

Review of compliance

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

Region:	Yorkshire & Humberside
Location address:	28 Norfolk Road Harrogate North Yorkshire HG2 8DA
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	28 Norfolk Road is a care home registered by St. Annes Community services, to provide accommodation for nursing or personal care for up to four people. The home consists of a semi-detached town house with gardens to the front and rear. The home is situated on a quiet residential street 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 inspected.

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 21 June 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We used a number of different methods to help us understand the experiences of people using the service, because some people at the service had complex communication needs. Our methods included talking to people who use the service, observing the care and support provided, talking to staff and looking at records.

People told us they were happy at Norfolk Road and indicated that they were well looked after, with comments including 'I'm happy, of course I am' and 'no worries'. People told us about the things they enjoyed doing with support from the staff, such as going out in the car, going horse riding, playing the drums, going to church and baking. One person told us how they liked to pick out their own clothes and go shopping. We also asked people what the staff were like and how they treated them. The people we spoke to indicated that they liked the staff.

During our visit we observed the way staff interacted and supported people. Staff interacted well with the people using the service. For example, communicating appropriately and asking what people wanted to do. The people who live at the service seemed comfortable and happy with the way staff were supporting them.

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

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

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 05: Food and drink should meet people's individual dietary needs

People were protected from the risks of inadequate nutrition and dehydration. The provider was meeting this standard.

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

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 abuse from happening. The provider is meeting this standard.

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

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

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

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

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

People were protected from the risks of unsafe or inappropriate care and treatment. The provider was meeting this standard.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

The people we spoke to told us how they take part in social activities within the local community. For example, the people living at the service told us how they enjoyed horse riding, coffee mornings, going to church and other social clubs. One person told us how they like to spend time in their room and our observations during our visit showed that staff respected this.

Other evidence

People's care records contained information about the activities that they regularly took part in. There were also records that showed that people regularly reviewed their care and support with their key worker.

People who use the service were given appropriate information and support regarding their care or treatment. The staff we spoke to told us that they had completed training on the Mental Capacity Act, which includes information about consent and deprivation of liberty. Training records confirmed this. We also saw evidence in one person's records that staff had put together an easy read pictorial guide to help the person understand their health issues and the medical investigations that needed to be undertaken. This shows that the staff were helping the person to make informed decisions about their treatment.

Our judgement

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

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

We spoke with three of the four people who live at the service. People told us they were happy at Norfolk Road and indicated that they were well looked after, with comments including 'I'm happy, of course I am' and 'no worries'. People told us about the things they enjoyed doing with support from the staff, such as going out in the car, going horse riding, playing the drums, going to church and baking. One person told us how they liked to pick out their own clothes and go shopping.

Other evidence

During our visit we observed the way staff interacted and supported people. Staff interacted well with the people using the service. For example, communicating appropriately and asking what people wanted to do. The people who live at the service seemed comfortable and happy with the way staff were supporting them.

The staff on duty were able to tell us about people's needs and the care and support they provided. They appeared to know the people who use the service very well. Each person living at the service has their own care records. These contained assessments, health assessments and action plans, personal profiles, risk assessments and care plans. The records also showed that people had been involved with other professionals where appropriate, such as dentists, their doctor, the podiatrist and optician.

Our judgement

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

their rights. The provider was meeting this standard.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

We did not plan to review this outcome, but information became available during our site visit that raised some concerns.

We spoke to three people who use the service. They told us that they liked the food. One person told us how they liked baking with staff, one person told us how they liked to go out for fish and chips and another person told us that they liked pie and chips.

On the day of our visit we observed both the lunch time and tea time meal. For lunch people had a sandwich and for tea they had homemade shepherds pie. People were offered drinks through out our visit, but we did not see any snacks being offered.

Other evidence

We saw the menu that is used to plan meals at the service and this showed a variety of meals being offered. There was also a record showing what each person had actually eaten, showing that people were being provided with regular and nutritious meals. However, this record did not show any deserts being offered and when we asked staff about this we were told that the people in the home are practicing healthy eating and that desserts haven't been provided for some time. The reason given for this was that two people who use the service were watching their weight. Staff confirmed that fruit is available, that people quite often have meals outside of the home and that they do provide treats. For example, one staff member told us how they would be baking a cake with one person at the weekend and that they would all eat it afterwards.

