St Anne's Community Services

St Anne's Community Services - Cardigan Road

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 was an unannounced inspection carried out on the 21 January 2016. At the last inspection in November 2014 we found the provider had breached one regulation associated with the Health and Social Care Act 2008.

We found at the inspection in November 2014 that medication practice was not always safe and improvements were needed. We told the provider they needed to take action and we received a report in March 2015 setting out the action they would take to meet the regulation.

Cardigan Road provides accommodation without nursing care for up to eight men and women who have a learning disability.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At this inspection we found improvements had been made with regard to medicines management. People were now protected against the risks associated with medicines because the provider had overall appropriate arrangements in place to manage medicines safely but needed to ensure medicines that required refrigeration were stored safely.

People told us they felt safe at the home. Staff showed they had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. They said they would report all concerns and knew how to do so.

The premises were managed to keep people safe. However, the checklist completed monthly did not identify all hazards in the home to enable action to be taken.

Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. There were enough staff to support people and keep people safe. Staff training and supervision provided staff with the knowledge and skills to meet people's needs well.

People told us they enjoyed the meals and were involved in menu planning and meal preparation. We saw healthcare needs were met promptly.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. Staff were trained in the principles of the MCA and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

People were happy living at the home and felt well cared for. People's support plans contained sufficient and relevant information to provide consistent, care and support.

People were supported by staff who treated them with compassion and kindness. Staff were respectful of people's privacy and dignity and encouraged people to maintain their independence.

People led fulfilling lives and participated in a range of activities both in the home and community; this included voluntary work. People said they enjoyed what they did.

Staff were aware of how to support people to raise concerns and complaints. There were overall effective systems in place to assess and monitor the quality of the service and address any improvements that were identified.

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.

Checks on the premises did not identify all hazards in the home which could lead to risks to people's safety.

People told us they felt safe. Staff knew what to do to make sure people were safeguarded from any abuse and there were overall appropriate arrangements for the safe handling and management of medicines.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge.

People had plenty to eat and enjoyed the food in the home. People received good support that made sure their healthcare needs were met.

Staff could describe how they supported people to make decisions and the circumstances when decisions were made in people's best interests. This was done in line with the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were well cared for and supported.

People were involved in planning their care and support.

Staff understood how to treat people with dignity and respect and encouraged people to be as independent as possible.

Is the service responsive?

Good

The service was responsive to people needs.

People's needs were assessed and care and support was planned to meet their needs and encourage people's independence.

People enjoyed a range of person centred activities within the home and the community.

Systems were in place to respond to any concerns and complaints raised.

Is the service well-led?

Good

The service was well led.

People who used the service and staff spoke positively about the management team.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had effective systems in place to monitor the quality of the service.

St Anne's Community Services - Cardigan Road

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 21 January 2016 and was unannounced.

At the time of our inspection there were eight people living at the service. During our visit we spoke with seven people who used the service, four members of staff, a visiting health professional and the registered manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans and four people's medication records.

The inspection was carried out by two adult social care inspectors.

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 also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

We found at our last inspection in November 2014 that medication practice was not safe and improvements were needed. There was a risk people would not receive their prescribed medications as directed. People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was a breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (which corresponds to Regulation 12 (Safe care and treatment of The Health and Social Care Act 2008) (Regulated Activities) Regulations 2014). At this inspection on 21 January 2016 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 13 described above.

We looked at the way medicines were now managed. We saw there were systems, policies and procedures in place to ensure that medicines were overall, now managed safely. We looked at training records in relation to medication which showed training was kept up to date for staff and people who used the service told us they did not experience any problems with the administration of their medicines. One person said, "Staff are very good in making sure we get our medication on time." Another said, "They help me with my tablets and creams and make sure I take them properly." We observed medication administration during our inspection and saw this was done individually and staff made sure people were given the support they needed.

We looked at the Medicines Administration Records (MAR) of four people. We saw these included photographs of two of the people to enable them to be identified. One person who had recently moved to the home did not have a photograph on the MAR but they did have one in their support plan. The MARs had details of people's individual medicines and we saw these were checked when medication was delivered to the home to make sure they were correct. Staff signed to say these checks were completed but did not date when they had done this. The registered manager agreed to introduce this to make auditing of medication clearer. We checked stocks of boxed medicines against these records and found no discrepancies. There was a clear record of medicines being taken off the premises when day centre was attended. The form was signed when medicines were taken out and returns were signed back in.

