St Anne's Community Services

Dewsbury 2

Inspection report

1 Temple Road
Dewsbury
West Yorkshire
WF13 3QE

Tel: 01924430871

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 4 October 2016 and was unannounced. We last inspected the home on 25 September 2013 and found the provider was meeting the regulations we inspected.

The home provides support and personal care to up to 10 adults with mental health needs. At the time of our inspection 10 people were living at the home.

The home 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.

The provider had breached the regulation relating to good governance. The quality assurance systems at the home required further development so that they were effective in promoting sustained improvements.

You can see what action we have asked the provider to take at the back of the full version of this report.

People, a family member and care workers we spoke with confirmed they felt the home was safe.

Care workers were aware of and understood safeguarding the provider's whistle blowing procedure, including how to report concerns. Care workers knew how to raise concerns about people's safety but had not needed to previously.

People told us there were enough staff to meet their needs and offer support when they needed it.

Medicines were managed appropriately. Some people had been supported to develop the skills to manage some or all of their medicines administration. Where care workers supported people with their medicines, accurate records were kept.

Recruitment checks including requesting references and Disclosure and Barring Service (DBS) checks were carried out to check new care workers were suitable for their role.

Records confirmed incidents and accidents were logged and investigated. Action had been taken to help prevent the incident from happening again.

Regular health and safety checks were carried out, such as checks of the fire safety systems, water temperature and gas safety. Risk assessments had been carried out to help manage potential risks to people.

There were procedures to deal with emergency situations and guidance for staff to help support people

appropriately.

Staff confirmed they received the support and training they required to fulfil their caring role. Records confirmed staff had regular supervision and appraisal. Essential training was up to date for all care workers.

People were not being deprived of their liberty and regularly accessed the local community independently. Care workers confirmed people had the capacity to make their own choices and decisions. People confirmed they received the care they had consented to.

People were supported to do their own shopping and to prepare meals of their choice. People did not require support from care workers with eating and drinking.

Care workers supported people to attend a range of health appointments when required, such as the GP and hospital appointments.

People's needs had been assessed and personalised support plans developed. People were involved in assessing the progress they had made using a visual tool. Care records provided care workers with information about people's preferences.

People knew how to complain but said they did not have any concerns about their care. Previous complaints had been thoroughly investigated and resolved.

People said there was a good atmosphere in the home and that it was well-led.

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.

Effective recruitment checks were in place to check that care workers were suitable for their role.

Medicines were managed appropriately.

Care workers had a good understanding of safeguarding and whistle blowing, including how to report concerns.

Regular health and safety checks were completed.

Is the service effective?

Good

The service was effective.

Care workers felt well supported and essential training was up to date.

People accessed the local community independently.

Care workers supported people to prepare their own meals.

People had access to external health care services as required.

Is the service caring?

Good

The service was caring.

People said they received good care from kind and caring staff.

People were treated with dignity and respect.

People were able to make choices so their preferences were met.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed.

Personalised care plans had been developed.

People were involved in reviewing their progress towards achieving their goals.

Previous complaints had been dealt with in line with the provider's agreed procedure.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality of support plan evaluation records was inconsistent.

The quality assurance system required further development.

People told us the registered manager was approachable.

Dewsbury 2

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 October 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also viewed the recent inspection report from the local authority commissioners of the home.

The provider completed a provider information return (PIR) prior to the inspection. 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 spoke with six of the 10 people who used the service and one family member. We also spoke with the registered manager and three care workers on a one to one basis. We observed how care workers interacted with people and looked at a range of care records which included the care records for three people, medicines records for 10 people and recruitment records for four care workers.

Good

Is the service safe?

Our findings

People, a family member and care workers said they felt the home was a safe place. One person said, "It feels safe here." Another person commented, "I try to keep things safe here. I do [check] the curtains and windows as far as possible." A third person told us, "I do feel safe." One family member commented, "[My relative] is a lot safer, he needs to be somewhere like this. He would go down if he was on his own." One care worker told us, "I do think they are safe. There are always staff here. If they have any issues they can come to staff."

