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 Community Services - Dewsbury 2

13 Birkdale Road, Dewsbury, WF13 4HG

Tel: 01924459878

Date of Inspection: 23 September 2013

Date of Publication: October 2013

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	St Anne's Community Services
Registered Manager	Mrs. Lesley Murphy
Overview of the service	St Anne's Community Services - Dewsbury 2 provides support and personal care to five adults with mental health needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

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 23 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

During our inspection we spoke with three members of staff and three people who used the service. We found people's needs were assessed and care was planned and delivered in line with their individual plan. We saw that care plans were detailed, thorough and provided clear guidance to staff about how people's care and support should be delivered.

We saw evidence which demonstrated a variety and choice of food available for people to eat. We observed people had unrestricted access to the kitchen and could help themselves to drinks and food, including fruit, throughout the day.

Corporate policies and procedures were in place for infection prevention and control and these were up to date. We found these were applied and all systems were in place to highlight infection control measures, such as audits and spot checks carried out by the area manager.

We reviewed staff rotas and saw there were sufficient staff on duty to respond to people's needs. Staff confirmed there were enough staff on duty. We found evidence to show appropriate training was provided to staff.

The provider had systems in place to identify, analyse and review risks or incidents. Information about quality and safety was gathered and monitored to identify risks and areas for improvement.

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

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection we spoke with three members of staff who gave examples of how they would recognise if a person's needs had changed and told us the appropriate action they would take. They were aware of other professionals that could be accessed if a person's needs had changed.

We looked at a sample of two care records. The service was in the process of transferring information from people's care records into a new format called 'recovery star' (a tool for supporting and measuring change when working with adults who access mental health support services). The care records had action plans for areas such as; managing mental health, physical health and self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem, trust and hope.

The care records we reviewed included risk assessments which covered people's needs, for example smoking, diabetes, shopping and falls. We saw people had access to health services, who were involved with people's care. There was evidence within the care records to show that monthly reviews and evaluations of the care plans had taken place. We saw evidence of progress regarding personal goals discussed at these reviews. These evaluations helped to ensure that care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

The two care records we looked at contained a summary sheet of relevant information, to accompany the person in the event they were hospitalised. This documentation made it clear what people's needs were if they required hospital treatment or treatment from other health care professionals. We established from one care record that the person had diabetes and saw the chiropodist regularly.

We found people's needs were assessed and care was planned and delivered in line with their individual plan. We saw that care plans were detailed, thorough and provided clear guidance to staff about how people's care and support should be delivered.

Daily records provided a good description of the care and support that had been delivered. The daily records demonstrated that staff were providing care in accordance with the care plan.

During our inspection, we observed how staff provided care and support for the people who lived at the home and how staff interacted with people. We found staff treated people respectfully and provided care and support in a caring and attentive way.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

We spoke with three people who used the service, who told us they had a choice of food. One person said: "We're well fed. We don't get a lot of cakes and there's plenty of fruit about." Another person said: "The food's beautiful."

The menu planning book we looked at demonstrated a good variety and choice of food for people. We observed people had unrestricted access to the kitchen and could help themselves to drinks and food, including fruit, throughout the day.

The kitchen / dining room was clean and people could choose what and where to eat. People and staff told us that there was a weekly meeting to plan the menu. Each person who used the service took it in turns, once a week, to cook the evening meal. People were supported individually to shop for the food for that meal and then cook it for the other people who lived at the service. This encouraged and promoted people's independence.

The staff we spoke with acknowledged it was people's choice regarding what they ate, however they were aware of encouraging people to make healthy choices. Staff gave examples of how they encouraged people to vary their diet and make healthy choices. We found people were provided with a choice of suitable and nutritious food and drink.

We saw evidence in people's care records that people were weighed monthly and dieticians were involved when required. Members of staff we spoke with told us they weighed people monthly and explained what they would do if they had concerns regarding a person's weight. During our inspection one person, who was on a healthy eating plan, was weighed and staff praised the person for their weight loss.

