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 - Lindley Cottage

6 Lidget Street, Lindley, Huddersfield, HD3 3JB

Tel: 01484458169

Date of Inspection: 19 November 2013

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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
Management of medicines	✓ 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. Dawn Moran
Overview of the service	Lindley Cottage is a care home registered to provide accommodation with personal care and nursing for five adults with learning disabilities. The home is a large detached property located in a residential area of Lindley near to Huddersfield town centre. There were five people receiving care at Lindley Cottage at the time of our visit.
Type of service	Care home service with 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 unannounced 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 19 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

People who used the service could not communicate clearly so we observed staff providing support and we spoke with staff and the relatives about the people who used the service at Lindley Cottage. This gave us assurances that staff knew the needs of people and knew how to deliver the care and support effectively.

Our observations of the service showed that care staff spoke with and interacted with people who used the service in a patient and pleasant manner. Care staff supported people in a sensitive way using differing methods of communication to ensure that people understood what was going to happen.

There were systems and processes, policies and procedures in place to support care delivery. Report writing in the care records was mostly up to date and reflected the changes in care and treatment that people received. Our observations of the service showed that people who used the service were involved in a wide range of community-based activities tailored to meet their individual needs.

We saw evidence that people who used the service and their relatives were being listened to and their views and choices were taken into account. We heard that people were involved in a range of community activities on a daily basis including wheelchair ice-skating, horse riding, and walking and shopping activities.

People who used the service appeared happy and comfortable with the surroundings. One relative told us 'I think it's a very nice supportive place'

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

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

Our judgement

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.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

We used a number of different methods to help us understand the experiences of the people who used the service, because the people who used the service had complex needs, which meant they were not able to tell us their experiences.

We talked with three staff, the acting manager and the area manager. We spoke with two relatives following our visit.

We looked at the care records of three people who used the service and followed the pathway of care from referral to the date of our visit.

We looked around the home and saw that bedrooms offered choice and all were personalised to the individuals needs. We observed staff knocking on the bedroom door and asking permission of the person who used the service before entering their bedroom.

We observed people who used the service going out with staff to take part in community activities. We heard people enjoyed a wide range of activities including trips to the theatre, wheelchair ice skating, riding and visits to local community facilities on a regular basis. We looked at the care plan of the people we observed and we saw that these activities were documented as activities that these people enjoyed. This demonstrated that the interests of people who used the service were taken into account when taking decisions about their care.

We saw evidence that those people able to do so were given time to express their views and were involved in making decisions about their care and treatment. We observed a good standard of person centred care being delivered in a homely environment. We saw that staff spoke with and interacted with people who used the service in a patient and

pleasant manner.

On the day of our inspection, we heard staff offering choice at meal times. We were told that menu cards containing pictures were used to communicate menu choices. The provider should note that the menu cards had not been used on the day of our visit. The acting manager agreed to speak to staff to ensure pictorial menu choice was available in the future.

The acting manager told us that they carried out personal support plan reviews on a regular basis. They said these included the person and their relatives; key professionals were also invited to these reviews. In the three care plans we looked at, we found signed care plans and care reviews involving people who used the service and their relatives. We saw care plan reviews which indicated that the person who carried out the review discussed the person's care needs and completed an action plan to address the assessed needs. Relatives we spoke with told us they had been invited to and involved in the care plan review meetings. One relative told us that they had "just been to one the other week"

We asked the acting manager about choice for individuals and they were able to provide a range of examples. We asked how those people who used the service who could not communicate verbally were involved in decision about their care. The acting manager showed us examples of a range of picture and symbol support information being made available to assist communication. This assured us that people who used the service were able to express their views and were involved in making decisions about their care and support.

We spoke with three members of staff who told us about how they involved people who used the service in choices about their care. One person told us "I know the person well and can recognise how they communicate their likes and dislikes.'

