House if they were not happy about their care or about how they were treated in the home. Everyone we asked told us that they would speak to a member of the support staff or to the registered manager if they were not happy about any aspect of their care. People showed that they were confident that action would be taken if they raised any complaints about their support. One person told us, "I'd tell [the registered manager] or the big boss [registered provider], I'd say if something wasn't right and they'd fix it".

The registered provider had a procedure for receiving and managing complaints about the service. We saw that this was available in pictorial format, to make it accessible to people who lived in the home. A copy of the complaints procedure was displayed at the entrance to the home, this meant it was readily accessible to people who lived in the home and their visitors if they needed to raise a formal complaint.

# Is the service well-led?

## Our findings

We asked people who lived at Ann House if they thought the service was well run. Everyone we spoke with told us that they believed that it was. We saw that people who lived in the home knew the registered manager and were comfortable around her. People who lived at the home told us, “[the registered manager] does a good job”.

People also told us that they knew the registered provider, as they visited the home regularly. One person said, “If [the registered manager] wasn’t doing her job right the big boss [registered provider] would tell her”. This showed that people were confident that the registered provider maintained oversight of the service.

Throughout our inspection we saw that people were asked in an informal manner if they were happy with their support. The provider also used formal systems to gather people’s views to influence how the service was provided. We saw that people had been asked to complete a quality survey to share their views with the registered provider and registered manager. Some people required support to complete the survey and the registered manager told us that this had been provided by a member of staff. We discussed how the value of the survey may be increased if people who required assistance to give their views were supported by a person independent of the service such as a friend, relative or advocate. This could help to make people feel confident that they could express their views openly, as the staff in the home would not know if they had stated there were areas within their care that they were not happy with.

The registered provider’s aim was to provide a service that placed people at the centre of their care and promoted their rights and independence. All the staff we spoke with showed that they were aware of this aim and told us that the service was focussed on promoting people’s choices and independence. We also observed this through the interactions between the staff and people who lived in the home.

All of the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered provider, registered manager and deputy manager. They told us that the registered manager was “very supportive” and said the registered provider was “very hands on and visible”.

We saw that the registered provider had systems in place to check the quality of the service to ensure people received safe care that met their needs. Checks were carried out on medication records, the safety of the environment and care records. This helped the registered provider to monitor the quality of the service.

Providers of health and social care services are required by law to inform the Care Quality Commission, (the CQC), of important events that happen in their services. We found that there had been two incidents in the home that had not been notified to CQC as required. However, we discussed these with the registered manager and found that this was due to a misunderstanding. The registered manager submitted the required notifications without further delay.