

Anna House Limited

Anna House Post 18

Inspection report

7 Collier Row Lane
Romford
RM5 3BL

Date of inspection visit:
18 April 2023

Date of publication:
24 May 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Anna House Post 18 is a supported living service providing the regulated activity of personal care. The service is a supported living service and provides support to younger adults with learning disabilities and autistic people. At the time of our inspection there were 4 people using the service. The service is based in one premises, which is an ordinary home in a residential area.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Right Support:

People were able to choose where they lived. The home was an ordinary house close to other residential and commercial properties, at the heart of the local community. The service was able to assess people's needs before they began living at the service, so they knew whether they could meet their needs. Staff were supported through training and supervision to gain knowledge and skills to help them in their role. People were supported to eat a balanced diet and were able to choose what they ate. People had access to health care professionals. Care plans were in place for people which set out how to meet their needs in a person-centred way. Information was provided to people in a way that was accessible to them. Systems were in place for dealing with complaints. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People were protected from the risk of abuse. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks. There were enough staff working at the service to meet people's needs and the provider had robust staff recruitment practices in place. Medicines were managed in a safe way. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them. Relatives told us staff were caring and that they treated people with respect. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

Right Culture:

People were at the heart of what the service did, and care was person-centred. Quality assurance and monitoring systems were in place to help drive improvements at the service. Relatives and staff told us there was an open and positive culture at the service. People were supported to express their views. The provider was aware of their legal obligations and worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 22 February 2022 and this is the first inspection.

Why we inspected

This service had not been previously inspected and we needed to check if people received good quality and safe care.

Enforcement and Recommendations

We have made 2 good practice recommendations, in relation to medicines audits and Health Action Plans.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Anna House Post 18

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider. Another manager was employed, and the provider told us the intention was that in time this manager would apply to become registered with the Care Quality Commission and the provider would cancel their registration as the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and one relative by telephone. We observed how staff interacted with people. We spoke with 5 staff: the registered manager, the manager and three support workers. We reviewed the care records of two people and multiple medicines records. We looked at the staff records of 4 staff. We reviewed a number of records relating to the management of the service, including a sample of policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were stored in people's bedrooms within locked and secure medicines cabinets. Medicines administration records were maintained so there was an audit trail of all medicines given. Those we looked at were completed correctly and up to date. Staff undertook training before they were able to administer medicines.
- The registered manager told us they did not carry out medicines audits. This meant if there was an error with the administration of a medicine it might not be identified. We discussed this with the registered manager who told us they would implement a system for auditing medicines.

We recommend the provider follows best practice in relation to the management of medicines, including carrying out audits of medicines practices and recording.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had policies in place to provide guidance about this. The safeguarding adults policy made clear the provider's responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any allegations of abuse. One member of staff told us, "If I saw anybody doing it [abusing a person] I would have to tell the manager."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people who used the service. These included information about the risks people faced, and how to mitigate those risks. Assessments were of a good standard, providing clear and detailed information about how to support people in a safe way.
- Assessments covered risks including those related to mental and physical health, behaviours of distress, accessing the community and mobility. Assessments were subject to review which meant they were able to reflect the risks people faced as they changed over time.
- Relatives told us people were safe. One relative said, "[Person] is so safe here. I think they are safer here than they would be at home [living with their relatives]."

Staffing and recruitment

- There were enough staff working at the service to keep people safe. Staffing levels were based upon the assessed needs of people and decided in conjunction with the local authority who commissioned their care. We observed there were enough staff working at the time of our inspection to meet people's needs.
- Staff told us they had enough time to carry out their duties in a safe way. Relatives told us people had

enough staff to support them. One relative said, "They give [person] 24/7 care. There is always someone with them", adding, "Yes, definitely there are enough staff."

- The provider carried out pre-employment checks on staff to help ensure they were suitable to work in a care setting. These included criminal records checks, proof of identification and of the right to work in the UK and employment references.

Preventing and controlling infection

- The registered manager told us that staff working at the supported living service had responsibility for keeping the premises clean and reducing the spread of infection. We saw the premises were visibly clean on the day of inspection. Cleaning schedules were in place, so it was clear which staff had responsibility for cleaning which area.

