

# Review of compliance

## St Annes Community Services St Anne's Community Services - Norfolk Road

<b>Region:</b>	Yorkshire & Humberside
<b>Location address:</b>	28 Norfolk Road Harrogate North Yorkshire HG2 8DA
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	July 2011
<b>Overview of the service:</b>	28 Norfolk Road is a care home registered by St. Anne's Community Services to provide accommodation for nursing or personal care for up to four people. The home consists of a semi-detached two-storey town house with garden areas to the front and rear including an enclosed area with hard standing for parking. The home is situated on a quiet road approximately one mile from the centre of Harrogate.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**St Anne's Community Services - Norfolk Road was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 1 June 2011, checked the provider's records, talked to staff and talked to people who use services.

### What people told us

People who use the service told us that they can decide for themselves what they want to do and they can go out with others in the home or by themselves. They said that they knew who their keyworker was and would talk to them if they were unhappy. They liked the staff and this was evident throughout the visit.

### What we found about the standards we reviewed and how well St Anne's Community Services - Norfolk Road was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use services have their support needs met because they and those acting on their behalf are involved in assessing, planning and carrying out their care treatment and support.

#### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

People who use services, where they are able, give valid consent to the support they receive and systems are in place to consider all possible options for those people who are unable to give valid consent.

#### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People have a comprehensive assessment and plan of the care and support they need in all aspects of their lives.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People who use the service are protected from abuse by a provider who ensures staff are appropriately trained to recognise signs of abuse and who follow local guidance about safeguarding.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People who use the service are supported by staff who are competent to deliver care and support who receive support to ensure they continue updating their skills in line.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

People who use services benefit from safe care and support due to effective decision making and the management of risks to their health and safety

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People said that the staff ask them what they would like to do. They said the staff help them with getting ready for the day and going out and they encourage them to help as much as possible around the home. One person was seen baking scones whilst another was helping to get the tea ready.

#### Other evidence

Information received prior to the visit indicated that people are given information about the service before they move in. As part of the assessment process people's communication methods are identified and so that staff can involve them in a meaningful way in the planning of their lives. A visit to the service found that people who use services had a detailed care plan. This was a person centred plan that they had been involved in. Staff spoken with said that people are encouraged to plan their own lives. They do this in a care planning meeting led by the person using the service. The person who uses the service decides who they want to attend the meeting and a record of these meetings is kept in their care plan. People who use the service are encouraged to be actively involved in their local community. Staff said that they had noticed changes to how people wanted to be involved in activities and one person liked to stay at home by themselves and do some baking or other crafts. They had incorporated this in to their care plan and worked with them to determine what activities they wanted

to continue doing.

**Our judgement**

People who use services have their support needs met because they and those acting on their behalf are involved in assessing, planning and carrying out their care treatment and support.

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

People using the service said they are able to choose what they do and staff will help them to make those choices. They said that they talk to their key worker to make sure their wishes are understood.

##### Other evidence

Information received prior to the visit indicated that all the people who use the service have an assessment of their capacity and where necessary best interest meetings are held. They also indicated that staff have received training in deprivation of liberty. Records seen during the visit contained details of best interest meetings. One meeting was planned for the afternoon of the visit. Staff said that they spend a lot of time with people in the service to determine their methods of communication, this helps them determine what people like and don't like. The assessments about capacity are reviewed every six months unless it needs to be done more frequently. Staff said that they have been trained in deprivation of liberty safeguards and they are kept up to date about changes to the mental health act through organisational briefings.

##### Our judgement

People who use services, where they are able, give valid consent to the support they receive and systems are in place to consider all possible options for those people who are unable to give valid consent.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People using the service said that they can organise their own reviews and their key worker helps them. The care plans tell others what help they need and how they like to be helped.

##### Other evidence

Information received prior to the visit indicated that people have a person centred care plan. This document is reviewed every six months. During the visit the care plans for two people were seen and they covered personal care, domestic tasks, medical conditions, specialist equipment, risk assessments, end of life wishes and communication skills. Evidence was seen to show that the plans are reviewed every six months. Staff said that the communication methods used are varied and can be verbal, makaton, pictures or they become aware of people's body language and use that to determine their enjoyment of any particular activity. A key worker system is in place and this allows staff to get to know at least one person using the service very well. They are involved in the care planning process and liaise with families and advocates of people using the service. Staff spoken with were clear about their responsibilities as a key worker and that it was about getting to know the people they are supporting.

##### Our judgement

People have a comprehensive assessment and plan of the care and support they need in all aspects of their lives.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People using the service said they would tell their key worker if they were unhappy.

##### Other evidence

Information received prior to the inspection indicated that there is a safeguarding policy in place and staff receive training to ensure they know what their responsibilities are. During a visit to the service staff said they would report any suspected abuse situations. If their immediate manager was not available they would go to the next manager available. Information was seen in the service user guide as to what people should do if they thought they had witnessed any abusive behaviour. There are also policies in place that prevent staff from benefiting from gifts from people who use services. Staff also confirmed they had completed regular training on safeguarding. They also said there was an out of hour's helpline for staff to contact if they were worried or concerned about the service. Records seen also showed that staff were thoroughly checked prior to the commencement of their employment to ensure they were suitable to work with vulnerable people. One notification has been received by the Commission about safeguarding and this was dealt with appropriately by the service

##### Our judgement

People who use the service are protected from abuse by a provider who ensures staff are appropriately trained to recognise signs of abuse and who follow local guidance about safeguarding.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

I did not speak to people who use the service about this outcome but I did speak to the manager and to the staff

##### Other evidence

Information received prior to the visit indicated that there is a comprehensive training plan in place for staff. Training needs are discussed in supervision and at their appraisals. During the visit staff records seen contained details of training courses people had been on. The training provided is pertinent to the needs of the people they are supporting and areas covered include challenging behaviour, autism, epilepsy as well as protecting vulnerable adults, confidentiality and values and attitudes. This training is in addition to the statutory training staff need. Staff said that they can go on any training they want to as long as it is pertinent to their role. One member of staff said that the training plans are based on the person centred care plans and their training needs are tailored to enable individual needs of people who use the service to be met. They also said they had recently completed some diversity training. Staff can access an online training programme to update their skills.

##### Our judgement

People who use the service are supported by staff who are competent to deliver care and support who receive support to ensure they continue updating their skills in line.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

People using the service said that staff ask them what they want at the home. They said they have meetings when they discuss what everyone wants and plan activities throughout the year.

##### Other evidence

Information received prior to the visit indicated that there is an internal quality assurance system in place and that people associated with the service are surveyed regularly. The provider also uses information from meetings and care plans to plan their development. During the visit quality assurance questionnaires were seen and these documents are sent out every year for comment. An internal audit is carried out by the manager of all aspects of the home and service that is provided this is set down in an annual plan. Staff are involved in this process by taking on responsibility for tasks such as infection control, fire safety, general environmental repairs. Staff report to the manager and if they have other concerns there is an out of hours contact number they can ring. This process is supplemented by the regional manager who visits the home at least once a month and spot checks documentation is up to date and speaks to people who use the service to ensure they continue to be satisfied with the service. The manager said that if any issues are raised through the quality assurance programme then an action plan is developed to ensure everyone is involved in improving the service.

##### Our judgement

People who use services benefit from safe care and support due to effective decision

making and the management of risks to their health and safety

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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