

Annelfield House Limited

# Annelfield House Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 26 November 2014 and was unannounced.

Annelfield House Limited is situated close to Derby City Centre. It provides a residential care service to 17 adults with mental health needs. At the time of this inspection there were 16 people living at the service and one person was in hospital.

The previous registered manager left the service in June 2013; however their registration was not cancelled until April 2014. At the time of this inspection the acting manager had submitted a registered manager's

application to us. 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 the last inspection on 17 December 2013, we asked the provider to take action to make improvements. We asked them to review the number of staff on duty to ensure people's needs were being met. Improvements were also

# Summary of findings

required with the recruitment procedures as the provider had not taken effective steps to ensure people were protected from abuse. The maintenance and the repairs of the home were not sufficient to protect people against unsafe or unsuitable premises.

The provider sent us an action plan outlining the improvements they would make.

At this inspection we found that action had been taken and improvements had been made.

The provider's recruitment procedures had improved. The provider had recruited more staff and they were waiting for the relevant pre-employment checks to be received before they could start work.

People who lived at the service told us they felt safe and were happy living at the service.

The provider had taken steps in recruiting additional staff, so that there will be enough staff available at the service to safely support people with their care and interests.

Medicines were safely administered and most people received medicines when they needed them.

The acting manager and staff demonstrated an awareness of the basic principles of the Mental Capacity Act (MCA) 2005. However, the necessary documentation was not in place where it was identified that people may not have capacity. This did not ensure people were being supportive protecting their rights.

Staff told us that they had received training that was relevant in supporting the people using the service.

People told us they enjoyed living at Annefield House Limited and that the staff were caring and understanding.

People were able to take part in interests and hobbies that generally suited them.

The provider did not have a system in place to manage complaints. However, people we spoke with felt able to speak to staff should they have any concerns. Audits to monitor the quality of the service were being developed.

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# 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 not consistently safe.

The provider had systems in place to recognise and respond to allegations of abuse. Staff were trained and understood their responsibility to ensure people were protected from the risk of abuse.

Staffing levels were adequate to meet the needs of the people using the service.

Overall, the provider's recruitment procedures ensured that people were being cared for by suitable staff.

Medicines were safely administered and most people received medicines when they needed them.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

People who lacked capacity were not fully protected under the Mental Capacity Act 2005.

Staff had received appropriate training to ensure that they could support people.

People were supported to maintain a balanced diet. They were able to make individual meal choices that met their dietary requirements.

People were supported to access health care services as necessary.

**Requires Improvement**



### Is the service caring?

The service was caring.

We saw people were treated with care and kindness.

People's dignity and privacy was maintained.

People told us that they were involved in the review of their care.

**Good**



### Is the service responsive?

The service was responsive.

People using the service lead active social lives that took into account their individual needs, hobbies and interests.

People were not aware of the complaints procedure, but felt confident that they would raise any concerns with staff. The provider did not have a system in place to manage and handle complaints.

**Good**



# Summary of findings

## Is the service well-led?

The service was not well-led.

There is currently no registered manager at the service. The CQC have received a registration application from the acting manager.

People using the service and staff told us that the current management team were supportive and approachable.

The provider did not have effective procedures for monitoring the quality of the service.

**Requires Improvement**



# Annefield House Limited

## 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 26 November 2014 and was unannounced.

The inspection team consisted of one Inspector, a CQC Pharmacy Manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience that supported us had experience and knowledge of mental health.

Before the inspection, we asked the provider to complete a provider information return. 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 contacted the provider prior to our inspection who advised us that they had received the provider information return, but had not submitted it as they had a technical problem with the document.

Prior to our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted the local authority's contract monitoring team and asked them for their views about the service.

We spoke with seven people using the service and one visitor regarding their experience of the service provided.

We also spoke with the acting manager who was managing the day to day running of the service, the deputy manager, the director and two care staff.

We looked at two people's care records, people's medication administration records, staff recruitment and training records. We viewed other records which related to the management of the service including the quality assurance systems, policies and procedures.

# Is the service safe?

## Our findings

At the last inspection on 17 December 2013, we found that the recruitment procedure did not ensure all the necessary pre-employment checks were being carried out. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we saw the provider had taken action. The acting manager told us that all new employees underwent appropriate recruitment checks. This included checking the applicants with the Disclosures and Barring Services (DBS), obtaining references and verifying their identification. This was confirmed in the three recruitment records we looked at. We spoke with one recently recruited member of staff who confirmed that all of the necessary pre-employment checks had been completed before they commenced employment. They told us “I had to wait for the DBS before I was able to start working.”

