

St Ann's Limited

# St Ann's Lodge 2

## Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This inspection took place on 6 February 2016 and was unannounced. At the previous inspection on 28 October 2013 we found the service to be meeting all the regulations we inspected.

The service provides personal care and support for up to six people within a small care home setting as well as providing personal care to people who live in a supported living scheme opposite St Ann's Lodge 2. The service specialises in providing care to people who have a learning disability. There were six people using St Ann's Lodge 2 and five people using the supported living scheme at the time of our inspection. There is an adjoining small care home next door to St Ann's Lodge 2 called St Ann's Lodge, run by the same provider. The registered managers of both services are both directors and work closely to run the two services together and people and staff can move between both services through an interconnecting door. We inspected both services on the same day. We have produced separate inspection reports as the two homes are registered separately and the similarities between the two are reflected in the two inspection reports.

There was a registered manager in place. 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.

Although the service operated some good medicines management practices the service was unable to account for all medicines which should have been in stock. This was because the service did not keep accurate records of medicines people took out and returned to the service when on social leave. This meant we could not always verify all people received their medicines as prescribed as we were unable to complete some medicines stock checks. The registered manager told us they would improve recording processes to rectify this issue immediately.

Staff understood how to recognise abuse and how to report any concerns they had relating to this. People had appropriate risk assessments in place with suitable risk management plans to manage the risks to them. The premises and equipment were maintained safely.

There were enough staff to meet people's needs and the manager followed a robust recruitment process so that only suitable staff worked with people at the service.

The registered manager understood their requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager had assessed which people required DoLS and made the necessary applications as part of keeping them safe. However, although staff had received training in the MCA and DoLS a few did not always understand their responsibilities in relation to these legislations. When we raised this with the provider they told us they would put in place extra support for staff to help them

achieve a better understanding.

People received a choice of food and drink and the right support in relation to their dietary needs. Staff also supported people to monitor and maintain their health and people had access to the healthcare professionals they needed.

Staff received a range of training, much of which was specific to the needs of the people with a learning disability they worked with, to help them to carry out their roles and understand people's needs. The registered manager supported staff well through a programme of individual supervision and annual appraisal.

Staff understood the people they were working with including their needs and backgrounds and this information was recorded in care plans to guide staff in the best way to support people. Staff supported people to be as independent as they wanted to be and to take part in activities they were interested in. People were involved in making decisions about and reviewing their own care. Care plans contained accurate information about people's needs and the registered manager kept these under review. People, their relatives and staff were involved in the running of the care home. Healthcare professionals feedback to us that the service was particularly caring and well-led.

There was a suitable complaints system and relatives had confidence the manager would resolve any issues they rose with them. The manager and staff had a good understanding of their roles and responsibilities.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe. Some aspects of medicines were managed safely although we found that there were no suitable arrangements to manage people medicines when they went on home leave.

People told us they felt safe and staff understood how to identify and respond to abuse and how to report concerns they had. The registered manager assessed risks to people appropriately and put suitable management plans in place.

There were enough staff deployed to support people and staff were recruited through robust recruitment procedures. The premises and equipment were maintained safely.

### Is the service effective?

**Good** ●

The service was effective. The registered manager ensured staff received the right support in relation to training, support and supervision and annual appraisal.

The service was meeting their responsibilities in relation to consent and the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received a choice in relation to food and drink and were provided with the right support in relation to eating and drinking.

People were supported to maintain their health and staff helped them to access the healthcare professionals they needed to support them.

### Is the service caring?

**Good** ●

The service was caring. Staff knew the people they were supporting and understood their needs and preferences, including the best ways to communicate with individuals.

Staff treated people with dignity and respect and gave them the privacy they needed and supported people to be as independent as they wanted to be. Healthcare professionals told us they were

impressed by how caring the service was towards people.

### Is the service responsive?

Good ●

The service was responsive. People were offered a range of activities they were interested in. People were supported to maintain relationships that were important to them.

