Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Anne's DCA

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Tel: 01253340569

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	United Response
Registered Manager	Mrs. Suzanne Chapman
Overview of the service	The agency provides domiciliary care to adults with learning disabilities and adults with mental health problems. Support is provided to individuals or small groups, living in supported tenancies. The range of the service includes support with employment, voluntary work, leisure and community activities as well as 24 - hour support. The staff team provides support in all aspects of daily living according to assessed needs of the people they support.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

We spoke with a range of people about the agency. They included the registered manager, staff members, and people who use the service. We visited two of the houses where the agency provided a supported living service. This helped us to observe the daily routines and gain an insight into how people's care and support was being managed. We observed staff treated people with respect and dignity.

We saw that best interest meetings took place. Staff we spoke with had a good knowledge and understanding of their role to support people to make decisions that reflected their likes, health care needs and preferences. People were supported to be fully involved and consulted regarding their care and support. The agency had a policy and procedures in place for dealing with managing people's medication. There were contingency measures in place regarding emergency care people may require. There was an emergency on call system available for staff for advice and guidance.

There were a range of audits and systems in place to monitor the quality of the service being provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Discussion with the manager confirmed most staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. This should enable them to assess peoples' mental capacity should there be concerns about their ability to make decisions for themselves. Where people were unable to give consent, records demonstrated that the agency had followed appropriate systems to ensure a best interest decision was made.

The agency had devised a decision making profile, which set out the steps staff were required to undertake when involved in supporting people. This was to ensure they were acting in the best interests of individuals. Best interest decisions were not undertaken until the form had received management approval.

Discussion with members of the staff team demonstrated they had a good understanding of how to support people with their best interest decision making. One staff member told us how they had carefully planned a holiday abroad. Every activity had been analysed to ensure that it reflected the needs and wishes of the individual concerned. This showed us that people`s consent was being closely monitored and reviewed.

The agency also worked closely with local advocacy services. This was to enable people who used the agency to receive impartial support should they require it.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We visited two of the houses where the agency provided a supported living service. This helped us to observe the daily routines and gain an insight into how people's care and support was being managed. We met five people who used the service. They appeared comfortable in their surroundings. Their home and personal space reflected their interest likes and preferences. We saw that specialist equipment had been sought to support people who needed it. We observed staff treated people with respect and dignity.

We looked at the care records of five people who were supported by the agency to see how their needs were being met and monitored. The agency had person centred planning and approaches in place, which reflected the individual needs of the people they supported. The care plan records contained information regarding people's health care needs, allergies, medication information, social support, mobilising, eating and drinking and weight monitoring. This showed us that staff had the information they required to support people with their needs. Care plans were written in accessible formats and used photographs and symbols. This showed us people and their families were being involved in their care and support.

We saw risk assessments had been carried out when any risks to a person's safety or wellbeing had been identified. These included guidelines as to how to manage risks or prevent the risks from occurring. This included the use of equipment, hoists, wheelchairs and bed rails. Care records and risk assessments were up to date and reviewed on a regular basis. This meant staff had the knowledge and understanding of the support people required.

Since the last inspection the agency had supported five people with complex health needs move into the service. We looked at their care plan records and risk assessments to see how the agency was supporting them with their needs. We saw evidence of close working with other health care professionals for guidance and information. The records showed very detailed information providing specific guidance to staff. New staff undertook shadowing opportunities and were unable to support people independently until they had been deemed competent. There were contingency measures in place regarding emergency care people may require. There was an emergency on call system available for staff for advice and guidance. This showed us the agency had taken measures to protect

people from unsafe care.

Staff we spoke with were knowledgeable regarding the needs of the people they supported. They showed us the care plan records, and found the information easy to follow and understand. Our discussions with staff confirmed they were aware of people`s individual needs and how to support them appropriately.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The agency had a policy and procedures in place for dealing with managing people's medication. These included staff and management's roles and responsibilities. The agency had recently reviewed and updated their medication policy to reflect changes and learning from a recent incident.

There was training in place for staff to undertake on a regular basis. In supervision meetings the managers always discussed the safe use of medicines. This was to ensure that staff were competent and understood their roles and responsibilities with regard to the safe use of medicines in people`s homes. Staff were instructed to report any errors or accidents to the duty manager on call system for advice and guidance. There was a policy in place for staff to follow regarding the use of medicines as when they were required (known as PRN medication) and homely remedies. This showed us the agency had systems in place to protect people.

We visited two of the houses where the agency provided a supported living service. We saw there were safe storage facilities available for people to store their medicines. People`s medication was stored in individual locked containers. This helped to minimise potential risks of mis - administration of medicines.

We looked at the medication administration records to see how people's medication was being managed. Records we looked at showed all medication during the day had been signed for. We saw evidence that the management undertook regular spot checks of medication to make sure it was being managed accurately as prescribed. Staff were required to count and reconcile medication on a weekly basis and this was recorded. Any discrepancies had to be reported immediately and an incident log recorded with a full investigation. This showed us that people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Our discussions with staff confirmed they understood what their roles and responsibilities were regarding the safe use of medicines. One staff member told us, "They are pretty hot on medication training. We don`t do anything if you do not have a MAR chart." When we asked if they maintained a list of the side effects of medication we were told that they used

the leaflets that accompanied the medications. However we discussed with the provider that they may wish to consider maintaining a record of the side effects in people`s care plan records. By keeping a record in one place, would ensure staff had access to all the information at the same time. This would help to protect people.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We looked at this outcome because since the last inspection the agency had supported five people with complex health needs move into the service. We wanted to check that equipment was available and safe for the use of the people who required it.

We saw that new hoist equipment had been purchased and was available in people`s homes. Equipment had been purchased to meet the individual needs of people. Staff told us they undertook weekly checks of equipment, including hoists, slings, wheelchairs, and shower chairs. They checked the hoist daily to ensure the battery was fully charged for use.

Vehicles that belonged to people were regularly serviced and maintained. For one individual a new profile bed had been purchased along with a pressure mats and protected bed rails. There were a range of risk assessments in place for the safe use of the equipment. This showed us that people were benefitting from equipment that was comfortable and met their needs.

Our discussions with staff confirmed they understood how to use the equipment correctly and were aware of the risks involved.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

There was a training matrix in place. We saw that staff were undertaking a range of training courses designed to meet the needs of people they were supporting. This included dementia mapping, Mental Capacity Act, safeguarding, first aid, health and safety and medication. We saw that training courses reflected the needs of the people who used the agency.

Staff undertook competency reviews and shadowing opportunities to ensure they had the required skills and knowledge to support people safely. Training was delivered in a range of ways, including e learning and in partnership with local health care professionals. This meant people in their care were being supported by a well-trained and competent staff team.

The staff we spoke with confirmed supervision meetings took place, and felt their training had supported them in their role. We met two new members of staff who told us they had been supported to undertake shadowing opportunities to help them get to know people first. They had also attended a range of mandatory training. One member of staff told us, "I have had excellent support." A second staff member told us, "Training is never ending." We did receive some feedback form staff regarding e learning courses. They told us they preferred training courses that involved group discussions because they felt this helped them with their learning. We discussed this with the manager who told us they valued feedback from staff. They told us they would review their training to take account of this feedback. The staff we met appeared to be caring and well informed regarding the needs of the people they supported.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The home had an effective system in place to identify, assess and manage risks to health, safety and welfare of people using the service and others.

Reasons for our judgement

There were a range of audits and systems in place to monitor the quality of the service being provided. These included care plan records, risk assessments, and Best Interest meetings. The duty manager undertook spot checks in people`s homes. This included financial monitoring, medication audits and care plan records. The registered manager was currently developing their quality monitoring system in order to centralise information.

We saw that people completed feedback forms regarding the care and support they received from the agency. Information was presented in accessible formats. This was to enable people to feel involved and consulted regarding the support they received. This showed us people were supported to be involved and consulted. The registered manager told us they valued feedback and wanted to encourage people to tell them about their care and support the agency provided.

Staff meetings took place and there was a training plan in order to support staff with their personal development.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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