Where an application form or a DBS check discloses a conviction or other relevant information; the provider must assess the person’s suitability for the role. We saw that on one occasion the provider had not followed this process. We saw that the information disclosed on a DBS check was not declared on the application form. This was discussed with the acting manager. This did not ensure that safe recruitment procedures were always in place to safeguard people who use the service.

At our inspection on 17 December 2013 we found that there were not enough staff employed to meet people’s needs.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that some improvements had been made. People told us that they felt there were sufficient staff available to meet their needs. At this inspection staff told us that staffing arrangements were improving. They told us that a domestic assistant had been employed, which freed up care staff to complete care related tasks. They told us that once there was a full complement of staff this would help reduce the hours they were working. Comments included “There are more staff,

but I still feel there are not enough staff” and “I feel over worked, I am aware that the providers are doing something about this.” The staff we spoke with told us that all shifts were covered if there were any unforeseen absences. They were aware that support workers had been appointed, but were waiting for DBS clearance. We discussed the staffing levels with the acting manager who told us that since the last inspection the provider has recruited additional care staff. One of the new staff members was undergoing their induction and another was waiting for their pre-employment checks before they could commence employment.

At the last inspection on 17 December 2013, we found that improvements were needed in relation to the premises. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that improvements had been made to the premises. We looked at one person’s bedroom where previously we found an unpleasant odour and the wall paper was coming away from the wall. We found that the room was clean and had been redecorated. We looked at another person’s room as we were previously told there was mould behind the bed. We found there was no mould but the room was very cold, as well as the bedroom adjacent. The provider told us that they were not aware that the heating was not working in this part of the home. They immediately contacted the engineers. Following the inspection visit we were informed by the provider that the heating had been repaired.

People’s care records we looked at showed that there were up to date risk assessments in place. Risk assessments identified the potential hazards and actions to manage the risk. Staff we spoke with were aware of people’s individual risks. For example, fire evacuation and mental health risk assessments were in place. The provider had a missing person’s policy and procedure in place, which provided some assurance that the provider had taken steps to ensure the safety of people accessing the community on their own.

People we spoke with told us that they felt safe at the service. One person said “I feel safe and secure here and I have confidence in the staff.”

## Is the service safe?

The provider had clear procedures in place regarding safeguarding people who used the service. Information we reviewed prior to the inspection showed that the provider had reported safeguarding incidents to the relevant authorities. Staff we spoke with had a good understanding of the types of abuse that people could be subjected to. Staff knew how to respond to allegations or incidents of abuse. They told us that they would always report any concerns to a senior member of staff and felt confident that they would be listened to. Staff were aware of the process of reporting or escalating concerns to external agencies if they felt that the matter had not been referred to the appropriate authority. This demonstrated that the provider had taken steps to ensure the people using the service were appropriately safeguarded from harm.

We looked in detail at the medicines and records for nine people using the service. We found that most people were receiving their medicines as prescribed. Records were kept of medicines received into the home and given to people. These showed that one person had been without one of their regular medicines for three and a half days. Staff told us that they had ordered it but the pharmacy had not delivered it. However they could not show us when it was ordered, nor that they had made any efforts to obtain a supply for this person. There were no gaps on the administration records and any reasons for people not having their medicines were recorded.

People were supported to look after and take their medicines themselves when they wished to do so. Whilst care staff were able to tell us what support people needed there was no documented assessments of the risks of

people looking after their own medicines and no care plans describing the support that they needed. This left these people at risk of not getting the support they may require with their medicines and that they took them as prescribed.

Medicines were given when people needed them. Clear records were made of when to give the next dose of medicines that are not given every day, to ensure that people got their medicines on time.

When people had been prescribed medicines to be given on an as and when required basis they may not have had these medicines given in a consistent way by the care staff. We found that some people's records had sufficient information to show the staff how and when to administer these medicines. However, this was not the case for everyone who were prescribed medicines to be given in this way because that information was not always recorded in their plans of care.

We observed people being given their medicines by the care staff. We saw that safe procedures were followed. The administration records were referred to prior to the preparation and administration of the medicines, and the administration records were being signed after the medicines had been given.

Medicines were being stored securely, and at the correct temperatures, for the protection of people using the service. Controlled drugs were stored and recorded correctly. Staff told us that regular checks had been carried out but there was no record that this had happened.

# Is the service effective?

## Our findings

We spoke with three staff and only two staff demonstrated an awareness of the basic principles of the Mental Capacity Act (MCA) 2005 and how to support people when they are unable to decisions for themselves. They told us that they had been provided with training in this area. The purpose of this legislation is to ensure people receive the support they need to make their own decisions wherever possible.