Staff told us they felt able to speak out if they needed anything; they were aware how to raise concerns. They said that they felt that managers were approachable. They said that they believed managers would act on their concerns.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, because some of the people who used the service had complex needs which meant they were not able to tell us their experiences.

We looked at the personal care or treatment records of three people who used the service, observed how people were being cared for and checked how people were cared for at each stage of their care.

We spoke with the acting manager and three members of staff. We asked them about the care and well-being of people who used the service. We found that people's needs were assessed and care and treatment was planned and delivered in line with their individual support plan.

The records showed that people who used the service had their own support plan, which identified their individual needs and abilities, choices, likes and dislikes. We found that care was planned and delivered in line with their individual care plan.

We looked at a range of risk assessments to cover daily activities of life, including moving and handling, nutrition, mental health and behaviours. We saw additional risk and behavioural plans had been put in place where a risk to a person had been identified. For example when we looked around the home we observed some rooms had minimum fixtures and fittings. We asked the nurse on duty about this and they told us furniture was kept at a minimum in some rooms to prevent individual risk of harm or injury. When we looked at the personal support plan of the people who occupied these rooms. We saw risk assessments were in place in relation to the personal environmental needs of these people. This assured us that staff had taken steps to minimise the risk of harm to people who used the service. We found that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at the daily records, which provided information about how the care and support needs of people who used the service had been met on a daily basis. We saw evidence that care plans were regularly reviewed to ensure people's changing needs were

identified and met. The provider should note we saw daily record sheets stored in the staff communication book that we felt should have been transferred to the personal support plans. We looked at the guidelines set by the provider and saw these records had not been transferred in the timescale identified in the guidance. We spoke with the acting manager who said they would update staff on the company policy to ensure personal information was stored in the correct place.

Discussion with the acting manager indicated that they had a good understanding of the needs of each person who lived at Lindley Cottage. For example we observed staff responding to one person's non-verbal request to go to the toilet, and another's to go out for a walk. We saw staff responded appropriately to people's behavioural needs. We looked in the support plans and saw this was documented and explained in the care plan.

We observed that whenever possible the staff supported and encouraged people to be as independent as they were able. We saw that there were good interactions between the staff and people who used the service. We observed friendly and supportive care practices being used to assist people in their daily lives. We spoke with staff and the acting manager about the care and well-being of people who used the service. We found them knowledgeable about the needs and rights of the people who used the service. One relative we spoke with said the home was 'large enough to give a feeling of community, not too large to become impersonal.'

The three care records we saw highlighted what people could do on their own and when they needed assistance from staff. Pictorial support was used in a number of the care plans to personalise the individual communication needs to staff. We observed research and evidence based guidance was used when developing care plans. For example one person had a leg ulcer and there was reference to Department of Health Guidelines for managing leg ulcers.

We were told that a key worker scheme was in place at the home. However staff told us that due to recent staff turnover some people who used the service did not have a named nurse or key worker.

We observed five people who used the service moving freely around the home. We saw staff take these people out during the morning and the afternoon to access community activities. We saw that a van was available and we were told staff used their own cars to take people out into the community on weekdays. We were told that a minibus was usually available but it was in the garage on the day of our visit.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Lindley Cottage had written medicine policies and procedures in place. The policy for administration of medicines included information about care workers responsibilities with regard to administration, levels of assistance, records and errors. We were told that only qualified nursing staff administered medication.

Checks of the medication showed that the home was using a local pharmacy as their medication provider. We saw medication was administered from their original packaging as dispensed by the pharmacist.

We saw that boxes and bottles of medication for each person were stored securely in a lockable cabinet. The provider should note we saw eye drops stored in the locked activities cupboard, rather than in the medication cupboard. The reason for this was unclear and could not be explained by staff.

We were told and saw the policy, which stated that medication was given out by a member of nursing staff. We were told the nurse checked and recorded medication given as stated in the policy. We were told that new starters and agency nursing staff were always supervised when giving out medication.

