

St Anne's Community Services

St Anne's Community Services - Dewsbury 1

Inspection report

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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 

Summary of findings

Overall summary

This inspection took place on 13 October 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The service was previously inspected in 12 September 2013 and was found to be compliant with all of the regulations inspected. During this inspection there were five people using the service.

St Anne's Community Services, Dewsbury 1 is registered to provide accommodation and personal care for up to five people aged 18 and over with a learning disability. Accommodation is provided over two floors with a lounge and dining room with seating areas and people can choose to spend their time in one of the communal areas or in their own room. The service is situated in attractive grounds and is on the outskirts of Dewsbury town centre, which is easily accessible by public transport.

The service had 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 2008 and associated Regulations about how the service is run. The registered manager was on holiday during this inspection and the service deputy manager supported us throughout the inspection.

We found that there was a quality assurance system in place, but this had not highlighted the concerns we found during the inspection with risk assessing, care planning and risks associated with the home environment. This was a breach of Regulation 17 (2) (a) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The registered provider had a system in place for ordering, administering and disposing of medicines and this helped to ensure that people received their medicines as prescribed. However, some improvements were needed in the way that medicines were stored and recorded.

There was a system in place to complete individual risk assessments for people who used the service although we found these had not always been implemented in response to their needs.

We found staff were recruited safely and were employed in sufficient numbers to meet people's needs. Staff had access to induction, training, supervision and performance development reviews (PDR) which supported them to feel skilled and confident when providing care to people.

We found there were policies and procedures in place to guide staff in how to safeguard people who used the service from harm and abuse. Staff received safeguarding training and knew how to protect people from abuse.

People told us they were very happy with the food provided. We observed people's individual food and drink requirements were met and people were supported to access healthcare professionals where necessary.

Staff understood and were working within the principles of the Mental Capacity Act 2005.

Staff were observed to be, and described by people using the service as, kind and caring. We observed that staff had developed meaningful caring relationships with the people they supported.

People told us that staff listened to them and treated them with dignity and respect.

People's needs were assessed and their care plans set out how these should be met. Plans reflected people's preferences and focussed on giving people as much independence as possible. Staff were knowledgeable about people's support needs and their interests and this enabled them to provide a personalised service.

People who used the service were supported where necessary to undertake a variety of activities within the local community.

People told us they knew how to express concerns or make a complaint, and they were confident their concerns would be listened to. There was a process in place to manage complaints that were received by the service.

We received positive feedback about the registered manager and the service provided.

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.

Although there was a system in place to complete individual risk assessments for people who used the service we found these had not always been implemented in response to their needs.

Medicines were administered safely by staff and the arrangements for ordering and disposal were appropriate. However, some improvements were needed in the way that medicines were stored and recorded.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff received training about this.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported to eat and drink enough and to access healthcare services where needed.

Training was provided to equip staff with the knowledge and skills needed to carry out their roles effectively.

Staff understood and were working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with the people they supported and were seen to respect their privacy and dignity.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care and support was delivered.

We observed that people were offered choices and encouraged to make decisions.

Is the service responsive?

Good ●

The service was responsive.

The registered provider had a complaints procedure in place and documentation on how to make a complaint was available in an easy read format.

People's needs were assessed and care plans developed to guide staff in how best to support people who used the service.

People's social wellbeing was met through a variety of activities either in groups or individually with support from staff.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

There was a quality assurance system in place, but this had not identified the issues we found during the inspection with risk assessing, care planning and risks associated with the home environment.

There were opportunities for people who lived at the service, their relatives and staff to express their views about the quality of the service provided. We saw positive comments were given however we were unable to see the evaluation of completed surveys as these had not been analysed or any feedback given.

There was a manager in post who was registered with the Care Quality Commission (CQC). We received positive feedback about the home, the service provided and the management team.

St Anne's Community Services - Dewsbury 1

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 registered 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 13 October 2016 and was unannounced. This meant the registered provider and staff did not know we would be visiting. The inspection was completed by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local safeguarding team, and contracts and commissioning team about their views of the service.

We looked at all areas of the service, including bedrooms (with people's permission), we observed how staff interacted with people who used the service and monitored how staff supported people during the evening meal.

We spoke with three people who used the service and a visiting relative. We spoke with the deputy manager and two care staff. We looked at two care files which belonged to people who used the service. We also looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, the training records, the staff rota, minutes of meetings with staff, quality assurance documents and maintenance of equipment records.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person who lived in the service said, "Yes I am safe" and a relative told us, "[Name of person] is safe and accompanied." Another person who lived at the service told us, "Yes I am safe. When the fire alarm goes off I go to the bottom of the gate outside."