The acting manager told us that they felt all the people currently using the service had the capacity to make their own decisions. However if they believed a person lacked capacity they would carry out a capacity assessment. Peoples' care records we looked at contained blank sections on capacity assessments. One person's assessment history provided by another agency showed that the person lacked insight into their mental health needs with a history of non-compliance with medication. We saw no capacity assessment or best interest decisions was in place to ensure when a person who lacked capacity, were supported in the least restrictive way, whilst protecting their rights.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is the law which allows restrictions to be used, only if they are in the best interests of a person who lacks capacity to make the decision themselves to keep them safe. The acting manager told us that there was no one living at the service who was currently subject to a DoLS. The acting manager and some of the staff we spoke with had an awareness of DoLS; ensuring people's rights were being protected. However one member of staff did not demonstrate an awareness of the MCA and DoLS and told us that they had not received training in this area as yet. The acting manager was not aware of the recent supreme court ruling that may have implications for the people using the service. We were told by the acting manager that they would contact the local authority for further information regarding this ruling, so that they could be clear if there were any possible implications on the people who currently use the service.

Our observation showed that staff routinely involved people in decision making throughout the day and asked for their consent when they required support.

People were supported by staff that received training to ensure they had the skills and knowledge to support

people using the service appropriately. People we spoke with stated that they thought that the staff were trained properly. Staff told us that the training they received was relevant to their role, which enabled them to support the people who used the service. Training records demonstrated that the majority of staff were up to date with their training. However we saw no evidence that training had been arranged for a member of staff who had recently commenced employment at the service. Since the last inspection a new induction programme was in place, which the acting manager told us that all new staff would be completing. We spoke with one member of staff who told us that the induction programme so far had been fairly basic which included a tour of the building and meeting the people using the service and staff.

Staff confirmed that restraint was not used, they told us that they would use distraction or de-escalation techniques if a person displayed difficult to manage behaviours. The acting manager told us that since she had been in post she felt that the staff may benefit from training around difficult to manage behaviours and had asked the provider for this specialist training.

People using the service told us they liked their meals and they could choose what they wanted to eat. They told us that drinks were available at set times. One person said "If I wake up in the night staff have told me if I want a drink I can come downstairs and they will make me a drink." Another person stated "They get me halal meat, which is nice." We spoke with the cook who had the main responsibility for preparing meals at the service. They told us that they were aware of people's specialist dietary needs, likes, dislikes and nutritional needs. Menus showed that people were provided with a choice at meal times. Our observations of the lunch time meal confirmed this. This demonstrated that people were provided with a choice of food and drink to meet their individual nutritional need.

People we spoke with and care records we looked at confirmed that people were able to access health care services as and when needed. People were supported to attend routine health appointments. One person's file showed that staff had supported the person to attend a dental appointment. One person stated "The GP will either come here or I go to him. We see a chiropodist every nine weeks and an optician every six months."



# Is the service caring?

## Our findings

People we spoke with told us that the staff were caring, kind and treated them respectfully. Comments from people included “Staff understand me,” “The staff are kind and pretty good” and “Staff are kind and caring.”

One visitor told us that “[person using the service] has not been at the service for long, however I have confidence in the staff.”

During this inspection we observed positive interactions between staff and people who used the service. Staff interacted with people in a caring and friendly manner. We saw that staff were patient when caring for people who were distressed. For example when one person became tearful, staff were observed offering reassurance to this person in a gentle and kind manner.

People told us that staff knocked on bedrooms doors to respect people’s privacy. The atmosphere around the service was relaxed. We observed people moving freely around the service and they were able to spend time in their rooms if they wanted to or in the difference communal areas. We observed people being treated with respect and

their dignity was maintained. Staff were able to explain how they supported people with personal care if required and told us they knocked on people’s bedroom doors before entering. This demonstrated that people’s privacy and dignity was respected and promoted.

We saw that some staff were bilingual which meant that they could converse more appropriately with some people whose first language was not English. This ensured that people’s diverse needs were being met.

Staff told us that they always promoted peoples’ independence when safe to do so. We saw people were discretely prompted about their personal care needs and seen supporting people to maintain independence. For example we saw staff supported people to visit the bathroom. This demonstrated that staff actively encouraged people to maintain independence.

People told us that they had been involved in setting up their care plans. One person said “We go through my care plan every month; we talk about how you’re feeling, activities and if we are unhappy with anything. Another person stated “We have a key work session every month.”

