

## St Anne's Community Services

# St Anne's Community Services - Queensway

### Inspection report

46 Queensway  
Kirkburton  
Huddersfield  
West Yorkshire  
HD8 0SR

Tel: 01484602523

Website: [www.stannes.org.uk](http://www.stannes.org.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Queensway on 25 January 2017. The visit was announced. Our last inspection took place in May 2015 where we identified a breach of legal requirements which related to safe and care treatment in medicine management. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations and a clear time frame in which they would complete this. On this visit we checked and found improvements had been made in all of the required areas.

Queensway is a care home. The home can accommodate up to six people with learning disabilities. It consists of living and communal accommodation over two floors and has an enclosed garden.

At the time of our inspection the service had a registered manager. 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.

Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Risk was well managed and were the least restrictive for people. There were enough staff to keep people safe.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medicines management.

People's needs were met by staff who had the right skills, competencies and knowledge. Systems were in place to support staff to do their job well formal supervisions were in place. All staff had completed an appraisal.

Health, care and support needs were assessed and met by regular contact with health professionals. However in two care plans people were overdue on an optician's appointment. The registered manager booked these in at the time of our inspection. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People told us they were happy living at the home and enjoyed the company of staff and others they lived with. People were supported to make decisions and received consistent, person centred care and support. However, Daily records were not always effective due to areas of information missing from these.

The service had good management and leadership. Relatives and stakeholders got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe quality care.

## 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.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service which also encouraged and promoted their independence.

Medicines were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

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

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Health, care and support needs were mostly assessed with people who used the service and met by regular contact with health professionals. However there were gaps in documentation and two optician appointments were overdue.

Staff told us they received good training and support which helped them carry out their role properly.

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

### Is the service caring?

Good ●

The service was caring

People had detailed, individualised support plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a good rapport and had developed meaningful relationships.

### Is the service responsive?

Good ●

The service was responsive

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified.

People had good access to activities in the community and their home. They were also supported to maintain family contact.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and acted upon.

# St Anne's Community Services - Queensway

## **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 25 January 2017 and was announced. The inspection team consisted of one adult social care inspector.

At the time of our inspection there were six people using the service. During our visit we spoke or spent time with five people who used the service. We spoke with two staff; the registered manager and the area manager. We spent time looking at documents and records relating to people's care and the management of the service. We looked at two people's care plans and two people's medication records.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection we sometimes ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask them to complete one.

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.

# Is the service safe?

## Our findings

At the last inspection in May 2015 we found the provider did not ensure medicine management was in place. At this inspection we found the provider had made the required improvements and was now meeting requirements.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and we found stocks of people's medicines were correct when checked against records. During the inspection we were provided with an up to date medication policy which covered all aspects of medicines management including the safe practice principles for administration.

We looked at the medication administration records (MAR) for all the people who used the service and no gaps in recording were seen which showed they had been given correctly.

We spoke to one person who told us they felt safe, they replied, "Safe yes I do." One person nodded when they were asked if they liked their home and if they felt safe and happy.

We saw positive interactions with staff and people who used the service throughout our visit and people who used the service were happy and comfortable with the staff. There was a good rapport between people who used the service and the staff. Staff said they treated people who used the service well, and that any untoward practices would not be tolerated and reported straight away to the registered manager. They said they would have no hesitation in reporting any concerns and felt confident to do so.

There were procedures in place in relation to safeguarding, to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff said they had received training in the safeguarding of vulnerable adults and the staff training records confirmed this.

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. The risk assessments were also linked to care plans and activity involved in care delivery such as bathing or showering. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that firefighting equipment had been serviced.

Through our observations and discussions with the registered manager and staff we concluded there were

enough staff with the right experience and training to meet the needs of the people living in the home. We saw rotas were worked flexibly to meet the needs of people who used the service. One staff member told us, "We all work as a team and work well but we have a lot more paperwork to do now which takes time." The service did use agency staff at the time of our inspection but this had been reduced since the last inspection. The registered manager told us that they were still using agency staff but using the same ones for consistency. The registered manager had accurate and up to date information including training for the agency staff.

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

# Is the service effective?

## Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support either through verbal communication, gesture or Makaton. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time. One person was given the option of going out but refused.

We saw people were asked for their consent before any support was given. People were given time to consider options and staff understood the ways in which people indicated their consent.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff we spoke with were able to give us an overview of the MCA and how they assisted and encouraged people to make choices and decisions. For example, choice of clothes and meals and what activities they would like to participate in. Staff 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 plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, this was applied for people in relation to their medication.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a support plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, however, two people's optician appointments were overdue. One person's last optician appointment was in 2011 and the other person visited in 2013. We spoke to the registered manager who arranged for visits to be completed on 1 and 8 February 2017.

Staff completed daily notes for people who used the service. We looked at two people's daily notes and found some information had not been completed in full over the last month. For example; We saw staff had



not completed in some of the days what choices people had in relation to activities or meals. The registered manager told us they would change the documentation to make this more effective for people and easier for staff to complete.