- The provider had a policy on infection prevention and control to provide guidance to staff on this. Staff wore PPE as appropriate when supporting people with personal care. A relative told us, "As far as I can see they do [wear PPE]."

- Care plans included information about supporting people to develop independent living skills, which included helping to clean the premises.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had a policy on accidents and incidents to guide staff. Accidents and incidents were recorded and investigated. Measures were put in place to reduce the likelihood of similar accidents and incidents re-occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and have access to health care professionals, including GPs, dentists and Community Learning Disability services. People and relatives told us people were supported to attend appointments by the service. A person told us, "I'm going out today to the dentist." We saw this appointment was kept, with the support of staff. A relative said, "[Person] had lots of problems with their teeth. They [staff] took them to the Royal London Hospital. If we are not available to take [person to appointments], they will always take them."
- Hospital Passports were in place for people. These provided information about their needs to guide hospital staff in the event of the person being admitted to hospital. However, people did not have Health Action Plans in place. Guidance produced by the NHS advises that people with a learning disability should have a Health Action Plan, which gives information about what that person needs and wants to do to stay healthy. We discussed this with the registered manager who said they would ensure that Health Action Plans were put in place for people. People's health care needs were covered in their care plans.

We recommend the provider follows the guidance of the NHS and ensure that Health Action Plans are in place for people using the service.

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

- People's needs were assessed before they started using the service. This was to determine what the person's needs were, and if the service was able to meet those needs.
- Assessments were carried out together with the person, their relatives and the commissioning local authority. They were in line with guidance and the law, covering areas including personal care, independent living and equality and diversity.

Staff support: induction, training, skills and experience

- Staff received support and training to help them in their role. New staff undertook an induction programme which included shadowing experienced staff to learn how to support individuals.
- Staff training was on-going and included both on-line and classroom-based training. Training topics included autism awareness, infection prevention and control, working with people with learning disabilities and first aid.
- Staff told us and records confirmed that staff had regular one to one supervision meetings with a senior member of staff. This gave staff the opportunity to raise issues such as training and the support needs of people.

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

- People were supported to eat a balanced and healthy diet. Care plans covered healthy eating, and people were encouraged to make healthy food choices. Where people required support with eating and drinking this was detailed in their care plans, and we observed support was provided in line with the care plan.
- People told us they enjoyed the food and were able to make choices about what they ate. One person told us, "I like pounded yam [and confirmed that they had this and helped to prepare it]." A relative told us how people were able to help themselves to food, saying, "[Person] will go to the cupboard and take out chocolate biscuits."

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

The Mental Capacity Act 2005 (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 MCA 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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to make choices and their own decisions about their care as much as possible. Where people lacked the capacity to make decisions, mental capacity assessments had been carried out.
- Staff told us how they supported people to make choices, for example, about what activities they took part in and what they ate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated. People and their relatives told us they liked the staff and that the staff treated people in a kind and caring manner. A person replied, "Yes" when asked if they liked the staff, and went on to say this was because of, "The way they work with me." A relative said, "The service is second to none. [Person] is thriving in their care." The same relative added, "All the carers are absolutely fantastic. The way they care for [person] is phenomenal."
- Staff told us that they took the time to get to know people and chat with them. We observed staff interacting with people in a caring way, and people were seen to be relaxed with staff and enjoying their company.
- Care plans covered needs around equality and diversity and the registered manager explained how these were met, for example in relation to food and music. However, the care plan for one person stated they wanted to visit a place of worship each week and this was not happening. We discussed this with the registered manager who told us they would make sure this happened in future.