Care workers showed a very good understanding of safeguarding. They were able to tell us about various types of abuse and knew how to report concerns. One care worker said, "If I have any issues I can go straight to [registered manager]." Two previous safeguarding concerns received during 2016 had been dealt with in line with the agreed procedure.

Staff were aware of the provider's whistle blowing procedure. None of the care workers we spoke with had needed to use the procedure. However, they felt concerns would be taken seriously and dealt with. One care worker commented, "I have not needed to [use the whistle blowing procedure]. Staff say it how it is. [Registered manager] would deal with it (any concerns) and take precautions." Another care worker, said, "I have not used whistle blowing. I would raise concerns if I had any. The people come first."

Medicines records supported the safe administration of medicines. Where possible the provider was working towards empowering people, where it was safe to do so, to manage some or all of their medicines. The registered manager confirmed one person self-medicated and two other people were "well on the way". Where people were supported with their medicines this was only carried out by trained and competent care workers. Medicines administration records (MARs) had been completed correctly to account for the medicines people were given. Where medicines hadn't been given codes were used to confirm the reason, such as a person refusing or medicines not required. Medicines were stored securely in people's rooms or the office. Accurate records were kept for the receipt and return of unused medicines were up to date. One family member said, "They make sure [my relative] takes their tablets."

Where potential risks had been identified, a corresponding risk assessment had been carried out. Risk assessments had been done in relation to the environmental and health and safety, as well risks to people using the service. These had all been reviewed recently to help keep them up to date. Risk assessments considered the potential benefits to people whilst balancing the need to keep people safe. For example, where people were accessing the community.

People confirmed there were enough staff on duty to meet their needs. One person said, "Yes there are enough staff, they can see to my needs quickly." Another person told us, "There are always staff on hand." Care workers confirmed there were usually enough staff. One care worker said they were sometimes stretched but staffing levels were at a safe level. Another care worker told us, "There are definitely enough (care workers) to keep people safe. [Registered manager] has reduced paperwork to free up time."

We discussed with care workers and the registered manager about night-time staffing levels. There was usually one sleep-in care worker on site overnight. One care worker said, "Nobody requires support overnight." The registered manager had completed an analysis of contact during the night to confirm that one staff member was sufficient.

Recruitment checks had been completed, prior to new staff starting their employment, to confirm they were suitable to work with people using the service. These included various pre-employment checks, such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new care workers had a criminal record or were barred from working with vulnerable people.

Incidents and accidents were logged and investigated. The details of any action taken to help keep people safe were clearly documented. The registered manager told us a new online recording system was due to go live imminently. This would allow greater control over the monitoring of incidents and make it easier to analyse the information to identify trends.

Health and safety checks were carried out regularly to help keep the home safe. For example, checks of the fire safety systems, water temperature and gas safety. These were up to date when we inspected the home.

The provider had procedures in place to deal with emergency situations. The various plans identified the measures needed to deal with a range of emergency situations such as loss of staff, the premises and fire. Personal emergency evacuation plans (PEEPs) were in place for each person providing details of their support needs in order to evacuate the building safely in an emergency.

Good

Is the service effective?

Our findings

Care workers felt well supported in their role. One care worker commented, "I feel very supported. I am getting support in how to do new things." Another care worker told us, "I feel like I am really well supported. If I have concerns I can go and talk to [registered manager]. PDR (performance development review) and supervision is done."

Care workers were provided with opportunities to complete the training they needed in their role. We viewed the files for four care workers which confirmed they had completed essential training and this was up to date. New staff had completed an in-depth induction programme which included the essential training. Care workers we spoke with confirmed their training was up to date. One care worker said, "I have done mandatory training and training for mental health since I started."

