St Anne's Community Services

St Anne's Community Services - Cardigan Road

Inspection report

66 Cardigan road, Headingley, Leeds LS6 3BJ
Tel: 0113 275 2124
Website:

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Ratings

Overall rating for this service	Requires Improvement
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?	Requires Improvement

Overall summary

This was an unannounced inspection carried out on the 4 and 7 November 2014.

St Anne's Community Services - Cardigan Road provides accommodation for up to eight people who have a learning disability. The home is situated close to the cricket and rugby grounds in Headingley, Leeds. There are shops, pubs, GP surgery, and other amenities within walking distance of the home. The home is well served by public transport and there is parking alongside the garden area at the rear of the building.

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.

We found medication practice did not always protect people against the risks associated with the unsafe use and management of medication. Appropriate arrangements for the recording, handling and

Summary of findings

administration of medicines were not always in place. This is a breach of regulation 13 (Management of medicine); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Staff said they received good support and training to enable them to carry out their role. They spoke positively about the leadership of the management team; saying they were approachable. They said they had confidence in the registered manager if ever they reported any concerns. We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff.

Staff were trained in the principles of the Mental Capacity Act 2005. The provider had identified anyone thought to be at risk of having their liberty deprived and made suitable arrangements to make an application for authorisation of the Deprivation of Liberty Safeguards.

People who used the service told us they were very happy living at the service and considered it their home. They said they felt safe and knew how to report concerns if they had any. We saw care practices were good and people were encouraged and supported to be as independent as they could be. We saw staff respected people's choices and treated them with dignity and respect. People were encouraged to maintain good health and received the support they needed to do this.

We found people were involved in planning their own care and support. Person centred support plans were in place to help people plan their lives and focus on their goals and aspirations for the future.

There were not always effective systems in place to manage, monitor and improve the quality of the service provided. Some records did not show whether improvements identified were followed up and addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Medication practice was not safe and improvements were needed. The prescriber's directions for medication were not followed fully and people were not always given their medicines when they needed them.

People who used the service told us they felt safe and knew how to report concerns about their safety if they had any. 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 without restricting their activities.

There were enough staff to meet the needs of people who used the service.

Recruitment practices were safe and thorough. Policies and procedures were in place to make sure any unsafe practice was identified and people who used the service were protected.

Is the service effective?

Good

The service was effective.

Steps had been taken to review the needs of people who used the service to make sure no-one had their liberty restricted unlawfully. Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and we saw they had received training in the MCA to make sure their knowledge was up to date.

Staff said they received good training and regular supervision which helped them carry out their role properly.

Health, care and support needs were assessed and met by regular contact with health professionals. Support plans were up to date and gave a good account of people's current individual needs.

People enjoyed the home's food and had a choice about what and where to eat. They were also supported to practice their independence skills and cook their own meals if they wished to.

Is the service caring?

Good

The service was caring.

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

People told us that staff treated them well and responded to their care and support needs on an individual basis.

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

Summary of findings

Is the service responsive?

Good 

The service was responsive.

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

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

There were good systems in place to ensure complaints and concerns were responded to. People who used the service were aware of how to report concerns.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Although there were systems to assess the quality of the service provided in the home, these were not always fully effective in identifying risks regarding medication practice and maintenance of the home.

People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

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 checked 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 4 and 7 November 2014 and was unannounced.

At the time of the visit there were seven people living at the home. During the visit we spoke and spent time with five people who used the service, five members of staff and the registered manager. We spent some time observing care in the communal areas to help us understand the experience of people living at the home. We looked at areas of the home which included people's bedrooms, communal bathrooms, kitchen/diner and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's care plans and four people's medication records.

The inspection was carried out by one lead inspector.

Before our inspection, we reviewed all the information we held about the home. The provider had completed a provider information return. This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. Healthwatch feedback stated they had no comments or concerns regarding the service. 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 looked at medication records for four people who were living in the home and found some concerns about medicines or the records relating to medicines for all those people. Medication administration record (MAR) sheets were not supplied by the dispensing pharmacist. This meant the provider had developed their own where staff had handwritten the medication and its instructions for use. On two people's MAR sheets the instructions for use and where medication was to be applied was not included. One person had a cream to be applied as and when necessary, there were no instructions or guidance for staff to follow regarding when this would be needed.