Medicines were securely stored and we saw appropriate procedures in place for separate storage of any medicines awaiting return to the pharmacist. During the inspection the pharmacist visited the service to collect medicines to be returned and we saw these were signed for to ensure safe practice.

People's care records provided information about how to support people with their medicines. We saw this included instructions for medications that were prescribed as and when necessary (PRN) and for the administration of topical medicines such as creams. Instructions were clear, stated which part of the body the medication was to be applied to and were also supported by a body map to make this even clearer. Staff said this was good guidance and helped them make sure they applied creams properly.

In the PIR, the registered manager said, 'St Anne's medication policy and procedure has recently been

reviewed and updated.' We looked at the policy and saw this stated the policy had been developed in line with NICE guidelines on the safe management of medicines in care homes.

The home did not have a dedicated fridge for the storage of medications. One person, recently admitted to the home, had medications that required refrigeration stored in an unlocked plastic container in the communal domestic fridge. This meant there was a risk this medication could be tampered with. On the day of the inspection, lockable storage for this medication was obtained. The suitability of the storage container was checked with the pharmacist and the registered manager agreed to obtain a medication fridge for the future.

We also saw the domestic fridge temperatures had been checked and recorded on a daily basis. However, recently the temperature was frequently over the recommended limit of eight degrees centigrade for the storage of medication and no action had been taken regarding this. On the day of our visit, this was reported to the manufacturer.

There were systems in place to make sure equipment was maintained and serviced as required. We carried out an inspection of the premises and equipment such as the stair lift, used in the home. We saw the home was overall, clean, tidy and homely. There was a monthly premises check carried out but this had failed to identify some hazards in the home. We saw some carpets in the home were in places ill-fitting or torn which presented a trip hazard. The registered manager was aware of this and told us quotes were in the process of being obtained to replace these carpets. There was no record in the home of how this had been identified. Also we saw a bedroom window frame that was rotten and mouldy. This had not been identified by the premises check. The registered manager said they would get this looked at by the provider's maintenance department.

People who used the service said they felt safe and well looked after. Comments we received included; "The staff are very good, look after us well" and "I feel very safe here, we are in good hands." People told us they liked living at the home and we saw positive interaction throughout our visit. People who used the service were happy and comfortable with the staff and others they lived with. One person raised some concerns about the noise another person who used the service made when they were trying to sleep. We brought this to the attention of staff who said they would look in to the concerns.

Staff were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. They were familiar with the home's whistle blowing policy. Staff had received training in the safeguarding of vulnerable adults. We saw safeguarding and whistleblowing information and contacts clearly displayed on the front of office door in the home; making it accessible to all.

We found risk assessments, where appropriate, were in place, as identified through the assessment and care planning process, which meant risks had been identified/minimised to keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified hazards, whilst avoiding undue restriction. For example, individual risk assessments included self-medication, aggression towards others, road safety and smoking. Staff were able to describe the risk management plans of people who used the service and how they maintained people's safety while encouraging independence.

We saw there were systems in place to record accidents and incidents and monitor for any patterns or trends. It was clear from the accident records we looked at of the actions taken to prevent re-occurrence.

Through our observations and discussions with people who used the service, their relatives and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. One staff member did however say they thought the home would benefit from additional staffing mid-shift to enable people to get out more. Rotas we looked at showed that staffing levels were provided as planned and worked flexibly to meet the needs of the people who used the service.

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for the three most recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. We looked at training records which showed staff had completed a range of mandatory training courses including;health and safety, moving and handling, first aid, medication, positive behaviour support, equality and diversity and food hygiene. The training records showed most staff were up to date with their required training. If updates were needed they had been identified and the registered manager said they were booked to ensure staff's practice remained up to date.

Staff had also competed additional training in other areas to enable them to meet the needs of people who used the service. This included; diabetes, epilepsy and infection control. We saw from the records only three out of eight staff had completed epilepsy and infection control training. The registered manager said they needed to source further training in these areas and showed us the plan they had in place to ensure this. They also said staff were trained in the individual needs of people who used the service who had epilepsy. Staff confirmed this and described the individual protocols in place for people who had epilepsy which meant they were able to meet people's individual needs.