# Is the service responsive?

## Our findings

We asked people about how they spent their time and how they were supported to follow their preferred daily routines. Comments from people included “I go shopping with staff and play bingo,” “We always go for a walk when we want, I tend to go every day” and “I have done some baking this morning with staff.” However one person told us that they were bored with what was on offer.

On the day of our visit, we spent time with people in communal areas and found that some people spent time watching television in the lounge. Our observations showed that some people accessed the community. For example one person told the staff that they were going to Nottingham for the day. Whilst another person went to the local shops. This demonstrated that people were able to spend their time as they preferred. A member of staff supported people at least three days a week to accompany them to computer classes, the gym or on day trips.

People were encouraged to visit family members and to keep in touch with them. For instance one person’s relatives lived abroad and they kept in touch via telephone. Another person visited their family on a regular basis. This demonstrated that people were encouraged to maintain and develop relationships.

We saw that the acting manager expressed concerns about how the hospital wanted to discharge a person back to the service, without a reassessment of the person’s needs. The acting manager was clear to the hospital that they would need to assess the person before they returned to the service to ensure they were able to continue to meet their needs safely. This demonstrated that the service were responsive to people’s individual needs.

Staff we spoke with felt that the service was responsive. For example they told us when needed they supported people to attend health appointments and supported people to pursue individual’s hobbies and interests. Staff were knowledgeable about people’s individual needs and preferences. They were able to describe how they supported people on a daily basis and what people enjoyed doing.

The acting manager told us that people’s care records would be moving over to a new system of individualised records which would be more personalised. Information we saw in people’s care records was, overall, individualised to each person. However one person’s care records provided no details regarding the person’s interests and hobbies.

The acting manager told us that a handover took place at the start of each shift. This was so that staff could be updated about people’s needs and if any changes in their care had been identified or any other information regarding the service. Staff we spoke with were able to confirm this. They told us that the handovers and communication book were useful and they were a good way of sharing information with the other staff.

People using the service told us that they were not aware of the complaints process, however if they had any concerns they felt able to speak with the staff.

The provider had a complaints policy, detailing response times and how to escalate concerns if people were not satisfied. However the provider did not have a system in place for handling and managing complaints. We discussed this with the acting manager, who advised us that they had identified this and planned to implement a system to manage complaints. Staff we spoke with knew how to respond to complaints, which ensured that people would be listened to.

# Is the service well-led?

## Our findings

People told us they knew who the manager was and that they would speak with the staff if they had any concerns. One person said “I like the way the home is run, if you want to talk to someone they are always there.” Another person stated “The manager is at the service most days and she is approachable.”

The previous registered manager at Annefield House Limited left the service during June 2013 and the person had not applied to cancel their registration with CQC. Their registration was cancelled during April 2014.

The acting manager had been in post since August 2014. They have submitted an application to us in order to register as the new registered manager at the service.

Staff told us that morale was a lot better since the new management team had been in place and have found them to be a lot more approachable. They felt that things were improving and the changes made had been positive. One staff member said “The current manager is supportive and approachable. I have found she will listen to you and take action.”

Discussions with the acting manager showed that they wanted to create an open and transparent culture at the service, so that they could ensure people using the service were at the centre of the care and support being provided. The acting manager also told us that the service aimed to enable people to be as independent as possible. This demonstrated that the manager aimed to promote a culture that was person centred.

Staff we spoke with told us that they felt able to raise any concerns without the fear of any form of repercussion. They

felt that the management team at the service and the directors would listen to any concerns they had. This provided assurance that the provider encouraged an open and supportive culture.

Prior to the inspection, we asked the provider to complete 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. They did not return a PIR. The PIR was due back 26 September 2014 and the provider did not contact CQC until 1 October 2014 informing us of the difficulties in downloading the form.

The acting manager told us that people using the service were given the opportunity to contribute to the running of the service through ‘residents meetings’ and satisfaction surveys. People we spoke with confirmed this. One person said “We have residents meetings and questionnaires and the feedback is put on the notice board.” The ‘residents meeting’ during October 2014 showed that the menu had been changed in line with people’s preferences. People’s individual hobbies and interests were also explored. One of the suggestions was to have a card making activity, which we observed taking place at the inspection. This showed that the provider gave people the opportunity to provide feedback on the quality of the service, make suggestions about the service provided and action was taken in response to these.

The acting manager told us that she was in the process of developing an audit system. Bedroom audits had started to take place to ensure they were clean and whether any repairs were needed. We found that these were not effective, as the management team were not aware that the heating was not working in two bedrooms until we pointed this out. This showed that the provider did not have comprehensive systems in place to assess and monitor the quality of the service.