All the MAR sheets we looked at had unexplained gaps where prescribed medication had not been signed for. It was unclear whether the person had received their prescribed medication such as pain relief or if it had been omitted. We saw one person was prescribed regular pain relief at lunch time but did not receive this when they were out of the home. No explanation for this could be provided. We saw a prescribed cream could not be located and a loose note to this effect had been placed on the MAR sheet. No action had been taken to locate the cream, staff were not aware if it was in use. It was therefore unclear if the person had received this prescribed medication.

Some people were able to take some responsibility for their own medication, for example when they went out. However, there were no up to date risk assessments in place to show how people managed this safely and the list of medications taken was not up to date. One person's assessment had not been reviewed for four years.

We saw the medicines for disposal were recorded in a medication disposal book. Staff said that when medication for disposal was returned to the pharmacy a signature from the pharmacist should be obtained. We found this was not happening and therefore it was unclear what had been disposed of. The medication awaiting return to the pharmacist was not in a tamper proof container and did not meet the National Institute for Health & Care Excellence (NICE) guidance which states 'medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy'.

The medicines for disposal box contained a surplus of pain relief medication and the record showed this was frequently happening. Staff could not explain why this occurred other than it had not been needed. MAR sheets did not show any explanation of when or why prescribed medication was not given. There was no up to date guidance for staff on the action to take when medication was refused.

The medication file was cluttered, disorganised and dirty; some MAR sheets were not held securely and could have been lost. Patient information leaflets were not available for most of the current medications taken by people who used the service, therefore there was a risk staff would not be able to monitor and respond to medication side effects.

Three staff's records we looked at showed they had not had medication training in the last nine years or a check of their current competency. Two staff said they had received competency checks on their practice recently; one of these was a new staff member. (NICE guidance advises annual review of skills, knowledge and competency). We looked at the Provider's policy for medication management and did not see that competency checks were included.

There was no evidence of a regular system of audit of medication. Staff and the registered manager said this was done by the area manager on their monthly visits. Records we looked at did not show any of our concerns had been picked up by these audits.

We found that appropriate arrangements were not fully in place in relation to the recording and administration of medicines. It is important this information is recorded to ensure people are given their medicines safely and consistently at all times. This is a breach of Regulation 13 (Management of medicine); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe at the home and confident to 'speak out' if they didn't. Comments we received included; "The staff are lovely", "They are always there for you" and "All the staff treat us well." Our observations showed us that people were comfortable and relaxed with staff and felt safe to express their views. One person spoke of an incident where they had felt uncomfortable. The staff member responded to this appropriately and we saw action was taken in response to the concerns raised.

Staff showed they had a good understanding of protecting vulnerable adults. They said they had received training to

Requires Improvement

Is the service safe?

enable this. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt confident to raise any concerns with the registered manager knowing that they would be taken seriously.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. We saw the contact details for the local safeguarding team were available to enable staff to use them if needed.

Support plans demonstrated individual risk assessments were carried out and in place which identified risks for individuals and how these could be reduced or managed. For example, going out independently or managing behaviours that challenged others. However, we saw in the notes of one person who was at risk of falls that an inappropriate response had been noted on two occasions when they used their alarm system. The deputy manager said this would be addressed to ensure a proper response in future.

Appropriate recruitment checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people. We looked at the recruitment process for three members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including application forms, notes of interviews and evidence of qualifications and written references.

Records of Disclosure and Barring Service checks were available and held securely. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people.

All the staff we spoke with said staffing levels at the home were at times 'stretched'. Most staff spoke of people's changing needs and that people who used the service needed more personal support than in the past. They said they meet people's needs but their ability to provide social support, especially in the evenings when there was only one member of staff available, was limited. The registered manager and staff told us the provider was currently reviewing the needs of people who used the service in light of this. We were told that day time outreach support had been increased for some people and that the rota was being managed more flexibly to try and provide more occasional evening support.