Staff we spoke with told us they received good support from the registered manager and management team. Everyone said they had training opportunities and had received appropriate training to help them understand how to carry out their role. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we looked at. One staff member said they found supervisions useful and said; "They're a chance to raise issues." Staff told us they received good training and were kept up to date. Comments included; "They like us to be on top with the training" and "We are encouraged to get all our training done." Staff told us they discussed training and outcomes at their staff meetings.

People had access to healthcare services when they needed them. We saw records in the support plans of people who used the service which showed they had regular contact with healthcare professionals such as dentist, optician and chiropodist. People who used the service told us they went to the dentist regularly and saw a doctor when they needed to. We saw people who used the service had a 'hospital passport' in place. This gave information on essential needs and would accompany people to any hospital admissions. During our visit, people who used the service brought health concerns to the attention of staff. We saw staff were sympathetic and responded with advice or gave people updates on appointments that were booked to deal with their concerns.

A visiting health professional spoke highly of the service and how they managed health needs. They said they worked well with the staff team; the staff followed their medical advice and instructions and were prompt in reporting any concerns.

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked where they wanted to spend time, what they would like to eat and what activity they would like to be involved in. Staff showed a good understanding of the way people communicated their

choices and we saw staff respected these.

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 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.

Staff told us effective systems were in place which ensured people could make decisions about their care and support. They provided examples where people had been encouraged to make decisions. Staff told us they had received MCA training and most were able to give us an overview of the key requirements of the MCA. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Care records confirmed that, where necessary, assessment had been undertaken of people's capacity to make particular decisions.

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).) At the time of our inspection one person's support plan contained an assessment that showed a DoLS was required. The registered manager did not have a copy of the application that had been submitted to the local authority for this person. They agreed to obtain a copy to make sure they had a record of this in the home and they could monitor its authorisation.

People who used the service said they enjoyed the meals in the home and were involved in menu planning and meal preparation. One person who used the service said, "The meals are lovely." Another person said, "Staff make sure we get what we like." We looked at weekly menus which showed people ate a varied and balanced diet. Staff said they could be flexible with the menu and there were always alternatives available if people changed their mind and didn't want what was on the menu. We observed the tea time meal in the home. The atmosphere was relaxed; staff interacted well with people who used the service. Alternatives were offered when people did not want what was on the menu and staff made sure people got what they liked.

In the PIR the registered manager said they could demonstrate they were effective in meeting people's nutrition and hydration needs by; 'Dietician advice, menu planning/choice, access to kitchens throughout the day, recording of monthly weights for clients, client's meetings, shopping lists, yearly health check, manager trained on nutrition, diabetes training, support plans and risk assessments.' We saw from records that a food diary had been maintained as part of an assessment process for a person who used the service and people's weights were monitored each month.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home and they liked the staff. They said they were treated well. One person said, "It's lovely here, couldn't be better, all the staff are so nice." Another person who used the service said, "The staff are my friends, I like them all." We observed staff spoke with people in a caring and encouraging way and supported their needs well. We observed staff reassuring people if they were upset or anxious.

A visiting health professional we spoke with said they always found the staff very pleasant and said they were kind to people who used the service. They said, "They are really good with them, very nice with people."

People looked well cared for, which is achieved through good standards of care. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard for their individuality. They provided a person centred service and ensured the care people received was tailored to meet preferences and needs. People who used the service enjoyed the relaxed, friendly communication from staff. It was clear they had developed good relationships and they all knew each other well.

Staff we spoke with said they provided good care and were respectful of people's privacy and dignity. They said it was important to ensure people had privacy, for example, when bathing and to encourage as much independence as possible. We saw staff responded to people promptly and discreetly when care interventions were required. Staff demonstrated they knew people very well and had a good understanding of their support requirements. Staff said the registered manager and deputy manager worked alongside them to ensure the principles of dignity and respect were always put in to practice.

Staff encouraged people to be independent and take responsibility to care for themselves. There were job rotas for the kitchen, clearing away at mealtimes, keeping own rooms clean, putting own laundry away and support was provided where needed. One person who used the service told us they enjoyed being involved in the running of the home and the tasks involved in this.

In the PIR, the registered manager said, 'we ensure the individuals we support are always at the centre by actively listening, responding to, and involving people.' People who used the service and their relatives were involved in developing and reviewing their support plans. We saw evidence people who used the service were included in their support plan development and support plans were agreed by them.