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether 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. None of the people living at the home were being deprived of their liberty and did not require a DoLS authorisation. The registered manager and care workers confirmed all people had capacity to make their own decisions. Each person had their own key for the home and accessed the community independently. One person said, "You can go out when you want, there are no restrictions." Another person commented, "I go out and visit [family member]." A third person told us, "I go out into Dewsbury." During our visit we observed people regularly left the home to access the local community.

Staff understood the importance of obtaining consent before providing any care or support. One care worker told us, "I always ask them." Care workers were aware of their duty of care to people using the service and would offer prompts and encouragement. They said they would respect a person's right to refuse as all people using the service had capacity. People confirmed they were asked for consent. One person told us, "The staff always ask for consent first."

People living at the home were independent with eating and drinking. Care workers told us if they had concerns about a person losing significant amounts of weight they would monitor the situation. This included seeking consent to weigh the person and recording their food and fluid intake. Care workers said they supported people to make their own meals. People confirmed they had meals they had chosen. One

person commented, "I had squid and stuffed peppers."

People were supported to access health care in line with their needs. We observed care workers leaving the home to attend health appointments with people. This included visiting the GP surgery and attending hospital appointments. One care worker said, "We make sure people keep up to date with appointments."

Good

Is the service caring?

Our findings

People gave us positive views about their care. One person commented, "It's alright, the staff are alright." Another person said, "I am happy living here." A third person said, "I like it here. It is a nice place to live. I don't want to move anywhere else."

People felt care workers were kind and caring. One person said, "The staff are really nice." Another person told us, "They are all fine, all the staff are okay." A third person commented, "[Care worker] is like a breath of fresh air."

People were cared for by care workers who knew their needs and preferences well. One person said, "I have an allocated worker, [care worker] is nice. We meet monthly and talk about health and general things. They have become like a friend. They take me to the park for a coffee whenever I want." They went on to say, "The staff know about my likes and dislikes." Care workers told us information about people's preferences was documented in their support plans. They went on to tell us they regularly met with people to discuss any changes to their care. One care worker said, "We have meetings every month. We just chat about loads of different things."

People were treated with dignity and respect. One person told us, "Staff treat me equally and with respect." One family member said, "They treat people excellent, they always treat them well."

All of the people we spoke with told us they were in control and able to make their own choices. One person told us, "I am left alone, I don't want to bothered too much. I can do what I like. I watch TV, do crosswords and keep up to date with the news." Another person commented, "I like writing and watching telly. I can please myself what I do. If there are plenty of staff on we go and play pool." A third person told us, "I can do what I want. We all tend to do our own thing." A fourth person commented, "I like my own room."

Care workers aimed to promote people's independence as much as possible. One family member described how their relative had changed since moving to the home. They said, "[My relative] is more alert. [My relative's] attitude to life has changed quite a lot." They went on to say, "[My relative] gets an allowance and goes shopping. It is independent living here." One care worker commented, "People are all independent to various levels. We try to get people to do their own shopping. They are all independent with showering, bathing and changing." Another care worker told us, "We try to get people to do as much as they can for themselves. We promote independence not take it away."

People had access to independent advocacy services when required. Each person had an 'advocacy involvement recording sheet' with details of any input from an advocate. This included details of the decisions people were being supported with, such as their accommodation and medical treatment.

Good

Is the service responsive?

Our findings

People's needs had been assessed both before and shortly after they were admitted to the home. The assessment covered a range of areas, such as managing mental health, physical health, living skills and social networks. We saw from care records and from talking with people they were involved in assessments of their needs and support planning. People were encouraged to jointly review, with their key worker, their progress against their recovery focussed assessment periodically using a star chart. Where people declined to take part this was respected. All of the care records we viewed contained information about people's preferences. For instance, one person liked to go for walks in the local area and had particular food likes and dislikes.

The information gathered during the initial assessment was used to develop support or action plans. People were encouraged to be involved in developing their support plans. One care worker commented, "We talk to people, ask them what their goals are and what they want to achieve." People confirmed they had been involved in support planning. One person told us, "I have a support plan. They go through it with me about once a month. They record what level I am at (on the recovery star)." Another person said, "[Care worker] is in charge of my care at the moment. We meet as often as anything is worth talking about."