People who used the service told us they were satisfied with the staffing levels and there was always help available to them if they needed it. They said they had staff available to accompany them on holidays and confirmed flexible arrangements were in place to enable special outings such as birthday celebrations. On both days of our visit, people's needs were met well and staff worked well as a team to make sure of this.

We spoke with staff about the training they had received to allow them to deal with emergencies. We were told first aid training was provided. Training records confirmed this. Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. Staff could describe measures in place to ensure safety such as fire checks, fire drills, risk assessments and staff trained in food safety.

Good

Is the service effective?

Our findings

Throughout our inspection we saw that 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 if they wanted to be involved in household chores and staff respected their decisions on this. Explanations were given to people when they raised any queries or asked questions. We saw staff seeking consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met, for example if they were in pain or not.

People told us they received good support and staff were "good at their job". One person said, "I love it here, everything is great for me, staff are great." One person spoke highly of the support they had been given to access health care professionals.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager informed us they had identified a person who used the service as potentially being deprived of their liberty. They confirmed they had the contacted the local DoLS team to have this properly assessed. We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted people to make choices and decisions to enhance their capacity. They spoke of making sure people were supported to make decisions such as what to wear and what activities to be involved in and how they did this. Staff said that if bigger decisions such as those around finances had to be made, they would seek family involvement or assist people in getting an advocate. Training records showed staff had received training in the MCA and DoLS.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases where people's needs had changed. This had included GP's, hospital consultants, community mental health nurses, chiropodists and dentists. Records were maintained of all health appointments attended. 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.

People who used the service spoke highly of the food and menus in the home. They said they were involved in the development of them and there was always opportunity to have their favourite dish from time to time. They said they had regular meetings to discuss food choices. We saw there was pictorial information available to enable people to make choices more easily about what they wanted to eat. They told us they had opportunity to cook their own meals and received support from staff to do this. We observed the teatime meal. People were given a choice of two meals and where they wished to eat it. The food looked appetising and well presented.

There was information available in the home on healthy eating and the registered manager had completed training in nutrition and health. The registered manager said they maintained an oversight of the menus to ensure they were balanced and offered plenty of variety.

We saw there was a system in place to ensure staff's mandatory training was kept up to date. Courses included; health and safety, food safety, safe moving and handling and infection prevention and control. Staff spoke positively about their training and said this equipped them well for their role. They confirmed they received regular updates to keep their practice current. Staff also said they received regular one to one supervision meetings and an annual appraisal which enabled them to receive feedback on their performance and identify any development needs they had. One staff member spoke highly of their induction training and said it had prepared them well for their role. They said they had been given regular opportunities to discuss their learning and how they were progressing. Records we looked at confirmed this.

Some specialist training had been provided for staff. This included; dementia awareness, positive behaviour support, diabetes, person centred working, epilepsy and mental health and learning disability awareness. One staff member had not completed epilepsy training but could describe the support and protocol for people who used the service who had a diagnosis of epilepsy.

Good

Is the service caring?

Our findings

People who used the service told us they enjoyed living at the service and considered it to be their home. They said they were treated well and received the support they needed. People commented they felt supported and staff were approachable. People told us they liked the staff and got on well with them. One person said, "They are all nice and easy to talk to." Another person said, "I think of them as my friends, my pals."

People appeared comfortable in the presence of staff. There was positive interaction between staff and people who used the service. We saw staff treated people kindly; having regard for their dignity and privacy. The atmosphere in the service was cheerful and relaxed and we observed staff had time to attend to people's needs and generally spend time with them. People who used the service enjoyed the relaxed, friendly communication from staff. We saw people were given support to maintain their independence and encouraged to do so. People looked well cared for; they were clean and tidy. People were dressed with thought for their individual needs and had their hair nicely styled.