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

- People were supported to express their views and be involved in making decisions about their care. Care plans included information about people's likes and dislikes, and staff were knowledgeable about this.
- Staff told us how they supported people to make choices about their care, for example, what to eat or wear. People had one to one monthly meetings with their keyworkers. These included discussions about what was important to the person and what they wanted to do. People told us they were able to make choices. One person said, "They [staff] help me to buy clothes, but I choose them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was promoted. Care plans were in place about promoting and developing people's independence, for example with food preparation and cleaning. We observed people involved in these activities with support from staff. One person told us, "I Hoover [vacuum clean] around the house, my room and the staircase. I do the washing up."
- Staff understood how to support people in a way that promoted their privacy and dignity with personal care. For example, a staff member told us, "I need to close the curtains, make sure no one else comes in, so [person] is in private [when providing support with personal care]."
- Staff understood the importance of respecting people's right to confidentiality and there was a policy to provide guidance about this. Confidential records were stored in secure filing cabinets and password protected electronic devices to help keep confidential records secure.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were in place for people. These were of a good standard, clear, detailed and person-centred, based around the needs of the individuals. People and relatives were involved in developing plans. One person told us, "I have meetings with the staff about how to make my life better." A relative said, "Every now and then we have meetings about that [the care plan]."
- Plans covered needs including personal care, mobility, health, nutrition and equality and diversity. Care plans were subject to regular reviews. This meant they were able to reflect people's needs as they changed over time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place which set out their communication needs and provided guidance to staff about how to meet those needs. Staff had a good understanding of how to communicate with individuals.
- Various methods were used to communicate with people, depending on their needs. These included the use of sign language, picture cards, gestures and speech.
- A relative told us the service had helped a person with their communication. They said, "It's like [person] is now part of a family, they can express themselves. They even say a few words now which we never thought they would do."

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

- People were supported to develop and maintain relationships with people. Relatives were able to visit without restrictions, one relative told us, "We go to all their functions, we can turn up unannounced if we want."
- People were able to take part in various social and leisure activities of their choice. These included going to the cinema, bowling, restaurants, horse riding and parks. One person told us, "Staff take me on the 175 bus to Dagenham Heathway", saying they enjoyed doing this. One person was in education where they attended courses on developing their independence. A relative told us, "They take [person] out to a group,

they go to Southend, Colchester Zoo, other places."

Improving care quality in response to complaints or concerns

- Systems were in place for dealing with complaints. The provider had a complaints procedure. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the provider.
- Relatives told us they had not had to make a complaint but were confident it would be addressed if they did. One relative said, "I'd be straight on the phone to [the manager]. I am 100% sure they would sort it out." The registered manager told us there had not been any complaints received since the service became operational, and we saw no evidence to contradict this.

End of life care and support

- The service was for younger adults transitioning into adult care from children's care. At the time of inspection no one using the service required end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a positive, open and inclusive culture to achieve good outcomes for people. Staff spoke positively about the senior staff and the working environment. One member of staff told us, "[Manager] is very good, very knowledgeable, they are a nice caring person. They are supportive. We get quite a bit of support from management." Relatives also praised the management of the service. One relative said, "[Manager] is our guardian angel, they have been a life saver." The same relative also told us, "They are a wonderful team."
- The provider had a person-centred approach to supporting people. This was shown through person-centred care plans that reflected the needs of individuals and staff understanding of how to support people.

Continuous learning and improving care

- Systems were in place for continuous learning and improving care. For example, care plans and risk assessments were subject to regular review and spot checks were carried out to observe how well staff performed in their role.
- Various audits and checks were carried out. For example, health and safety audits. However, as mentioned in the safe section of this report, the provider did not carry out medicines audits, but the provider gave us assurances they would implement these.

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

- The provider was aware of their legal responsibilities and had systems in place to address when something went wrong. For example, accidents and incidents were reviewed to see how the risk could be reduced of similar incidents re-occurring and systems were in place for addressing complaints.
- Relatives told us they were kept informed about things. One relative said, "The staff give us feedback of everything [person] has done."

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

- There was a registered manager in place who was supported in the running of the service by another manager. Staff were clear about their roles and lines of accountability. They were provided with a copy of their job description to help provide them with clarity about their role.
- The provider was aware of regulatory requirements. For example, they had employer's liability insurance

cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider engaged with people using the service and others. For example, regular team meetings were held. These gave the provider and staff the opportunity to raise issues of importance to them. Minutes of team meetings showed they include discussions about health and safety and people who used the service.
- Surveys were carried out with people who used the service and their relatives. Completed surveys contained positive feedback. For example, a relative had written, "The service [person] receives in Anna House is exceptional. It's exactly what they need and is targeted to meet [person's] complex needs."
- Equality characteristics were considered. For example, care plans covered needs related to equality and diversity. Staff recruitment was carried out with regard to good practice in relation to equality and diversity.
- The provider worked with other agencies to develop best practice and support people. They had a good working relationship with local authorities they worked with, and health care professionals who met people's health care needs.