Support plans identified clear goals for people to work towards before their next support plan review. For example, for one person the goal was to continue working towards taking some responsibility for their medicines with support and to work on positive ways to deal with anger. Goals had usually been identified following a discussion with people. Each goal was supported with step by step guidance detailing the support needed to help people achieve their goals. One person told us, "Staff are helping me to get my own flat." Prompts and reminders had been documented in support plans to remind care workers about important things to remember in relation to each person. For example, reminding people to take their medicines.

People said they felt able to raise things with the staff team. One person said, "I have taken on the post of advocate for the clients here." They went on to say, "Every six weeks we meet with the staff, a group meeting." Another person told us, "I can ask them about things if I need to. We saw four compliments had been received from people about the home. One person had praised the meals they had received, an advocate commented on the good work the home had done for one person and a health professional commented on a person's good care. One family member complimented the home as they felt their relative had improved and their self-confidence had grown since living at the service.

Most people gave only positive feedback about the home. One person said they felt they weren't always consulted about changes. They said, "They change things but don't tell us, we are not consulted about changes." However, they went on to say, "Other than a few little niggles, it is perfect. I am happy here I wouldn't want to live anywhere else."

People told us they did not have any complaints or concerns about their care. One person said, "I have no concerns or worries." Another person told us, "I have no concerns at the moment. As things are at the

moment I am quite happy." A third person said, "If I had concerns, I would go to [registered manager]." There had been no complaints made about the service during 2016. Records were available to confirm previous complaints had been investigated and resolved.

Requires Improvement

Is the service well-led?

Our findings

The home had a new manager who had been registered with the CQC since 17 August 2016. People gave positive feedback about the new registered manager and said they were approachable. One person told us, "The manager is alright I can talk to him." Another person commented, "I can talk with the manager." A third person said, "[Registered manager] is nice. He sorts things out."

The quality assurance processes in place at the home required further development. The registered manager had been reviewing the quality assurance checks in place at the home. We found some checks had only recently commenced and needed more time to be fully embedded, such as regular care plan audits.

The area manager for the service had carried out reviews of the home. The document used for recording these checks stated it was a monthly review. However, the only completed reviews available to us were dated April and August 2016. This included conversations with people who confirmed they were happy with the care they received. Actions from the review included developing a newsletter for the home and some re-decoration. The registered manager told us a new operational audit was being developed which followed the five domains the CQC inspect against.

Records confirmed most support plans had been reviewed. However, we found the information recorded did not provide a meaningful update on the progress people had made since the last review. For example, some care workers recorded 'no change' or repeatedly documented what the person's needs were.

The registered manager told us the provider consulted with people directly and separate to the home. This meant they could give feedback confidentially if they wanted to. We were unable to view the findings from the most recent consultation on the day of our inspection. We have asked the provider to send this to us separately. Following our inspection visit the registered manager sent us a questionnaire specifically designed for people living at the home. However, this had not yet been used to gather feedback.

This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had some quality checks in place to help ensure people received good care. These included audits of medicines and health and safety. These had been successful in identifying issues and checking action had been taken to deal with the issues. For example, minor gaps in signatures on MARs had been investigated and addressed.

We viewed copies of the newsletters which had been produced. This included useful information in an accessible format about safeguarding and medicines. Simple recipe ideas were also included and a feedback form for people to complete if they had any comments to make about the home.

People and care workers told us there was a good atmosphere in the home. One person said, "Everybody gets on well, there is a good atmosphere." One care worker commented, "It (atmosphere) is good. I look

forward to coming to work."

Staff had opportunities to give their views about the home. Regular staff meetings took place. One care workers commented, "We have regular staff meetings. We can bring up any issues or ideas then. We could also go to [registered manager] anytime." Another care worker said, "We come with new ideas, bounce ideas off each other."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to assess, monitor and improve the quality of the services required further development to ensure they were consistently effective. Regulation 17(2)(a)