People were involved in planning their own care and the provider ensured people's care was regularly reviewed and the information in their care plans was accurate and reliable in guiding staff.

People's religious, cultural and spiritual needs were met. People were encouraged to play an active part in their local community.

There was a complaints system in place which had been made accessible to people who used the service.

### Is the service well-led?

Good ●

The service was well-led. The registered manager was also a director of the organisation that owned the home and leadership was clear and visible in the service with shifts planned well so staff were aware of their responsibilities.

The registered manager encouraged open communication and involved people, relatives and staff in running the service.

# St Ann's Lodge 2

## **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.

The inspection took place on 6 February 2016 and was unannounced. It was carried out by a single inspector.

Before our inspection we reviewed the information we held regarding the home and we also contacted the local authority learning disability team to find out their views of the service.

During the inspection we observed how staff interacted with the people who used the service. We spoke with three people who used St Ann's Lodge 2 or the adjacent care home which people using the service could also access, St Ann's Lodge. We also spoke with two people who the service provided personal care to who lived in a scheme opposite St Ann's Lodge 2. We spoke with one relative, the two directors, one of whom was the registered manager and three care workers. We looked at six people's care records, three staff recruitment files, medicines records and records relating to the management of the service.

After the inspection we received feedback from an occupational therapist, two speech and language therapists and an optician.

# Is the service safe?

## Our findings

People told us they were happy with the support staff gave them around medicines and they did not have to wait for their medicines. One person told us, "I get my medicines at the right time." Staff received medicines training before they were allowed to administer medicines to people. Staff also received training in specialist medicine administration such as how to administer an epilepsy medicine to a person if they had a seizure. Our checks showed there were no omissions in medicines administrations and medicines were stored, received and returned to the pharmacy safely with clear audit trails. However, when we checked medicines records for one person we were unable to confirm they received their medicines as prescribed as the medicines in stock did not match the expected amounts. When we asked the registered manager about this they told us it was because some medicines had been taken home with them on social leave. There were no records made of medicines which were removed from the home when people were on social leave and also no records made of medicines when they were returned to the home. We found that there was no guidance to advise staff about the management of people's medicines when they went on home leave so people continue to receive their medicines as prescribed. There was also no guidance about re-conciliating the amount of medicines removed and returned back to the home. The registered manager told us they would put in place a form to record when medicines were removed and returned to the home to enable accurate stock checks at all times.

We asked people if they felt safe and one person told us, "I feel safe here. Some people who live here used to shout at me but I told staff and they don't any more". Another person told us, "I feel safe and no one shouts at me, if I didn't feel safe I'd tell the manager." From our discussions with staff it was clear staff understood the signs people may be being abused and how to report this to the management team or externally to the local authority safeguarding team or to CQC.

The registered manager helped to manage risks to people well. People had risk assessments in place specific to their individual risks such as those relating to fire safety, cooking, diet and nutrition and epilepsy. Risk management plans were in place which detailed how staff should support people in such a way to reduce these risks. The information in these risk assessments and risk management plans was kept up to date so that it was reliable for staff to follow. Speech and language therapists told us they were confident St Ann's 2 provided safe care as clinical guidelines were followed, risk assessments were in place and any concerns due to people's changing needs were always immediately raised with the right external professionals.

People using the service, staff and the directors told us there were enough staff deployed to meet people's needs during both the day and night. Our observations during our inspection were in line with these views. We saw that when people required assistance staff responded to them promptly. Staff were not rushed in their work and spent time sitting and interacting with people in a relaxed manner. Staff rotas showed the minimum level of staff the registered manager had identified as being required was provided. In addition more staff were provided when necessary such as to support people on appointments or activities outside the home. In the supported living service staff from the registered service were available at all times and some people received additional support from personal assistants or alternative supported living services.

The registered manager followed safe recruitment procedures to ensure that the necessary checks were carried out to check staff were suitable to work with people before offering them employment. These included checks of employment history with references from former employers, criminal records, health conditions, identification, proof of address and right to work in the UK.