Throughout our inspection we observed that people using the service were relaxed and at ease in their surroundings and responded positively and warmly to the staff supporting them. This showed us that people felt safe living at St Anne's, Dewsbury 1.

We checked that the premises were being maintained in a safe condition. We saw documentation and certificates, which showed that relevant checks had been carried out on the electrical installation, portable electric equipment and gas services. We found that the gas safety reports completed in October 2015 and 2016 included two areas which needed attention. We discussed this with the deputy manager who told us this had not been completed and assured us this would be addressed. We were provided with photographic evidence immediately after this inspection to show that the areas that needed attention had been addressed.

Regular checks of the fire alarm system, fire extinguishers and emergency lighting were carried out to ensure that these were in safe working order. Records showed that fire drills were held to ensure that staff knew how to respond in the event of an emergency. Personal Emergency Evacuation Plans (PEEPs) were in place documenting individual evacuation plans for two people who may require support to leave the premises in the event of a fire.

We saw each person had picture instructions of the fire exits, signs and the fire escape for the building on their bedroom walls. One person who used the service told us whilst pointing at the pictures, "If there is a fire I go out of there and around there and to the back of the garden." Staff could clearly articulate what they needed to do in the event of a fire. One staff member told us, "If the alarm goes off we would ring [Name of another service] if people from here needed evacuating to keep them safe and warm. The fire alarms are checked every week and we check the doors are shutting. Drills are every six months and we have just done one. I am the fire facilitator and every two or three months I complete some questions with the other staff to test their knowledge."

We asked staff how they kept people safe and one staff member told us, "We have risk assessments in place and you have to always think about yourself and the person you are supporting." Another staff member gave us an example of when they were out in the community they had identified an issue with a road crossing signal, which may pose a risk to people using the service when they were crossing a busy road. During the inspection the staff member contacted the local authority to report this issue and after the inspection the service sent us confirmation that the local authority had agreed to address the issue.

There was a system in place to complete individual risk assessments for people, but these had not always been implemented in response to their needs. Risk assessments are required to ensure staff deliver care and

support in the safest way possible. We identified that one person using the service had recently had a catheter fitted post-surgery and we found no plan of care or risk assessment was in place to support the person and staff to manage this safely. The deputy manager told us the person was self-caring with the emptying of the catheter and was due to attend the local hospital the next day to determine if the catheter would be remaining in situ. We saw from the person's records that a district nurse (DN) had visited on 9 September 2016 and there had been no further input from a health professional since that date.

We discussed our findings with staff during the inspection and one staff member told us, "One person has a catheter fitted at present and this is to be discussed at the district hospital tomorrow. We keep an eye on the site of the catheter for any redness and if there is any discolouration of the urine. If there was anything we would contact the DN." Whilst there had been no immediate impact on the person, it was important that staff had appropriate information when supporting people to help keep them safe.

The service provided us with evidence after this that the person's catheter would be remaining in situ and a risk assessment and plan of care had been implemented. A DN had visited and shown two staff how to change the valve of the person's catheter and until all staff were trained the DN would complete this every week. This meant the risks to the person had been assessed and mitigated.

Risk assessments included plans for supporting people when they became distressed or anxious. If people became agitated staff used distraction or calming techniques and avoided the use of physical restraint. One staff member told us, "We have to follow peoples support plans as some people may get anxious. For example, if they were going to a hospital appointment we would tell the person on the day and who would be supporting them." They went on to tell us, "We are doing positive behaviour support (PBS) training in December, which is learning strategies to diffuse situations before they reach escalation. Distraction techniques are used and people use their own strategies and will stay in their room if they're not feeling in the mood. One person we can distract by using their books and walking and we try to encourage only one person to be in the kitchen at once."

Accidents and incidents were reported and recorded. We saw that accident and incident reports were signed off by the organisations area manager to show that they were happy with how the incident had been dealt with and satisfied that any further action needed to reduce future risks had been taken. We saw no evidence to show that accident and incident reports were collated and analysed to identify any patterns or trends. We have reported on this further in the well led section.

The registered provider had a safeguarding adult's policy and procedure that had been reviewed in April 2016, and staff received training to guide them on how to appropriately respond to safeguarding concerns to keep people using the service safe. Staff we spoke with described the signs and symptoms that may indicate someone was being abused and appropriately told us what action they would take if they had any concerns. One member of staff said, "I have reported safeguarding concerns in the past, for example when one person strikes out at another. I supported the residents and rang the safeguarding team and made sure all the incident forms were completed" and another told us, "If we see something we need to be open, transparent and report it."

We saw the safeguarding file contained safeguarding mini pocket guides for staff and a decisions tool to support staff in raising a concern of a safeguarding nature. Records showed that where safeguarding concerns were identified, these were referred to the local authority safeguarding team and notifications were sent to the Care Quality Commission (CQC). We were unable to see any actions taken from any concerns raised. We discussed this with the deputy manager who told us that the service discussed concerns with the local safeguarding teams but were unable to show us any evidence to support this. During

this inspection the deputy manager implemented a 'monitoring log' to record any contact and discussions with the local safeguarding teams.

Staff told us they had an interview, provided references and had to complete a Disclosure and Barring Service (DBS) check before starting work at the service. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We reviewed two staff files, which evidenced that appropriate checks were completed to ensure that only people considered suitable were employed.

One person using the service said, "I think there is plenty of staff. We can always go out if we want to" and a relative told us, "There are plenty of staff here." Staff told us they felt staffing levels were safe and feedback included, "On average there are two staff but the days when people are at home and not at their day services there is sometimes three. If we are ever struggling they [managers] will always try to help. There are no issues and the staff member who is on the sleep in duty manages the shift."

The deputy manager told us that at the time of this inspection the service employed six permanent members of staff and one on a temporary basis. They went on to say the service was currently advertising for two twenty hour posts, which had been agreed by the organisation. They told us the staff completed sleep in duties and managed the shift and there was an organisation help line if staff needed support. We saw during the inspection that various people using the service went out to day services and from our checks of the previous four weeks of the staff rotas we saw staffing levels were maintained.

Staff provided support where necessary to help people using the service take their prescribed medicine. The registered provider had a medication policy and procedure in place and staff administering medication had received training to support them to do this safely; however we noted in the two staff files we looked at that medication training had not been refreshed for five and ten years, although we saw medication competency checks had been completed with both of the members of staff. We discussed this with the deputy manager who contacted their area manager to discuss the organisations timescales for medication refresher training. The deputy manager told us this would be every three years. After the inspection we were provided with evidence that a request had been put in for all staff at the service to attend a refresher in medication training.

We looked at the medicine management systems used at the service and checked five people's medicine administration records (MARs). The registered provider used a monitored dosage system. This is a monthly measured amount of medicine that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medicine at each dosage time without the need for staff to count tablets or decide which ones need to be taken and when. The service had an ordering system that was completed on a monthly basis via the local pharmacy that collected and delivered the medicine to the service.

We found the MARs we checked were clear, complete and accurate. However, we saw minor deficits when people's medicine had been handwritten by staff but had no signatures to confirm the details. Signing and countersigning of handwritten records is considered best practice as the second check helps to reduce the risk of errors occurring. We also found some minor deficits in labelling and noted that not all bottles/packets of medication we checked indicated the date it had been opened. It is best practice to date when the medication stored in bottles and boxes is opened. This helps to ensure that medicines are not used for longer than the recommended period of time. We discussed this with the deputy manager who agreed to address this issue and did so on the day of the inspection; we saw labels were obtained from the

local pharmacy.

Medicines were securely stored in a locked cabinet fixed to the wall in a room that was also used as the laundry area. We noted this area was clean and tidy and the medication cabinet was well organised with each person having their own individual shelf which was indicated by their name and a photograph. A daily record was kept of the room temperature and the staff member we spoke with about medicines was clear of the action they would take if the temperature was above recommended parameters. They told us, "Temperatures are recorded daily and if there was an issue I would speak with the manager. If no manager was available we [the organisation] have an advice line and I would ring that."

We noted that the premises were clean throughout and that there were no unpleasant odours in either communal or private areas of the service.

Is the service effective?

Our findings

We asked a relative if they were involved in decisions about the care of their family member. They told us, "Yes, staff talk to me about it, he gets reviewed and they ask me but I choose not to come." One person that used the service told us, "I sit around with people and look at my records. I look after myself and go to bed when I want to." In discussions with staff, they were clear about how they gained consent prior to delivering care to people that used the service. They told us, "We always assume the person has capacity to do things themselves and if need be advocates and other medical professionals will support with that" and, "We always ask people what they want to do and they make their choices." We reviewed two care files and saw that people using the service had signed to show that they consented to the each part of their care and support provided.

Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. 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 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS. We saw that staff received training on the MCA and DoLS. At the time of our inspection no one who used the service was deprived of their liberty. We spoke with the deputy manager who showed an understanding of their responsibilities in relation to DoLS.

People who lived at the service told us that staff had the right skills to do the job. One person said, "Yes they [staff] do. I used to do my own medicines but now staff look after it for me" and another told us, "Yes they [staff] do, staff look after me and it's all right." A relative said, "Yes they [staff] do, they are nice people."

Staff told us they had attended a variety of training courses, including safeguarding, first aid, fire, infection control, health and safety and MCA and DoLS. One staff member told us, "I have asked if I can go on dementia training and I am starting this in December 2016. It is over two days and I have to complete booklets. I asked for this through my supervision," they went on to say, "I have also brought up that I prefer

to learn in a group and not always do training on-line. The manager has said she will speak to the area manager about this."

Staff files contained certificates of training completed and we saw that there was also an electronic training record, which included what the service deemed to be essential training. This is training the registered provider thinks is necessary to support people safely. We noted this did not include medication training. One staff member told us, "We have done medication training and have the certificates and recently we did some booklets about medicines" and another staff member told us, "I think St Anne's are very good for training."

Although there were instances where training needed to be updated (medication), people using the service were complimentary about the skills and experience of the staff supporting them. During our inspection we spoke with the deputy manager and two staff members. Throughout our conversations we found staff to be knowledgeable and during our observations in communal areas, we saw staff providing competent and effective care and support.

Staff files showed that staff had regular supervision meetings and performance development reviews (PDR) to discuss their progress, share any issues and concerns and consider training needs. Staff we spoke with confirmed that they had supervisions and that they felt supported to develop in their roles.

We asked people using the service about the food provided at St Anne's, Dewsbury 1. Comments we received included, "They [staff] make my tea and we each have a menu of what we want to eat" and, "My favourite meal is an all-day breakfast and this morning I had hoops." A relative told us, "There is plenty of food and drink. I come every Thursday and have my evening meal with [Name of person using the service]."

We observed how people were supported during the evening meal and saw staff prepared the preferred meal for the day of meat pie, mashed potatoes and vegetables which was in keeping with a menu chosen by the people who lived at the service. Staff showed us that there was a weekly menu board in place and told us each person using the service picked a meal for each day. One person using the service told us, "I go shopping sometimes if I want to and we each have a menu and we decide what we want to eat," another person told us, "I will go shopping."

The atmosphere during the evening meal was relaxed and calm with lots of laughter and chat. We saw one person who used the service setting the table with placemats, cutlery and condiments and people, a relative and staff chose to eat all together in the main dining room.

At the time of our inspection no one that was using the service required support with eating and drinking. One member of staff told us, "Over the years we have had involvement from the dietician for people but not at the moment. People will choose their own shopping and they show us this by going down the aisles in the supermarket and picking up what they would like."

Care files we looked at contained information about people's health needs and any medical history. A relative told us, "If he needs to go to any appointments, they [staff] take him." Staff maintained a 'professionals visit record' providing an overview of visits to or from health or social professionals and we saw peoples 'daily notes' recorded details about the appointments or what was discussed. These records showed us that people were supported to access healthcare service if needed. One staff member told us, "People go for yearly check-ups with the DN for their weight and blood pressure. They [people using the service] go to the same centre but have different GPs, dentists, politicians and chiropodists." This ensured people received appropriate medical attention to promote and maintain their health and wellbeing.

The service was suitable for the needs of people who lived there. It was a family type home where each person had their own room. They chose how their room was decorated and had their own belongings in their room. They could use their own bedroom for activities or the communal areas. The communal rooms were decorated and furnished to a good standard.

Is the service caring?

Our findings

We observed positive interactions between staff and people who used the service. Staff we spoke with understood the importance of getting to know people living at the service and developing and promoting positive caring relationships. One member of staff told us, "Sometimes people may not always get on with each other and we will help them through this by encouraging them to change direction and using humour" and another said, "We have one person that may always want to buy the most expensive items and we will encourage them to speak with [Name of registered and deputy manager] as they [the person] seem to listen to them better." People who used the service told us, "I like it here" and, "Staff look after me." We saw that people got on well with staff, which meant people knew what to expect from staff, who in turn understood people's needs.

Staff were respectful when communicating with people. They listened to what people had to say and responded positively making people feel that they mattered. We observed a meal time and saw that people and staff sat down together to eat. People were relaxed and there was friendly chatter in the dining room.

We observed throughout the inspection that staff talked to and about people in a respectful manner and they told us they respected people's privacy and dignity. For example, when we asked staff to talk about people's privacy and dignity one staff member told us, "People have their own rooms and we always knock on doors. People are supported to make their own choices such as going on holiday and there are always people coming and going in the house." People who used the service told us that staff respected their privacy and dignity. They told us that staff knocked on their bedroom door before entering and we observed that this was the case during the inspection.

People could spend time in private if they wished in their rooms and we saw that one person went and spent time in their room during the morning of the inspection. There were opportunities to do things one to one and as a group to promote people's wellbeing. All of the people we spoke with told us they liked living at St Anne's, Dewsbury 1, and we saw that staff were encouraging and caring.

The service held service user meetings regularly. These were documented and minutes were available to people who used the service. Information was shared with people who used the service through these meetings where people who used the service could discuss any issues they wished.

We observed that support being delivered was not restrictive and people were supported to maintain their independence. For example, we saw one person making their own breakfast and washing and drying their pots afterwards. We also saw the 'Household chores' board which clearly set out each person's role in helping to maintain the service and supporting at mealtimes each day with tasks such as setting tables, clearing tables after meals, emptying bins and dusting. People who used the service told us, "I clear the table after lunch and I clean my room with staffs help", "I mop the floor" and, "I do my own washing and look after my own bedroom. I do my own jobs. I will be setting the table tonight and I do the vacuuming." This ensured that people were supported, but enabled to be independent.

Staff were knowledgeable of people's needs. They were able to tell us what support people required from staff. For example, staff told us, "[Name] can bath himself but needs help with creams. We support [Name and Name] to shave and look after their teeth and [Name and Name] can look after their own personal care."

Is the service responsive?

Our findings

People's needs were assessed and this information was recorded in the care file for staff to access. People's care plans outlined every aspect of the person's life and reflected their wishes, preferences and abilities. We saw that overall care plans had been reviewed to ensure that people were receiving the care they needed. However, we saw every person's plans were kept in one file all together and their risk assessments, daily notes and professional visits were kept in a second file which was individual for each person. It is important that all information such as this is individual to the person because it enables staff to get to know people using the service and provide responsive person centred care tailored to that person's specific needs. We discussed this with the deputy manager during the inspection who agreed to review how people's information was kept.

People's plans of care looked at appearance and personal care, daily living skills and domestic skills. For example, one person's records stated 'support with daily cleansing and cream application.' We saw from the reviews of this part of the persons care had resulted in a vast improvement noted to their skin.

Each section of the persons plan recorded their own abilities. For example, one person's care plan for personal care stated, '[Name] can attend to own personal care. Needs support to apply creams after bathing' and, 'Can speak on the telephone independently.'

People had an individual support plan which included maintaining family contact, meal preparation, domestic tasks and monies. We saw support plans had individual goals and outcomes for the person and people had signed each part of their plan. This information helped staff to provide structured care and support to meet people's needs.

We saw people had regular service reviews of their care and support and one staff member told us, "We do a review in-house every six months and people will sit in on their reviews. We will all sit down and go through it and they will sign it if they can."

People told us they enjoyed a variety of activities and voluntary employment. One person told us they enjoyed arts and crafts and drumming and another person told us, "I go to [Name of place] it's a farm and I do the sweeping up and I recycle the cardboard for shredding for the animals to sleep on," they went on to tell us, "I go and see Strictly Come Dancing every year, I have been away and stayed in a lodge and I go swimming." A staff member told us, "People go bowling to shows, the cinema, shopping, train rides and walks. [Name of person] has brochures of [Name of comedian] and he has t shirts and a cup with their face on. We took him to Bradford Alhambra to see one of their shows."

People were able to access the activities as individuals with as much or as little support as required. If required they were supported to go shopping, walking or on holiday. People were also encouraged to use local transport. Day to day people were encouraged to look after their own personal space by cleaning their rooms and keeping it tidy.

People using the service told us they knew how to raise issues or concerns and they felt that staff and the registered manager were approachable. Comments included, "I know [Name of registered manager] is the boss and [Name of deputy manager] is the deputy. I know [Names of four staff] and I would tell them if something was wrong" and, "I would talk to [Name of staff] if I was worried and I know [Name of registered manager]." A visiting relative told us, "I know how to complain if I needed to." There were clear policies and procedures in place for staff to follow when dealing with a complaint and we saw the complaints procedure was available for people who used the service in an easy read format. Easy read refers to the presentation of text in an accessible, easy to understand format.

Is the service well-led?

Our findings

The registered manager for St Anne's, Dewsbury 1 was on holiday during this inspection and we were supported by the deputy manager. The deputy manager was able to assist with the inspection and locate documents that we required promptly. All records containing details about people that used the service, in relation to staff employed in the service and for the purpose of assisting in the management of the service were stored safely and securely. We found that the deputy manager was open and honest with us regarding any shortfalls we discussed in the service delivery.

We found that there was a quality assurance system in place but it could be developed further. We saw a number of checks were completed by the service and inputted onto a computer system for the services area manager to access. These included medication, monies, fire drills, health and safety checks, risk assessments, care plans and training. We were unable to see any shortfalls identified and action taken from these audits.

During this inspection we found concerns with risk assessing, care planning and risks associated with the home environment. We found that care planning and risk assessments were being audited but we had concerns about both of these areas of practice, which made us question how effective the audits were. We saw that audits of accidents and incidents, complaints and safeguarding concerns were not carried out. Without this information the registered provider may find it difficult to evidence how they are effectively monitoring the quality of the service.

The registered provider completed an annual survey, which involved sending quality assurance questionnaires to relatives and professionals that visited. We were provided with questionnaires after this inspection from the previous year's survey (2015) that had been returned by two relatives and five professionals. We saw many positive comments were given however we were unable to see the outcome of the surveys as these had not been analysed or any feedback given.

We discussed the shortfalls in the systems with the deputy manager who agreed that improvement to the quality monitoring of the service was required.

The above information meant there had been a breach of Regulation 17 (2) (a) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely. The deputy manager knew about registration requirements under the service registration with the CQC and was able to discuss notifications. The deputy manager told us that they kept themselves updated by receiving CQCs newsletter and that the registered manager attended local authority forums and information from these was shared with the team.

We saw that there were clear lines of communication between the deputy manager and staff during this

inspection. The deputy manager knew about the specific needs of people living at St Anne's, Dewsbury 1, as they had worked for the organisation for a considerable amount of time. We observed people who used the service were comfortable in the deputy manager's presence with people being seen to approach them directly. During our inspection we observed the deputy manager took time to speak with people who used the service and staff and assisted with care duties. The deputy manager told us they were supported by the registered manager.

We asked staff if they felt able to discuss things with the registered manager and we received positive responses. One member of staff said, "Both managers [registered and deputy] are very approachable. They would both respond to any concerns I had and I could also talk to the area manager if I needed to."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

Staff meetings were held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and found the meetings beneficial. We saw the minutes for the staff meetings that were held in May, June, July, August and September 2016 and saw the topics discussed were current and relevant to the service. We also saw that staff completed a 'communication book' which contained important information on policies, training, staff meetings and staffs views on a current planned change to the staff rotas. This showed us that the service shared and discussed information to drive improvements.

Staff told us they enjoyed their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included, "I am aware of my role and responsibilities. When I get to work I walk through the door and start the day" and, "We have principles for people to have choice and this is a good place to be. St Anne's policy is that the person is in the middle of everything."

The culture of the home was one of 'homeliness' and we observed this throughout the day. When people returned from their various activities they had been involved with during the day, they were enthusiastic to share with staff what they had done. We saw people took off their coats and sat down with a drink to have a chat about their day. One member of staff said, "These guys are our priority."

The service promoted a positive culture and people were involved in developing the service as much as possible. Residents' meetings were held on a regular basis and we saw these included discussions about repairs around the home, people's responsibilities, activities and holidays. Staff demonstrated a person centred approach to the care and support they were delivering by acknowledging people and talking them through the support they were providing in an empowering way. For example we observed staff informing people that dinner was ready and one person laying the table for everyone. We saw people using the service were involved in the day to day running of the from choosing the food and drink provisions to completing household tasks.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Staff confirmed and records evidenced where people had been supported to carry out personalised, meaningful activities that reflected their hobbies and interests. We saw people going out independently during the inspection to local day services and voluntary employment.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had quality assurance systems in place but these had not effectively assessed, improved and monitored the quality and safety of the services provided, or mitigated the associated risks. Regulation 17 (2) (a) (b) (e)</p>