The registered manager was aware of how to assist people who used the service to access advocacy support and spoke of how they had done this. We saw information was on display in the home on a local advocacy service people could access if they wished.

Good

Is the service responsive?

Our findings

Care records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to support. to the service. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. However, one person who used the service had been assessed by the home but had not yet got a support plan in place. The registered manager had made sure detailed support plans from the person's previous placement were available and had identified risks assessed through their own assessment. Staff said they found these support plans and risk management plans helpful in getting to know this person and their needs.

In the PIR, the registered manager said, 'All our client support plans and risk assessments are person centred. All members of the multi-disciplinary team and relatives are invited to our client reviews. We hold monthly client meetings where clients can discuss any concerns which they have.'

We looked at the support plans for three people who used the service. A personal support plan for people's individual daily needs such as; mobility, personal care, medication and leisure interests were in place. The support plans gave staff specific information about how the person's care needs were to be met and gave instructions for what staff needed to do to deliver the care in the way the person wanted. The support plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual support plans. The support plans also included a one page profile . A one page profile is a summary of what is important to someone and how they want to be supported.

Staff were provided with good guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people, people's preferences and routines. Staff said they found the support plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff said they were encouraged to report changes in needs and these were acted upon promptly.

People who used the service enjoyed a wide range of activities within the home and the local community, this also included voluntary work. People told us they had plenty to do and enjoyed what they did. We saw activity on offer to people included; college courses, a singing group, shopping, meals and coffees out, one to one days and theatre trips. People who used the service said they enjoyed spending time in the house as well as going out. One person said, "I love to get myself settled for the soaps on these cold evenings." Other people told us they enjoyed watching films, having their nails done and chatting with staff.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process in a format they could understand. A monthly meeting for people who used the service also took place and we saw this was an opportunity for people to air any concerns. In the PIR, the registered manager said, 'Complaints, compliments and suggestions are all viewed as feedback and are encouraged. There is a focus on learning from any issues raised.'

The service had not received any complaints since our last inspection. However, the registered manager gave us examples of how the service had responded to issues raised by people who used the service. They said new sofas had been ordered, new ideas for places of interest to visit had been sourced and new menus had been developed. People who used the service told us they had been involved in choosing the new sofas.

People who used the service said if they had any concerns they would speak to any of the staff. On the day of our visit, a person who used the service raised concerns with us about their bedroom feeling cold and that they had problems with the hot water in their room. They had no hesitation in this being discussed with the staff member on duty and the concerns were addressed to their satisfaction.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. The registered manager was also responsible for another two services run by the provider. It was clear from our observations the registered manager had developed good relationships with people who used the service and knew them well.

Staff spoke highly of the management team and spoke of how much they enjoyed their job. Comments included: "I like working here. I love it. It's an extension of family" and "I really love my job and caring for the people here." Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and felt confident to contribute ideas or raise concerns if they had any. They also said they were encouraged to put forward their opinions and felt they were valued team members. All staff spoke of how well they worked as a team.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home and to share good practice. Staff said they found the meetings useful and they were kept well informed on issues that affected the home or the provider.

People who used the service were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2014 and these showed a high degree of satisfaction with the service. No concerns were raised and no negative comments were made. One person's comment was, 'I like living here'. Another person had suggested tea time menus were reviewed and we were told this happened. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted from the service. The survey for 2015 was underway at the time of our visit.

The registered manager told us they had a system of a continuous audit in place. These included; medication, to be completed monthly, weekly finance checks, monthly premises checks and out of hours spot checks. We noted there were some gaps in the monthly medication audits. The registered manager said these had been completed but could not locate the records. The audits showed when issues were identified and what action was taken to remedy any shortfalls found with the medication system. The registered manager said they also monitored care records and cleanliness in the home but did not document this, other than in staff meetings or supervisions with individual staff.

The registered manager told us they had good support from the provider who visited frequently. Senior managers visited the home regularly to check standards and the quality of care being provided; this included audits of care records, staff training and cleanliness. The registered manager and staff said they spoke and spent time with people who used the service and staff during these visits. We looked at the

records of recent visits and saw any actions identified were acted upon to ensure continued improvement in the service. This included actions regarding medication and care records.