There have been concerns about one person at the home losing weight and this is

being investigated by their doctor. Records showed that staff were monitoring the person's nutritional intake and weight as described in their care plan. However, the provider may find it useful to note that there was no evidence that any changes had been made to this person's diet to increase their calorific intake. For lunch and tea we observed that they had the same 'health eating' meal as everyone else and the dietary intake record showed no evidence of additional snacks or calories being added to their meals. Observations made during our visit also raised questions about the accuracy of the record and staff interpretation of portion size. For example, for lunch the person had a simple sandwich made with two slices of bread and a hot drink. This was recorded as a 'large' portion on their nutritional intake chart. Overall the provision of meals at the home should be better adapted to individual needs.

Our judgement

People were protected from the risks of inadequate nutrition and dehydration. The provider was meeting this standard.

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

We spoke to three people who use the service, but their feedback did not relate directly to this standard.

Other evidence

All three staff that we spoke to confirmed that they had completed training on safeguarding adults. They were familiar with local reporting procedures and able to tell us what they would do if they had any concerns about the service. Training records confirmed that staff had completed safeguarding training.

Records were available to show that recent safeguarding incidents at the home had been picked up by the staff and reported appropriately to the local safeguarding team. However, the provider may find it useful to note that the service had failed to notify CQC of some of these events. This has been raised with the service's management, who have assured us that such notifications will be made appropriately from now on.

Recruitment information provided by the service showed that the service completes reference checks and criminal records bureau checks on staff before they start work. The service also updates staff criminal records bureau checks every three years. These checks help to protect people from staff who are unsuitable to work with vulnerable adults.

Our judgement

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 abuse from happening. The provider is meeting this standard.

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

We spoke with three of the four people who live at the service. People told us they were happy at Norfolk Road and indicated that they liked the staff.

Other evidence

Staff told us that they received appropriate training, including health and safety, food hygiene, the Mental Capacity Act, safeguarding and first aid. Comments made to us included 'you can ask and book to go on courses'. Training records also confirmed that staff are provided with a range of training to help them do their jobs well.

Staff told us that they received support from the manager and wider organisation. For example, staff told us that they received formal supervision sessions and that regular team meetings had recently started. There is also an 'out of hours' management helpline that staff can use if needed. Comments made to us by staff included 'I think we are supported'. We looked at the supervision records for two staff and found that they had received regular supervision from the manager. We also saw records from recent team meetings and management meetings.

However, the provider may find it helpful to note that staff told us that communication can be a problem at the service, with staff sometimes becoming confused about changes that are happening. Comments included '(communication's) improving definitely' and 'communication in the house is poor I think'. It is important that staff are clear about their roles and responsibilities.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

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

We spoke to people who use the service, but their feedback did not relate directly to this standard.

Other evidence

People who use the service are involved in regular review and key worker meetings. Records of these meetings were seen and showed that people were regularly given the opportunity to discuss their care. In the past the service has carried out annual surveys to gather people's view, but this has not taken place recently. The area manager told us that the service is currently reviewing how user feedback is gathered, so that a more effective and appropriate system can be put in place.

Regular audits and checks are carried out by the area manager, who visits the service and supervises the manager. A team plan has also been developed for 2011 and 2012, setting out how the service hopes to improve.

We are aware that the service has responded positively to concerns that have been raised in the past and has taken positive action, appropriately looking into and responding to people's comments. They have kept us informed of their responses and the work they have done to bring about improvements.

Our judgement

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

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

We did not plan to review this outcome, but information became available during our site visit that raised some concerns.

We spoke to people who use the service, but their feedback did not relate directly to this outcome.

Other evidence

Each person using the service has their own care record file, which contained assessments and information about the care they needed and the care that had been provided. If you read all of the records available the relevant information was there and there was evidence that information had recently been updated. Staff knew people well, because they had worked with them for a long time and were familiar with their needs.

However, the provider may find it useful to note that we found some elements of record keeping at the service that could be improved. We found that care plans hadn't been developed for all the relevant areas of people's care. We also saw that the care records were not always well organised and contained a lot of old information. We found examples of some individual care records not being kept individually or with the rest of the person's care records. Records were also sometimes disjointed, with relevant information scattered across two or three different recording systems. These

issues make it more difficult for staff to access accurate and up to date information about people's needs and how those needs should be met.

Our judgement

People were protected from the risks of unsafe or inappropriate care and treatment. The provider was meeting this standard.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

Document purpose	Review of compliance report
Author	Care Quality Commission
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