Support plans showed how people who used the service had been involved in developing them. They were signed by the person who used the service to show they had been involved and had opportunity to discuss them with staff. Whenever changes to people's needs were identified there was evidence that people who used the service were involved in a review of their support plan.

Support plans recorded what the person could do for themselves and identified areas where the person required support. The support plans had sufficient detail to ensure staff were able to provide care and support consistently.

Staff said they found the support plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people well. They gave good examples of how they respected people's privacy, dignity and confidentiality. Staff told us they would close people's doors and draw curtains when providing personal care and make sure bathroom doors were locked when assisting someone with a shower. We saw staff used people's preferred names.

Staff had been trained in how to respect people's privacy, dignity and confidentiality and understood how to put this into practice. Staff told us this was covered during their induction and regularly discussed in their meetings with their manager. We saw that staff were patient and gave encouragement when supporting people, for example, to take their medicines. People were able to do things at their own pace and were not rushed.

Staff told us they thought people who used the service received good care and support. One staff member said, "We are a caring, dedicated staff team; staff have people's welfare as their main concern." Staff spoke warmly about the people they supported. They spoke of enjoying the time they spent with them and positively about how they enjoyed seeing people gain more confidence and independence such as finding voluntary work or going out independently. One staff member said, "It's so great to see people enjoying life."

The registered manager told us that no one who lived in the home currently had an advocate. They were however, aware of how to assist people to use this service and spoke of how they had done so in the past.

The registered manager said they were currently developing the role of 'Dignity Champion' in the home. They said the appointed staff member had received training to enable them to carry out this role. We saw records of this. The registered manager said the Dignity Champion would be expected to demonstrate good practice and challenge any bad practice with regards to respecting people's dignity at all times.

Good

Is the service responsive?

Our findings

People who used the service were involved in a range of activities. These included the use of day centres, outreach services, college courses, voluntary work, and leisure services. One person spoke with pride about their voluntary work and the friends they had made in the course of this. Another person told us they were involved in a community choir and how much they enjoyed their contribution to this. People told us they regularly used the local community facilities such as shops, churches, pubs and cafes. It was clear they knew the local area well.

People said they had plenty to do when in the house and they enjoyed their hobbies such as reading, listening to music and keeping up to date with the television. They spoke of watching the 'soaps' and popular reality television shows. On the days of our visits, everyone who lived at the home was involved in some activity outside of the home such as shopping, going out to a favourite café or a college course.

All the people we spoke with said they had chance to take holidays if they wished to. Two people told us they had enjoyed a country cottage holiday. One of them said, "It was great there, we want to go again this year." Another person spoke of their holiday abroad and also said they were looking forward to organising the next one.

The registered manager told us they hoped to be able to provide more evening social support after they had completed the current review of people's needs.

We looked at three people's support plans. We saw these were person centred and gave detailed information about the person's likes, dislikes and background. The assessments and support plans we looked at were individualised; giving a clear picture of the person and their current needs and future aspirations and goals. This showed the provider had considered how each person could be supported as an individual.

People told us they liked to be involved in household tasks and chores. We saw there was a rota for this to make sure it was fair for everyone. We also saw that people were given opportunity to enhance their life skills by regular cooking sessions if this was something they wanted to do. People also told us they liked to do their own laundry. They said they got good staff support to enable them to do this. One person indicated they preferred not to do the chores. Staff confirmed this person was given more support to meet their individual needs as this suited them better.

Staff were responsive to people's requests for assistance or general chatting. The registered manager of the service made time for people who used the service and spent time asking how their day had gone or answering any questions they had.

We were told that meetings for people who used the service were held monthly and records confirmed this. The minutes we looked at showed a variety of topics were discussed. These included; feedback on activity, menus and dietary advice, future trips out and event planning. We also saw this was an opportunity for people to raise any concerns they had and discuss issues such as bullying and keeping safe. It was clear from the records that people's suggestions were acted upon. For example, a traditional bonfire tea and a Halloween party had recently been organised. Staff told us they always tried to respond to people's requests. They said they had recently introduced homemade meatballs on the menu as there had been a strong preference for these.