The learning and development programme demonstrated that all staff received food hygiene training every 3 years. Staff we spoke with told us their food hygiene training was up to date. We saw evidence of up to date certificates to confirm this.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

The provider had corporate policies and procedures were in place for infection prevention and control and these were up to date. We found these were applied and all systems were in place to highlight infection control measures, such as audits and spot checks carried out by the area manager.

We observed that the home was clean and did not have any unpleasant odours. We saw there were cleaning schedules in place which detailed the standard of cleanliness required and the frequency of cleaning. People we spoke with who used the service told us that the home was always clean.

We found that the kitchen, each bathroom and toilet had antibacterial hand wash, hand gel and hand washing instructions on display. We spoke with three members of staff who told us there was an ample supply of personal protective equipment (PPE) such as disposable gloves and aprons which they had easy access to. In each bedroom, there was an airtight box containing a supply of PPE.

Staff we spoke with were able to describe the process for isolating a person with a suspected Healthcare Associated Infections (HCAI). This demonstrated their knowledge of the processes to minimise the risk of cross infection and a good standard of hygiene.

We found the laundry room to be clean, uncluttered and tidy. This ensured that the dirty to clean workflow in the laundry room was easy to maintain in order to prevent the risk of cross contamination.

We looked at the infection control file, which included risk assessments, such as re-heating food, shopping / purchasing food, storage of food and preparation of food. This file also contained the record sheets, which were completed for daily checks, such as the daily fridge check for out of date food and temperature checks of the fridges and freezers. We found that the kitchen had colour coded chopping boards.

We saw evidence to confirm that all staff had up to date infection control training.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection the service was full, there were five people living at the home, all with varying levels of needs. Our observations showed us that people were responded to promptly when they needed assistance from staff.

We reviewed staff rotas and found there were sufficient staff on duty to respond to people's needs. Staff confirmed there were enough staff on duty, but as there was only a small number of core staff, it was frequently necessary to use agency staff to cover sickness and holidays. The provider may find it useful to note that the high use of agency staff meant that people living in the home were not always cared for by staff who knew them well. One person who used the service said: "I don't like there being so many agency staff."

We spoke with three members of staff, who were clearly very familiar with the care and health needs of the people who used the service. They were aware of people's dietary requirements and behavioural triggers.

We looked at the staff meeting minutes, which were held monthly. Topics discussed at these meetings included policies, dignity, activities, fire training. Also, lessons learned from complaints and compliments, accidents and incidents were discussed and documented. We saw evidence that the staff received supervision at least five times per year and an annual appraisal. Staff we spoke with confirmed this and told us they felt supported by the management and that they were approachable.

We looked at four staff files and found evidence to show appropriate training was provided to staff. The staff we spoke with told us they received regular training and said they could ask for further training if they felt this was needed. There was a training matrix in place which highlighted when staff's mandatory refresher training was due. This ensured that people were cared for by staff with the right skills, qualifications and experience to meet their needs.

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 provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider gathered and monitored information about quality and safety, to identify risks and areas for improvement. The area manager attended the service on a monthly basis to carry out spot checks on areas such as infection control, manual handling, nutrition, water management, health and safety. We saw documentary evidence which confirmed this.

We were told that annual feedback questionnaires were completed by people who used the service, their representatives and stakeholders. However this year's survey was in the process of being completed, so we were unable to review these responses.

We saw minutes of the weekly resident meetings which covered topics such as menu planning, trips, relevant policies, complaints and concerns, health and safety.

Staff we spoke with told us they felt the home was well managed, they had confidence in the management of the home and they attended regular staff meetings.

We saw the provider had a corporate complaints policy and the compliments, complaints and suggestions leaflet was available for people who used the service. We looked at the record of complaints maintained by the service. We found that a record of each complaint was recorded along with the investigation, outcome and action taken. Lessons learned from complaints and compliments, accidents and incidents were discussed and documented at staff meetings.

The provider had systems in place to identify, analyse and review risks or incidents.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk