St Anne's Community Services

St Anne's Community Services - Cloughside

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was unannounced and took place on the 04 August 2015. The last inspection was carried out in September 2013 and at that time the provider was meeting all the regulations assessed.

Cloughside is a care home with nursing which provides care and support to seven people living with learning disabilities and behaviours that challenge. The home is a spacious period property with secure gardens that provide a private leisure area for the people who live there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 environment was clean and safe but repairs and maintenance were not always dealt with as quickly as they should be. We judged this to be a breach of the regulations.

The home does not have any signage and there is nothing to direct people to the entrance, this combined with a high fence and locked gate does not create a favourable first impression of the service. This was not an accurate reflection of the service which we found to be open and welcoming.

People who lived at the home told us they felt safe. Staff were trained to recognise and report any allegations or suspicions of abuse. New staff did not start work until all the required checks had been carried out and this helped to protect people from the risk of being cared for and supported by staff who were unsuitable to work in a care setting.

There were enough staff to provide people with the support they needed. Staff were trained and supported to develop their skills and knowledge to enable them to provide people with appropriate support. We observed positive interactions between staff and people who lived at the home.

The provider was working in line with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards and this helped to make sure people's rights were protected.

People's dietary needs and preferences were catered for and people were supported to choose healthy options. People were supported to meet their health care needs and had access to the full range of NHS services.

People were supported to make decisions about their day to day lives and their privacy and dignity was respected. Their care records included information about their individual needs and preferences and showed clearly what staff needed to do to make sure people received the right support.

There was a complaints procedure and people were given information about this.

People who lived in the home and their representatives were given the opportunity to share their views about the quality of the services provided.

The provider had systems in place to heck the quality of the services and there was evidence action was taken to deal with any shortfalls identified.

There were one breach of regulations and you can see the action we have asked the provider to take at the back of the full version of this report.

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?
The service was not consistently safe.

The environment was clean and safe but repairs and maintenance were not always dealt with as quickly as they should be. The outside areas did not give a positive first impression and did not reflect the open and welcoming atmosphere we found within the home.

People who lived at the home told us they felt safe. The required checks were done before new staff started working in the home to make sure they were suitable to work in a care setting. There were enough staff to meet people's needs.

Requires improvement

Is the service effective?
The service was effective.

People's rights were protected because the provider was working in accordance with the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to have a varied and healthy diet which took account of their likes and dislikes. People were supported to access the full range of NHS services to maintain their health.

Staff were trained and supported to help make sure they had the right skills and knowledge to provide people with appropriate support

Good

Is the service caring?
The service was caring.

We observed positive interactions between staff and people who lived at the home.

People's privacy and dignity were respected and they were supported to make decisions about all aspects of their lives.

Good

Is the service responsive?
The service was responsive.

People's care records had information about their individual needs and preferences and showed clearly what staff needed to do to make sure people received the right support.

People were given information about how to make a complaint.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People who used the service were given the opportunity to share their views about the quality of the services provided.

There were processes in place to check the quality of the services provided and action was taken to deal with any shortfalls identified.

St Anne's Community Services - Cloughside

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.

The inspection took place on 04 August 2015 and was unannounced.

The inspection was carried out by two inspectors. We spoke with two people who lived at the home and carried out observations using the Short Observations Framework for Inspection (SOFI). When people have complex needs it is sometimes difficult for us to find out about their experiences using conventional methods of communication. The SOFI helps us to gain an understanding of people's experiences by observing how they engage and interact with other people and their environment.

We looked at a variety of records which included three people's care records, staff records and records relating to the day to day running of the home. We spoke with the registered manager, a nurse, a student nurse and the cleaner. We looked at the communal areas which included bath/shower rooms and at a random selection of people's bedrooms.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority contracts and safeguarding teams. Before our inspections we usually asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion the PIR had been submitted several months prior to the inspection however, the registered manager confirmed the information they had provided remained relevant to the service.

Requires improvement

Is the service safe?

Our findings

We asked two people if they felt safe at the home and they said they did. One person told us they didn't worry about anything and another said there wasn't anything about the home they wanted to change. The provider had policies and procedures in place to help make sure people who used the service were safeguarded from abuse. The training records showed the majority of staff were up to date with safeguarding training. The registered manager told us the service did not use any physical restraint or physical interventions. The service used an approach called Positive Behaviour Support (PBS) to manage behaviour which challenged. The registered manager was qualified to deliver PBS training for the provider, St Anne's. The provider organisation was accredited by BILD (British Institute of Learning Disabilities) in this regard.

In people's care records we saw there were risk assessments in place about risks to their safety and wellbeing. For example, we saw risk assessments about people being alone in a bedroom, being upset, reacting to attention from others, accessing vehicles and accessing the community. We saw risk assessments were created individually and in a person centred way. Risk assessments included what the risk was, the risk rating before the assessment was completed, the people at risk, how to communicate and the support to be provided.

We looked at medicines and medicines administration in the service. We observed the morning, lunch and tea time administration of medicines. During the morning and lunch time administration we observed nursing staff take one person's medicines to them at a time, staff explained what they were doing and asked people if they would like their medicines. People were offered a drink and staff were patient and supportive in this process. The nursing staff waited until the person had taken their medicines before signing the Medication Administration Record (MAR). We saw people received their medicines in line with their prescription. However, during feedback of the service to the registered manager, we observed a nurse dispensed four people's medicines into a tray and sign to say they were administered before placing them back into the safe. We asked the nurse about this and they told us they would be administering them in 10 minutes and it saved time. This was not good practice and increases the risk of medication errors. Following the inspection the registered manager confirmed this had been addressed in supervision with the nurse. They confirmed the nurse would attend further training which would be followed by a competency assessment. The registered manager told us all the staff involved in the administration of medicine had a competency assessment every year to make sure they were following safe practice guidelines on the administration of medicines.

We saw one person's medication administration record (MAR) had not been signed on 11, 13 and 14 July 2015. All other MARs were filled in correctly. Medication was stored in a locked medication cabinet within a locked room. Keys for the cabinets were held by the nurses on duty. The service had controlled drugs. These controlled drugs were stored correctly. A controlled drugs register was filled out and spot checked by staff on a weekly basis. When an administration of a controlled drug had taken place, dual signatories and details of the medicine had been provided. However, the register did not directly indicate who the medicines were for. This information was gained by looking at who the medication has last been administered to. Medications prescribed to be taken "as and when required" (PRN) were stored safely in a separate office. PRN medicine was accompanied by a protocol sheet that advised staff when such medicine should be offered. We looked at the MARs and saw when administration of a PRN medication had taken place the reasons for administration had been recorded. The temperature in both areas where medicines were stored was monitored to make sure it was within the recommended safe limits.

People's care records included a section on finances. People had identified in their record what support they required surrounding their finances. If people did not have the mental capacity to make decisions around their money, a mental capacity assessment supported this decision. Money was held in a safe in an office. During the course of the inspection, staff that supported people out into the community came to the nurse to ask for money. Money was signed out upon every withdrawal.

The registered manager told us they had been working at the home full time and in a supernumerary capacity since January 2015. Prior to that they had been managing two services. The registered manager told us there was always at least one nurse on duty in the home. On the day of the inspection there were five support workers on duty throughout the day and the registered manager told us this

Requires improvement

Is the service safe?

was a typical day. Overnight there were two staff, one waking and one sleeping. In addition, there was an on call arrangement so that additional staff could be called in if needed. For example, if one of the people living in the home needed additional support or needed to go to hospital. The registered manager told us the home did not use agency staff and any shortages were covered by their own staff. The registered manager told us they had the discretion to arrange for additional staff when people needed additional support.

The registered manager explained most of the recruitment processes were dealt with by the providers Human Resources (HR) department which was based in their head office in Leeds. Potential candidates were invited to visit the service before they had a formal interview. This helped them to understand how the service worked and gave people living in the home and staff an opportunity to meet them and form a view as to their suitability for the position. Pre-employment checks were carried out by the HR department and the staff files were kept at head office. The registered manager was provided with written confirmation the pre-employment checks had been completed and were satisfactory; this information included the reference number for the DBS (Disclosure and Barring Service) check. DBS checks are carried out to make sure potential candidates do not have a criminal record which would make them unsuitable to work in a care setting. The provider had a policy of repeating DBS checks on all employees every three years, this was over and above what was required by law. The registered manager confirmed the HR department carried out checks on registered nurses to make sure they were registered with the Nursing and Midwifery Council (NMC). All nurses are required to maintain their registration with the NMC.

The provider had disciplinary and grievance procedures in place. The registered manager confirmed there were no ongoing disciplinary or grievance issues at the time of the inspection.

We found the home clean and free of unpleasant odours. There was a cleaner who worked 24 hours a week and was responsible for cleaning the communal areas. Support workers helped people who lived in the home to clean their bedrooms. The home was a converted property and had some high ceilings; the cleaner told us the maintenance team who were based at head office were responsible for high cleaning. The kitchen had a rating of 5 for food safety and hygiene, 5 is the highest score on a scale of 1 to 5. Food safety inspections were carried out by environmental health.

When we arrived at the home our first impressions were not of an open and welcoming environment. There was no signage showing the name of the home/house or directing people to the entrance. The main gate was locked and there was high fence which went around the side and back of the property. There was a small garden which was surrounded by the fence. The registered manager explained the fence was necessary as the back of the property opened onto a steep ravine with a railway line at the bottom. At the bottom of the garden there was an old sofa and a chair stacked on top of each other and the registered manager confirmed they were for disposal and awaiting collection. There was a crash mat outside the main entrance. The registered manager explained it was there because one of the people who used the service liked to sit there. However, the overall effect created an unfavourable first impression which we found was not an accurate reflection of the service.

Inside the home we found a number of maintenance issues which needed attention. In the main kitchen the fan was dirty and one of the cupboard doors was broken. There were patches of exposed plaster on the ceiling and walls on the ground floor corridor, repairs had been carried out following leak but the paintwork had not been renewed. The wood frames on some of the windows, for example, in the main lounge were rotting. The communal bathroom, shower room and toilets were functional but not inviting. We saw a rusty shower chair, a broken bath panel, cracked wall tiles, cracked wood on the boxes used the cover pipes, a dirty fan and the clinical waste bin was kept in the ground floor bathroom. The peep holes on bedroom doors had been blocked up but the doors had not been repainted. We also found the lighting throughout the home was dull and a number of light bulbs needed to be replaced. The registered manager explained the maintenance department was based in the providers head office in Leeds. The registered manager reported maintenance issues by email and the work was then allocated from head office. In addition, because of the high ceilings staff at the home were not allowed to change light bulbs and had to wait for the maintenance team to replace bulbs. This did

Requires improvement

Is the service safe?

not make the environment unsafe for people but it did show the providers systems for making sure the premises were properly maintained were not as effective as they should be.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at a selection of maintenance records and saw the required safety checks were carried out. The service had an emergency fire evacuation plan and checks on the fire safety systems were carried out. However, we did see the weekly checks had not been carried out in the two weeks prior to the inspection. This was discussed with the registered manager who said they would deal with it. The registered manager told us the last fire drill had been carried out in October 2014 and everyone had vacated the premises within two minutes. The registered manager was not sure when the service had last been inspected by the fire service. Following the visit we contacted West Yorkshire Fire & Rescue Service and they told us they would arrange to visit the service to carry out a fire safety audit.

Good

Is the service effective?

Our findings

We checked what measures the provider had in place to make sure they were working in accordance with the requirements of the Mental Capacity Act 2005. In people's care records there was a section on mental capacity. In this section the five key principles of the Mental Capacity Act 2005 (MCA) were listed as a guide for staff to follow. We saw people had mental capacity assessments completed for medication decisions, finance decisions and health decisions. Notes in people's records indicated that best interest meetings should be held for future decisions.

For the seven people that lived at Cloughside, we saw the registered manager had submitted seven applications for authorisations under the Deprivation of Liberty Safeguards. The registered manager told us one application had gone missing and they had re submitted it. Six authorisations had been granted to legally deprive people of their liberty; however, some had been issued for a period of three months. This time frame ended in June 2015. However, the registered manager provided evidence which showed they had written to the Local Authority to have the authorisations extended. This showed the provider was working in accordance with the requirements of the MCA and Deprivation of Liberty Safeguards.

The provider had learning and development department based at their head office which helped to support staff to develop their knowledge and skills. New staff had a six month probation period during which they completed a structured programme of induction training. Following their induction staff received regular training updates on safe working practices such as safeguarding, first aid, food hygiene and health and safety. At the time of the inspection the registered manager was in the process of organising a moving and handling training update for all staff. Specialist training specific to the needs of people who used the service included training on supporting people with epilepsy, autism and PBS (Positive Behaviour Support).

There was a planned programme of supervision and appraisal. The registered manager told us they were behind schedule with this but were making progress on brining everyone up to date. During the inspection we spoke with one member of staff who was doing management training, they told us they were enjoying the learning experience and were getting all the support they needed from the registered manager and the provider. We also spoke with a student nurse who was doing a placement at the home. They told us they were enjoying their placement and learning a lot about supporting people with complex needs.

We saw people had a nutrition section in their care records. This included their likes and dislikes. We observed the meal service at lunch time and saw people received their choice of food. Care records for people promoted healthy eating where possible. For example, one person liked to go out. Their care records indicated staff should support the person with choosing a healthy meal but stated that it was also fine for the person to have 'fast food' occasionally. Peoples care records included information from health professionals when necessary. For example, one person required a soft food diet. This had been determined by a Speech and Language Therapist (SALT). We saw documentation from the SALT to support the care record. We observed staff followed the advice from the SALT when supporting people during lunch time. People's weight was monitored on a monthly basis. Although we did not see any significant drops in people's weight, the nurse in charge told us any concerns would be investigated and referrals made to health professionals where appropriate.

We saw people had regular contact with health professionals. People had a 'health assessment' document which indicated when they had last seen a health professional. For example, in one person's records we saw that within the last six months they had seen their psychiatrist, had a full health check and seen an optician and they had an appointment for a dental check-up. The care records clearly showed the last health professional appointments attended by people, what had been discussed and the outcome. This showed us people were supported to meet their health care needs and access health care services as needed.

Good

Is the service caring?

Our findings

We conducted observations and a Short Observations Framework for Inspection (SOFI). When people have complex needs it is sometimes difficult for us to find out about their experiences using conventional methods of communication. The SOFI helps us to gain an understanding of people's experiences by observing how they engage and interact with other people and their environment.

Our observations showed us there were positive caring interactions between the staff and people living at the home. Staff spent time talking with people, smiling at them and using their preferred names. Staff addressed people in a respectful way and treated them with dignity. Staff knocked on bedroom doors prior to entry and asked people's opinions during conversation. Staff had a good knowledge of people and supported them in way that was indicated in their care records. For example, we saw staff asked people if they wanted to sit down for lunch, asked what they wanted for lunch, if they wanted to swop a toy as it wasn't working properly and asked discreetly if they wanted to go to the toilet.

We spoke with two people who lived at the home. We asked them if they liked living at the home and they said they did. They both said they liked the staff, one said, "Staff are good." Both people told us they enjoyed going out with staff, one person said they particularly liked going for walks.

Before the inspection a concern had been raised that people's privacy was compromised because there were peep holes in the bedroom doors. During the inspection we found the peep holes had been blocked up.

One person who lived in the home had a key to their bedroom door. The remaining bedroom doors were fitted with biometric door locks; these were activated by fingerprints which meant the doors could only be opened by the person whose room it was and by staff. The locks had been fitted to make sure people could have access to their bedrooms at any time and to help keep their personal belongings safe.

We asked one of the staff we spoke with if they would recommend the service to family or friends. They said they would happily recommend it because they believed people who lived there were very well cared for.

Good

Is the service responsive?

Our findings

The people living in the home at the time of the inspection had all lived at Cloughside for many years. The registered manager told us the philosophy of the service was to provide people with a home for life. They said they would do everything possible to provide people with the care and support they needed to remain at Cloughside throughout their lives.

We looked at three people's care records. The care records were created to help staff support the people that used the service in a consistent and effective way. We saw the care records were written in a person centred way and contained specific details that enabled staff to support people effectively. For example, as some people that used the service did not communicate verbally as their preferred method of communication, care records listed how staff could read a person's body language when people were happy or upset. This enabled staff to intervene earlier potentially preventing incidents. We saw in people's care records, a plan of how to support people effectively with key areas of their life. For example, accessing the community, dinner time, accessing the garden and medicine administration.

In one person's bedroom we saw they had a notice board with photographs of the staff. This was used the let the person know which members of staff were on duty and who was coming on duty at the next shift change. The registered manager told us this had been put in place because it had been identified this was a cause of anxiety for this person. This was an example of how the service identified and took action to respond to people's individual needs.

We saw people were supported to take part in social activities both within the home and in the local community. This included going out to the local shops and post office, going for walks, going out for meals, going to the cinema and attending arts and crafts groups. Some people had regular visits and/or outings with members of their family and we saw one person had been supported over a number of years to visit relatives overseas.

We saw people had 'hospital passports' in their care records. These are documents created for people who are living with a learning disability when they are attending hospital. The document gives hospital staff helpful information that isn't about illness or health but is about the support the person may need with other aspects of daily living. This helps to ensure people receive effective support during a stay in hospital.

The provider had a complaint policy and procedure in place. The registered manager told us there had not been any complaints since the last inspection. They told us most of the people who lived at the home had relatives with whom they were in regular contact. One person had an advocate. The registered manager told us they wrote to people's relatives and/or representatives once a year and reminded them about the complaints procedures. We saw the service also kept a record of compliments.

Good

Is the service well-led?

Our findings

The provider had systems in place to monitor and assess the quality of the services provided. The registered manager carried out an annual service review which included a summary of achievements in the previous 12 months and plans and challenges for the coming year. The registered manager explained this was submitted to senior management and formed the basis of business and budget planning for the coming year. The registered manager told us one of the challenges facing the service was succession planning. This was because a number of the nursing staff including the registered manager and deputy manager was approaching retirement age. As part of the strategy to address this challenge one of the nursing staff was undertaking management training and was being supported to develop their knowledge and confidence in the management of the service.

The home was part of a larger organisation and the provider employed area managers whose role was to oversee the day to day management of a number of homes. The area manager visited the service regularly and at least once a month carried out a number of quality assurance audits. This included reviewing people's care records, checking how money was held on behalf of people who lived in the home and reviewing staff records such as training and supervision. The registered manager told us the provider had recently introduced a system of peer reviews where managers from different services visited each other's homes and reviewed care records. When we looked at how people's medicines were managed we found stock checks were carried out but there was no overall audit of the entire process. This was discussed with the registered manager who said they would deal with it.

The Local Authority (LA) carried out two contract monitoring visits at the home within the 12 months prior to the inspection. The first was in November 2014 and identified a number of areas where improvements were needed. Soon after that visit, in January 2015, the provider changed the management arrangements. The registered manager who had been managing two services returned to Cloughside in a full time capacity. The registered manager told us when they returned to Cloughside they had set about addressing the areas for improvement identified in the LA report. The LA had revisited the home in June 2015 and the registered manager provided us with a copy of their report. The report showed improvements had been made across the board and any outstanding actions were being dealt with.

The registered manager told us people who used the service were consulted about their individual care and treatment and we saw evidence of this in the care records we looked at. The provider also sent quality monitoring questionnaires to people who used the service and their representatives annually to give them the opportunity to share their views of the service. Questionnaires were provided in an easy read format where appropriate.

There were regular staff meetings where staff were kept up to date with changes and given the opportunity to have a say about how the service operated.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 15 HSCA (RA) Regulations 2014 Premises and equipment Premises and equipment The registered person did not have suitable arrangements in place to make sure people who used the service were cared for in premises which were well maintained.