People knew how to raise concerns and were confident to do so. People told us if they wanted to make a complaint or raise any concerns they would talk to the registered manager or any of the staff. One person raised a concern with us, during the visit. They gave us permission to discuss this with the staff member on duty. We saw action was taken to address the concern and the person who used the service confirmed they were satisfied with this. We saw that each person who used the service had an easy read complaints procedure and this was also on display in the home.

There had not been any complaints made at the service for some years. However, the registered manager was able to tell us of changes made in the service in response to a suggestion from a relative. It was clear this person's suggestion had been carefully considered, changes made and then the changes confirmed with the relative. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal

Good

Is the service responsive?

complaints. Staff said they would record all complaints and report them to the registered manager or senior person on duty. We saw the complaints procedure was available to staff.

Requires Improvement

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 support staff. People who used the service spoke highly of the management team. They said they felt comfortable speaking with them and could approach them. Comments included; "[Name of manager] is really good, good at sorting things out", "She's a good manager and always so nice" and "Makes sure things get done."

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 home. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members.

Staff were very positive about their role and spoke of a high degree of job satisfaction. Comments we received included: "This is a great place to work, a nice house, easy going, good atmosphere" and "It is very interesting work, always learning new things, always new opportunities." The registered manager said they felt supported by provider. They said they were encouraged in their role and they were currently undertaking a leadership course to enhance their skills.

Staff were aware of the key priorities and challenges within the service. They were aware of the newly introduced flexible rota and the proposal that had gone forward to the area manager regarding the review of people's needs and the staffing implications of this. Staff said they had felt comfortable to bring this issue forward and felt the registered manager and senior managers were listening to them. The provider had systems in place to listen to the views of staff. We were told that staff were invited by the provider to join focus groups within the organisation. Staff we spoke with were aware of this initiative but had not taken part as yet.

People who used the service and their relatives 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 and their relatives. 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 2013 and these showed a high degree of satisfaction with the service. No negative comments were received.

There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. The registered manager told us how they monitored incidents and accidents in the service. They reviewed each record and looked at ways to prevent any future re-occurrence. This included discussion with the area manager on any action to be taken. Fire safety records were well maintained and included personal evacuation plans for each person who used the service.

Monthly health and safety checks, which included checks on equipment, the premises and cleanliness, were carried out. We were told that any issues identified were documented and reported to maintenance for repair. However, these checks were not fully effective. We found window blinds in one person's room were broken and not functioning properly. This had not been identified on the latest check, despite having been broken for some time. We also saw that on one stair case there was thick dust which had not been noted through this audit.

The maintenance file was untidy and it was difficult to see if actions had been reported fully and then addressed. For example, it was noted that window restrictors were needed on a first floor window in one record we looked at. The records did not show this had been attended to. However, when we looked, we saw the window restrictors were in place. It was not clear how the registered manager was kept informed of progress on improvements as there was no clear documented action plan. There was a reliance on 'word of mouth. There was a risk that things could be missed or overlooked.

We were told that a senior manager from the organisation visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits. A record of the visit was made and this included a short summary of the visit and any actions identified. The registered manager confirmed the visits were then discussed with them during

Requires Improvement

Is the service well-led?

supervision. However, we noted that issues we identified regarding the management of medication had not been picked up by these systems of audit. There was no other audit of medication in place to ensure this.

Staff told us monthly staff meetings were held. They said they received feedback on the service and were kept up to date on issues affecting the service and people who used the service. They spoke about improvements made to the service in response to concerns raised, for example, recent medication errors had been highlighted through discussion at staff meetings. However, it was not clear if practice had changed in response to this. Staff had been reminded to ensure people took their lunch time medication yet we saw there were frequent occasions when this was not happening.

We were told in the Provider Information Return that the registered manager carried out day to day checks in the home. We did not find documentary evidence of these checks. However, we were told that unannounced 'spot checks' were carried out by the registered manager and deputy manager to check on the quality and safety of the service. Records confirmed this and we saw issues raised were addressed with staff in order to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.