

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

## St Anne's Community Services - Dewsbury 2

13 Birkdale Road, Dewsbury, WF13 4HG

Tel: 01924459878

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2013

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

**Respecting and involving people who use services** ✓ Met this standard

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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Supporting workers** ✓ Met this standard

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

**Complaints** ✓ Met this standard

## Details about this location

Registered Provider	St Annes Community Services
Registered Manager	Mrs. Lesley Murphy
Overview of the service	13 Birkdale Road is a registered unit providing support and personal care to older adults experiencing a mental health problem. The unit is part of St Anne's community support services. The provider is registered to provide personal care and support for up to five clients, men and women. At the time of inspection the home was full.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 November 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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The people who used the service told us that they were happy living at the home. They told us that they liked the staff who worked there and were able to make their own choices. We looked at peoples care plans and saw that the care was carefully planned in a way that ensured their safety and well being. They told us that they felt very involved in their care plan and that each plan was a reflection of their need.

Staff who worked at the home felt that people were treated with dignity and respect. They felt supported by the management team. We saw that staff received regular supervision and staff told us that the amount of supervision they received was enough to meet their needs. They felt that the training offered was very good and that they had benefitted from the training. We saw that staff had annual appraisals and that their training needs were included in their development plans.

People living in the home felt able to raise concerns and were not scared to do so. They told us that they felt safe living in the home.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care

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### Reasons for our judgement

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People's expressed their views and were involved in making decisions about their care and treatment.

We spoke to four of the five people living at the home. They told us that they felt they were respected and listened to, one person told us that they can 'talk to staff about things and staff listen to the things we say'

People were encouraged by staff to maintain hobbies and interests both within and away from the home. We saw staff taking people out to activities in the local community.

People who used the service told us that each Monday they attend a house meeting where the staff kept them informed of any changes and where they could talk about activities they want to be involved in and discuss issues relating to their home.

Staff we spoke to told us that the house meetings are used to let people know of any changes in care/support and of any activities within the local community people may want to be involved in. It is also a meeting where any issues people have can be discussed. Staff told us that the meetings are minuted.

The provider had started introducing a self medication regime where by the people who use the service would be able to keep their own medication in locked drawers in their own rooms. Staff would observe people taking the medication and medication charts would be signed in the same way. The change in how medication was administered was part of a plan to encourage clients to be more independent. This change had been discussed with people, consent forms had been signed, copies of which were seen in the notes. The change was being closely monitored by the staff.

We saw how staff respected peoples privacy by knocking on bedroom doors before they were invited in.

We spoke to the two members of staff who were on duty at the time of the inspection. They told us that they felt the people who lived in the home were treated with respect.

The people who use the service knew who their keyworker was and had regular meetings with them to review their care plan. We saw in the care plans that all amendments following a review are agreed and signed by people.

We saw evidence that staff involve people in maintaining their own health and well being. One example of this was through menu planning. Using pictures of healthy food and snacks on a wall chart, staff and people using the service plan a daily diet. This information was recorded in a daily diet record sheet in the clients notes. This information was then shared with health professionals, after obtaining consent from the people who use the service.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People's care and treatment was planned in a way that was intended to ensure people's safety and welfare

Reviews of clients support needs are carried out every six months. Staff told us that reviews can be more frequent if the clients feel they need one sooner. This was confirmed by what the clients told us.

Clients told us that they knew the name of their keyworker and that they had regular contact with them.

Staff told us that although they were keyworker for specific clients, they were also aware of the action plans of each client within the home.

We looked at four care plans and we saw that they were comprehensive and up to date. We saw evidence that staff recorded their daily contact with clients.

The care plans we looked at covered many areas of a persons life and each plan was tailored to the individual. At the care plan review, areas that were to be reviewed were decided upon jointly by the person and keyworker. We saw evidence that any amendments made to the existing action plans are agreed with and signed by the person.

Risk assessments were carried out with clients to include fire risk assessments as people were allowed to smoke in their own rooms. Risk assessments are done with the client to determine accurately the level of risk. An action plan would be produced to reduce or prevent the risk .

Although staff liaise with external agencies, the sharing of information has to be agreed by the people using the service first. We saw evidence that they had signed an agreement which stated that staff are required to ask them before they share any information, this gave control over information sharing to the client.

There were other agencies involved in clients care and people were supported by staff to attend appointments. Staff monitored physical health issues with the full involvement and

consent of the person using the service.



**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent the abuse from happening

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent the abuse from happening

Staff we interviewed told us that they had recently had training in safeguarding. The staff were able to describe what they would do if they had any concerns. People using the service told us they felt safe in their homes and would raise any concerns with staff.

There was a corporate Safeguarding policy in place. In the office there was a chart detailing referral pathways and contact details when referring people for safeguarding.

There were no safeguarding concerns on the day of inspection.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises

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### Reasons for our judgement

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The provider had taken all reasonable steps to provide care in an environment that is suitably designed and adequately maintained.

Entrance to the home was accessible for people with a disability. Inside the home, however, there wasn't a stair lift in situ and this was a problem because the bedrooms were on the first floor, thereby denying access to the first floor for people with a mobility issue. There are no bedrooms on the ground floor.

Staff told us that they were aware of this as an issue. An assessment had been carried out regarding suitability for a stair lift to be installed. Staff told us that the assessment report, not seen by us, stated that the stair case in the house was not suitable for the installation of a chair lift as the stair case was not wide enough to accommodate the stair lift.

Entrance to two of the bedrooms was from the half landing and had no natural light. This had been an issue in the past with people not switching on the lights, increasing the risk of an accident. Staff told us that this issue had been addressed through the use of assistive lighting; this is when light activation is triggered by movement.

The gas fire in the living room had been condemned and was to be replaced with an electric fire.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff

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### Reasons for our judgement

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Appropriate checks were undertaken prior to staff began work. The provider carried out Criminal Records Bureau (CRB) checks on all new staff. Agency staff employed by the provider, have their CRB checks through the agency contracted to provide staff.

The deputy manager told us that CRB reminders are sent from the head office.

We saw that new staff had an induction period. Staff told us that they were impressed with the level of training being offered. We saw that the training needs of staff were identified through an annual appraisal. We saw a training matrix for the staff and this had recently been updated.

Staff told us that they had a good understanding of the different needs of the client group. They told us that the health and wellbeing of people using the service has been stable for a long time. They felt this was because of the support from the staff.

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

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## **Our judgement**

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The provider was meeting this standard.

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

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## **Reasons for our judgement**

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Staff received appropriate professional development. The staff we talked to told us that they received good training. They told us that a lot of courses such as safeguarding, health and safety and first aid were mandatory, however other course could be accessed if it was felt it would be beneficial to the people using the service. One member of staff had completed a course in reflexology because clients had expressed an interest in it being part of their support plans.

The training courses were on line courses and staff were given time to complete their training.

Staff told us that they had supervision every 6 weeks. They told us that they could speak to their supervisor in-between supervisions if they feel they needed to. We saw the supervision notes and they were up to date and signed by the manager and member of staff.

There have been issues with staff absence through sickness. Agency staff have been employed to fill the gap. Staff told us that although the level of sickness had been an issue, the agency staff employed had been competent.

The people who used the service told us that they didn't mind the agency staff because they knew them well.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representative and staff were asked their views about their care and treatment and they were acted upon.

The deputy manager told us that the provider was in the process of carrying out its annual customer satisfaction survey. The forms were sent to the stakeholders, we saw three forms that had been returned and they were complimentary about the service provided.

Feedback from the people who use the service had been through house meetings and care reviews. From the complaints and compliments file we saw letters of thanks from clients within the home.

The manager told us that the provider carries out its own monthly audit of the service.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately

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### Reasons for our judgement

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People were made aware of the complaints system. This was provided in a format that met their needs.

We saw that there was an up to date complaints policy and that this had been recently reviewed.

The people who use the service told us that they were aware of how to complain and one person said that they 'weren't scared to complain'

The provider deals with in house complaints locally and complaints from external sources would be dealt with by head office. This was outlined in the complaints file. We saw evidence that complaints were being recorded and filed away correctly.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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