We talked to one care staff members and two registered nurses about the administration of medicines at the home. They were able to describe in detail the administration of medicine procedure. This assured us that the people were protected against the risks associated with medicines.

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

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

As part of this inspection we looked at the staffing levels, checked the rota and spoke with staff and the acting manager.

At the time of our visit the service had five people in residence. Information given to us by staff indicated that staffing levels had recently been increased to meet the complex needs of the people who used the service. We were told that there were still some staff pressures and additional funding was being sought from the local Clinical Commissioning Group to meet the specific changing needs of one person who used the service.

Were told the acting manager was an experienced member of nursing staff who had been appointed to the role the day before our visit. The acting manager told us that prior to their appointment the registered manager had been supernumerary to the care staff between Monday and Friday. The acting manager believed that the plan was for them to be supernumerary four days a week from December 2013. We spoke with the area manager who told us additional visits had been put in place to provide support to the acting manager.

We looked at the staff rota. We were told and saw evidence that three staff were on duty each shift during the day. Through the night there were two staff on duty, one waking and one sleeping. The acting manager said there was an 'on call' system in place overnight if required.

Staff told us that many people had worked at the home for a long time, although we were also told there had been recent staff changes. The rota showed us that many staff worked additional shifts. We saw that regular agency staff had provided care over the past four weeks. The acting manager told us a small pool of regular agency staff were used to ensure agency staff became familiar with the needs of the people who used the service. We asked the staff if they thought there was enough staff in post to deliver the care. They told us that 'staff were giving 110%.' One person told us "I feel we are meeting the needs at the moment, but it has been difficult recently.'

We asked the acting manager about staff they told us that permanent staff were currently being recruited. They said two staff had joined the team during November and others were due to start over the next few weeks. We met and spoke with two nurses who had started working with the service within the last month. One told us they had received an induction and another said 'it was a good place to work.' We note the provider was taking positive steps to recruit permanent staff and reduce the use of agency staff and casual bank working.

We were told that each person who used the service previously had a key worker in place but due to staffing changes this had recently been hard to maintain. The provider should note that the use of key workers ensured that experienced staff were able to recognise, meet, deliver care consistently and monitor people's needs.

Staff we spoke with told us "There are regular meetings between staff where there was opportunity to discuss particular staffing concerns should when they arose.

One relative we spoke with said their 'only concern was that the staff not very good at the moment' when asked why they replied 'so many different ones but they do as much as they can.'

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service, because some of the people had complex needs which meant they were not able to tell us their experiences.

We looked at the complaints book and saw that there were no concerns and complaints about the service at the time of our visit. The relatives we spoke with indicated that people who used the service felt safe in the care of the staff. The staff members we spoke with told us that they felt able to speak out if they needed anything and believed the staff or the managers would act on their concerns.

We were shown information that demonstrated the area manager audited various sectors of the service on a regular basis and took action on areas that required improvement.

We saw evidence that people who used the service had choice around the care they received. We saw information in the care plans to indicate that people's preferences and choices were being met.

Our observations of the service found that the environment was clean and tidy. The décor and furnishings we saw were in keeping with the style of the home and offered people a choice of seating in a warm and comfortable environment. One relative told us "her room is spotless and tidy' and another said ' I think it's a very nice supportive place'

Staff told us that the provider had training, supervision and appraisal procedures in place to monitor the quality of care. We saw that staff supervision was in place and that supervision notes were held for all members of staff. We saw evidence that issues raised in supervision were acted up on. We noted that some supervision and appraisal notes were a little overdue. The acting manager told us that they were aware of this and it was being addressed. We saw evidence that supervision dates had been updated.

Staff told us they were aware of the complaints policy and procedure. Staff told us they took concerns seriously. One member of staff told us 'It's a good company' and 'they take

concerns seriously.' A relative told us 'I don't think I have had to raise a concern' and 'if there is an incident they will telephone; they are really quite good about it.'

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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