The registered manager maintained the premises in respect of the care home, well. Repairs were carried out promptly when required and the expected safety checks were in place. These included checks of gas and central heating, water safety including water temperatures to reduce the risks of people being scalded and electrical safety.



## Is the service effective?

### Our findings

The registered manager provided staff with the training necessary for them to understand and provide the support people required. A speech and language therapist told us staff were reliable in attending any training they arranged. The registered manager had reviewed staff training needs and a training programme was in place for the current year. The training covered a diverse range of topics, many specific to the particular needs of people in the home. Topics included total communication, positive sexuality, learning disability and dementia, learning disability and mental health, behavioural support, autism, dignity and compassion, providing emotional support, coping and supporting people with depression, oral hygiene, sensory needs and person-centred care. All staff were being supported to complete the Care Certificate. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. The registered manager was utilising the Care Certificate to fill any gaps in staff knowledge in key topics and this would be used for any new staff who started at the service in the future. Staff were also supported to do more comprehensive, distance learning training in topics such as team leading, understanding the safe handling of medicines and customer service.

A programme of staff supervision was in place and records showed staff received regular support and supervision. Staff told us during these meetings they were able to discuss any topics of concern and training needs as well as to receive feedback and guidance to help them work with people in the best ways for them. The registered manager also provided staff with an annual appraisal. Staff told us they felt well supported by the management team. They confirmed that the registered manager and the second director were approachable and present in the service most days, and they could be easily contacted when they were not present in the home.

The provider was meeting their obligations in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Our discussions with staff showed they understood the need to obtain consent from people prior to delivering care. A speech and language therapist confirmed the service allowing people to make choices around their daily lives. Although staff had received training in MCA our discussions showed that while most staff understood the MCA and why it was important in their roles a few staff did not. However, staff understood the need to get advice from the management team if they were not sure about people's capacity. When we fed this back to the registered manager they told us they would focus on increasing staff understanding of the MCA through discussions during team meetings and supervision.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team understood their requirements in relation to DoLS had made the necessary applications to deprive people living at the care home of their

liberty as part of keeping them safe. They had kept DoLS authorisations under review, ensuring repeated applications were made as necessary when they were due to expire. However, our discussions with staff showed not all understood DoLS and what could constitute a deprivation of liberty. Staff were not all able to tell us which people had DoLS authorisations in place and what the specific reasons for this were but they knew to ask the management team if necessary about this. While DoLS paperwork for individuals was available for staff to review, there were no summaries of this information in people's care plans to give staff an easy reference. The registered manager told us they would review people's care plans in relation to DoLS and MCA ensuring they contained information about people's needs in relation to DoLS and MCA. There were no restrictions on people living in the supported living service.

People made positive comments to us about the food and drink they were provided with at both the care home and supported living service. One person told us, "I can choose my food, I like the food here, I have Chinese, sometimes sausages." Another person told us, "I choose my food every day." We observed people being provided afternoon cake and tea. People told us they received snacks every day and usually they were healthy options such as fruit. When we asked people if they were full after their meals they told us they were and they indicated the quantities they were provided were sufficient. We saw people received the right support to eat and drink where necessary, with staff following guidance in people's care plans. The registered manager checked people's nutritional status by monitoring their weights each month as well as recording what people ate each day. The registered manager confirmed there were no current concerns about people's nutritional status but they would refer people for support from services including the dietitian if concerns arose. Staff were supporting a person who wanted help to lose some weight and a care plan was in place regarding how they should do this which the person had agreed to.

Staff understood people's health needs and information about these was clearly recorded in their care plans for staff to refer to. One person told us, "I see a dentist and doctor when I need to." Records showed people were supported to access the range of healthcare professionals they needed to maintain their health. These included the GP, dentist, optician, psychology, psychiatry and speech and language services. People had annual health checks and had health action plans in place. These are plans about how people with a learning disability can remain healthy and who they need to see to do this. They were reviewed regularly by an external health professional to check people's health needs, agreeing actions with the person and staff to ensure people's needs would be met. People also had hospital passports in place. These were documents which contained information about people's health conditions and the best ways for hospital staff to communicate with and support people when they were admitted to hospital.