Staff told us that menus were put together based on the known likes and dislikes of people who used the service. We looked at the menus and saw there were a good variety of options available for people. On the day of our visit some people who used the service chose to eat their lunch out in the community. People were encouraged to participate in cooking and setting the table for meal times in the home.

We looked at staff records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am happy with the training." The training record showed staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid, mental capacity and DoLs.

Staff said they received regular supervisions. Staff said they found the supervisions useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. Comments we received included: "She [the registered manager] is great I feel supported in my role." "We are kept informed and involved in everything going on at the home." The staff files we looked at showed staff had completed a practice development review with the registered manager in 2016.

## Is the service caring?

### Our findings

We spoke to one person in the home who told us they liked staff in the home. They told us, "Yes I do, I do like them [pointing to staff] lovely."

Our observations showed that people who used the service had a very good rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service looked well cared for; their personal appearance was well maintained, which is achieved through good standards of care.

We saw people were comfortable in the presence of staff and staff treated people kindly. The atmosphere in the service was positive and relaxed and we saw that staff had time to attend to people's needs and spend time with them. People who used the service enjoyed the relaxed, friendly communication from staff. The staff answered people's questions and requests politely and patiently; giving explanations and information to assist people's understanding.

Staff we spoke with said people received really good care. They described it as person centred, individual and caring. One staff member said they always treated people as they would like to be treated themselves. Staff gave good examples of how they protected people's privacy and dignity. They said they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people's preferred names. Throughout our inspection, we saw staff respected people's privacy and dignity.

Staff said they found the support plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. One member of staff told us, "There is so much information in the support plans but any changes we are told about straight away. Staff spoke confidently about the individual needs of people who used the service. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences. They used a number of different ways to communicate with people. This included using the spoken word, gesture and Makaton to enable them to make choices.

People who used the service and their relatives were involved in developing and reviewing support plans were appropriate. The registered manager told us, "We actively encourage people and their families in reviewing support plans. We are looking into gaining feedback from people in the home about various things like food, activities. We are arranging themed nights to then be able to see people's reactions to different things which will be more appropriate to individual like and dislikes.

## Is the service responsive?

### Our findings

People had their needs assessed before they moved into the home. This ensured the provider was able to meet the needs of people they were planning to admit to the home. We looked at an assessments completed for two people who used the service. Records showed how people who used the service, their families and other professionals had been involved in the assessment.

People received care which was personalised and responsive to their needs. Staff liaised with family members and other professionals when required. We looked at the support plans for two people who used the service. The support plans were written in an individual way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff had an in-depth knowledge and understanding of people's care, support needs and routines.

Activity was arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities. This included; trips out into the community, walking, clubs, going to cinema, music, bowling. Some people regular attended a community based day centre. We also saw there was an emphasis on encouraging independence and participation in daily activity in the service. For example people completing their own washing, cooking and cleaning.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any complaints. The complaint's policy was in a format accessible to people who used the service.

Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people and relatives who raised any concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. One member of staff told us, "I would not hesitate if I needed to complain, I would go straight to my manager."

There was a complaint's file in the service with all information and documents available should any complaints be made. All complaints were recorded and responded to appropriately. There had been no complaints at the home since the last inspection. The service had received many compliments. These included, 'Thank you for supporting [name of person] staff are lovely'.

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in post at the home.

Our discussions with people who lived at the home and observations during our inspection showed there was a positive culture and atmosphere in the home, and staff were familiar with the people's needs and interests. One staff member said, "My manager is lovely I can talk to her about anything." Another staff member told us, "I feel supported we all do. We are all encouraged to speak up if we have any issues or concerns."

Staff meetings took place in the home. The meetings included discussions around support plans, safeguarding and activities. Staff told us they felt these were valuable to the continuous learning and also to discuss the care and support needs of people in the home.

Resident meetings were not held in the home at the time of inspection due to the needs of the people. The registered manager said they had all been working hard on developing a more meaningful way of receiving feedback and evidence from people in the home. Themed nights were to be implemented in the next few months. The registered manager told us that she and the staff felt this would gather evidence through interaction, facial expressions and gestures of people if they liked or disliked something in the home. The registered manager and area manager said this was an important piece of work they had been looking at to implement into the service.

Relatives and outside professionals were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires. These were being collected and would then be analysed to make sure people were satisfied with the service. Surveys were only sent out on 13 January. The registered manager and area manager told us that 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.

The registered manager told us she felt supported by her area manager and that an operational visit record was completed monthly where all five domains of CQC standards were looked at. The registered manager told us any actions were clearly identified and followed up at the next monthly visit by the area manager. "The outside windowsills had been identified in needing replacing; we are looking into this at the moment."

We saw the provider had a quality assurance system in place which consisted of audits and required completion on a weekly, monthly and annual basis by the registered manager. This included audit of accidents, falls, complaints monitoring, medication, support plans, satisfaction surveys, and CQC/safeguarding notifications. The home had health and safety checks in place and at the time of the inspection we saw these were all up to date. This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service. The manager told us daily records would be looked at the end of each month to see if any gaps were evidenced.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and lessons learnt.