## Is the service caring?

### Our findings

People told us they were treated with kindness. One person told us, "The staff are nice, they listen to me." A relative said, "Staff are kind". A commissioner told us St Anne's was a very caring organisation and is popular with people with a learning disability and their families. Although not all people were able to tell us what they thought about staff we observed staff treated people kindly and with compassion. A healthcare professional told us they observed caring attitudes and behaviours from all staff they worked with. A second healthcare professional told us they had always observed a caring and compassionate culture, that staff were sensitive to people's needs, were friendly and treated everyone with respect and dignity. A third healthcare professional told us the service had one of the most caring staff teams they had encountered. An optician told us this was the 'best' home they visited as people were always so happy and staff were 'fantastic and caring'.

Staff understood people's communication preferences and communicated in ways they could understand. A relative told us, "Staff can communicate well with [my family member]." Staff had learnt Makaton, a basic form of sign language to communicate with a person who used this form of communication. Staff had undertaken other courses in communicating with people with a learning disability. We saw staff were able to use the skills they had learnt to facilitate communication. Staff understood how to speak to people in a way that suited their individual needs. Staff knew some people require more time than others to process words and respond. We observed staff respectfully giving people the time they needed to communicate.

Most of the staff and people had known each other for many years during their time at the care home. An occupational therapist told us staff had very detailed knowledge of the people they worked with. Our discussions with staff and observations showed staff at both the care home and supported living service knew the people they were supporting well and they had built up good relationships with them. Staff knew people's personal histories, the people who were important to them and their likes and dislikes. We observed staff, including the registered manager, were not rushed whilst caring for and supporting people and spent much of their time interacting with people.

Staff provided people with privacy and treated them with dignity and respect. We observed staff spoke with people in a respectful manner, listening carefully to what they had to say and responding appropriately. Staff asked permission before entering people's bedrooms and one person told us, "Staff always knock, I get privacy." Staff supported people to maintain their personal appearance and personal hygiene. One person told us staff helped them to visit the hairdresser when they wanted to, and they had recently chosen to dye their hair a bright colour which staff had been supportive of.

Staff supported people to be as independent as they wanted to be. One person told us how staff supported them to clean their room and do their laundry. They told us they often helped staff to cook at home. People's care plans detailed what independent living skills individuals had and how they wanted staff to help them to maintain and build on those. We observed staff encouraged people to do things for themselves throughout the inspection where they were able to as part of helping them to maintain their independence.

## Is the service responsive?

### Our findings

We received positive comments about the service from people, their relatives and professionals. A relative said, "[My family member] is very calm here, they can manage his anger and other issues well. Overall we're happy." An occupational therapist told us staff participated consistently well with them and demonstrated their ability to implement the clinical recommendations they put in place. A speech and language therapist told us staff responded to all people's needs in a timely and appropriate manner. They explained how staff were a 'joy' to work with due to their commitment and reliability in all aspects of care for example supporting people to attend medical appointments, implementing recommendations or guidelines and participating in training.

People and their relatives told us the service provided people with enough to keep them occupied with activities they enjoyed. One person said, "I go to day centres in the week by bus. I'm learning the guitar and I go to see my friend on the weekend." A relative told us, "[My family member] has enough to do here, he goes to various clubs." People had individual activity programmes tailored to their own interests. People told us, and their activity programmes reflected, they spent much time in activities outside the home during the week. These activities included visiting day centres, working with a gardening project, swimming and hydrotherapy, Zumba, visits to local shopping centres and cafe's during both the week and weekend. When we arrived for our inspection one person told us they were going to have tea and cake with the registered manager and they always looked forward to doing this on a weekend. They also told us they enjoyed looking after and walking the services' dog each day and this helped them to keep fit. We saw another person was engaged in some art work. They proudly showed us their work and told us staff helped them to choose colouring books when they needed new ones. People also told us the service arranged holidays for them. One person told us, "We've been on holiday to Mauritius, Sri Lanka and last year we went to Skegness." People were encouraged to play an active part in their local community where the service had developed links. Staff supported people to attend a range of day centres as well as local colleges and specialist skill and activity centres for people with a learning disability. The service had links with other services for people with a learning disability and utilised specialist services such as those for transport and hydrotherapy offered by other learning disability providers in the areas.

Staff supported people to maintain relationships with those who were important to them, such as their family. One person told us, "My mum and dad can visit when I want." One relative told us they could visit at any time and staff were always warm and welcoming. They told us the registered manager and staff always updated them with any new information, such as any incidents or health issues which they developed. Several people were also supported by staff to visit their families frequently.

A relative told us that staff understood their family member's religious and cultural needs. A relative explained how their family often cooked meals from their ethnic background and brought them in for their family member to eat. They said they supported their family member to attend religious and cultural celebrations when appropriate and the home was supportive of this.

The registered manager involved people in planning their care. One person showed us their care plan and told us they knew what was in it because staff often talked to them about it. They said, "[My care plan] is

about what I like doing and we go through it if it needs changing." Staff had found out what was important to people and how they wanted their care to be delivered. This information was recorded in people's care plans to guide staff in the best ways to support people. Staff had asked people's relatives information about them where people were unable to verbalise this themselves, and had also found out through working with people over time. Records showed the registered manager regularly reviewed and updated people's care plans. The registered manager also facilitated annual reviews led by social services to which people and others important in their care were invited to check their care remained suitable for them.

People and their relatives told us they felt comfortable complaining to the registered manager although they did not have any issues to raise at the time of our inspection. One person told us, "I can tell staff any problems, they sort things out for me." The service had a complaints procedure in place which they had made accessible to the people living in the home. They had produced it in a pictorial format and also encouraged people to raise any concerns individually.

## Is the service well-led?

### Our findings

The registered manager was one of the two directors of the company which owned the service and had been the manager for many years. They worked closely with the other director who was the registered manager at the care home next door. People using the service, a relative and healthcare professionals told us they had confidence in the ability of both directors to run and oversee the service. A speech and language therapist told us the registered manager managed the service extremely competently and efficiently leading a team of enthusiastic and dedicated staff and providing a person centred service. The registered manager had a good understanding of their role and responsibilities in running the home in order to provide a good quality of life for the people using the service.

Leadership was visible in the service. A deputy manager was in post who supported the registered manager during the week. The registered manager was present most days, including weekends. They involved themselves in all aspects of running the home, and kept systems running to high standards. Shifts were planned well so staff had a good understanding of what was expected of them each day. The management team created daily pictorial shift plans which was on display in the kitchen so people using the service could also see what was planned for the day. These shift plans included pictures of the staff on shift, the activities people would be involved in and the food being provided for each meal.

The registered manager was effective in assessing, monitoring and improving all parts of the service besides medicines management where they had not identified the issues we found. However, as soon as we raised our concerns the registered manager put an action plan in place to improve. They ensured documentation was in place, accurate and regularly reviewed where necessary including people's care plans, risk assessments and documents relating to the management of the home.

The registered manager was supported by a small team of support workers who had also worked at the home for many years and understood their roles and responsibilities well. Staff told us the registered manager listened to their views and experiences in the home and involved them in decisions about how the service was run. The service held regular team meetings and staff told us they were encouraged to add items to the agenda and to contribute to discussions.

People using the service were also involved in running the service. The registered manager arranged 'house meetings' and we observed the registered manager spent much time interacting with people using the service, encouraging them to express their views where possible. One person proudly showed us their bedroom and it was clear they had been supported to decorate it to their own tastes. People confirmed they were able to contribute to the running of the home on a daily basis, being consulted on meals, activities and other plans each day. Relatives were also involved in running the service. The registered manager invited relatives to visit the service for an evening of activities each week which was well attended and helped build relationships.