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 - Norfolk Road

28 Norfolk Road, Harrogate, HG2 8DA

Tel: 01423871288

Date of Inspection: 26 June 2013

Date of Publication: August 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ 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 Managers	Ms. Jill Booley Mr. Kerin Tomkinson
Overview of the service	28 Norfolk Road is a care home providing residential care for adults with a learning disability, located about a mile from Harrogate town centre. In this report the names of registered managers appear who were not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time. The provider has informed us that they are taking appropriate action to update the register.
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 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 26 June 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 people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by local groups of people in the community or voluntary sector and talked with other authorities.

What people told us and what we found

People told us they were happy at Norfolk Road. People's relatives told us that they were happy with the support their relative's received. Comments included "He's well looked after" and "Care is excellent, the opportunities to do things is brilliant." We saw that people looked cared for and made choices about their daily lives.

People had access to food and drink, with staff helping people to make healthy eating choices. People were involved in developing the weekly menus and helping to prepare drinks and meals as much as they were able. Staff monitored people's weight and sought specialist help when needed.

Systems were in place to manage medication. Staff had been trained and regular audits checked that medication was being administered correctly. Where there had been a problem the appropriate people had been notified, an investigation carried out and plans put in place to prevent a reoccurrence.

The service was fully staffed and staff felt that this was having a positive effect of staffing levels. For example, they could now cater better for people's choices, including activities, if people wanted to go out or stay at home.

Regular checks were carried out to see if people were happy and receiving a good service. This included audits, quality visits, reviews, meetings and surveys. Relatives we spoke to felt that any issues they raised had been resolved appropriately. A new manager had been appointed and had recently started to work at the service.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During our visit we observed that people spent time doing what they wanted and spending time where they wanted to. For example, some people had chosen to go out to an activity club, while others had chosen to stay at home. One person spent the afternoon in their room watching sport on the television, while another person helped staff bake scones and prepare tea. This showed that people were able to make choices about the support they received and the activities they took part in.

Discussions with staff indicated that people at the service were able to make day to day decisions about their care and support, with assistance from staff. Staff were able to tell us how they used communications aids, such as pictures and makaton, to help people make decisions. Each person had a named staff member (their key worker), who regularly met with them to review their care and support. This helped make sure that people were happy and identified if any changes needed to be made.

Staff told us that bigger and more complex decisions were made when needed, with the involvement of the person and other professionals where appropriate. For example, records showed that one person's care manager had recently been involved in the decision to spend a considerable amount of money on a holiday that the person wanted to take. This helped to ensure that capacity was considered and that best interest decision making took place when needed.

We looked at two people's care records and found that they contained information about people's individual preferences and preferred routines. However, the provider should note that they did not contain a lot of information relating specifically to decision making and capacity for the individuals concerned. We also found that the 'monthly' key worker meetings that staff had described were not taking place monthly. For example, one person's last recorded key worker meeting had taken place in February 2013.

All support staff currently working at the service, except for one new employee, completed

training on the Mental Capacity Act and Deprivation of Liberty Safeguards in June 2010. The new manager told us that they were looking to update training for all staff, due to the importance and relevance of the Mental Capacity Act to the people living at the service.

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

People told us they were happy at Norfolk Road and indicated that they were well looked after. We also spoke with two people's relatives about the care they received. They told us that they were happy with the care and support their relative's received. Comments included "Quite happy with the care", "He's well looked after" and "Care is excellent, the opportunities to do things is brilliant."

During our visit we observed that people at the service looked well cared for. We saw good interactions taking place between people who lived at the service and the staff. Staff were friendly and supported people in a kind and caring way. The people who lived at the service looked comfortable and happy in their surroundings. In general conversation they expressed satisfaction with their care and said that they were happy.

Most of the staff who worked at the service had been there for a long time. This meant that they knew people well and understood their support needs and preferences. The staff we talked with were able to tell us about people's needs, preferences and the support they provided.

We looked at two people's care records. These contained detailed information about people's care and support needs, including information about people's individual preferences and routines. They also contained risk assessments that were relevant to the individual and had been reviewed on a yearly basis. The records showed that other professionals had also been involved in people's care. For example, a nutritionist, care managers and the local doctor. This helped to ensure that people's health and wellbeing was maintained.

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

During our visit we saw staff offering people drinks throughout the afternoon. We also observed the evening meal. Staff and the people living at the home all ate together in the dining room. The meal had been prepared by a member of staff, with help from one of the people who lived at the service. They had also made scones that afternoon. The meal was pork chops, served with mashed potatoes, carrots, swede and onion gravy. There were good portion sizes and everyone ate all of the meal. Comments made by people who lived at the service included "Yes it is good" and "It is always good." We saw that there was a happy atmosphere, with people talking together and discussing their favourite foods while they ate together.

The staff and manager told us how they assisted people who live at the service to agree a menu each week. This allowed everybody to include foods they liked and formed the basis for the weekly food shop. We saw the menu for the week of our visit and this showed a variety of meals being offered.

Staff told us how they monitor people's weight by weighing them every month. The weight record showed that everyone who lives at the service was maintaining a steady weight. One person's records showed that they had been receiving support from a dietician to help them eat healthily and maintain a healthy weight.

However, the provider should note that more could be done to promote individuality and choice in the way snacks and meals were provided at the service. Staff appeared to be applying the healthy eating advice given for one individual to everybody, regardless of their individual needs or preferences. For example, everyone at the service currently used skimmed milk. When we asked staff about this they explained that it was because it had been recommended for one person, as part of their healthy eating advice. Decisions about nutritional needs should be made on an individual basis, taking the needs, wishes and preferences of the individual into account.

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

During our visit we spoke with the manager about the systems that were in place to manage medication. They confirmed that there was a policy and procedure in place, which was available to staff. This provided staff with guidance on how medication should be managed.

The staff we spoke with confirmed that they had just completed a training course on the safe administration of medication, to update their knowledge and skills. Training records provided by the manager confirmed this. One new member of staff had not yet completed medication training, but the manager confirmed that they were not allowed to administer medication until they had completed their training. We asked the manager if competency checks were carried out on a regular basis, to check that staff were applying their training and following the medication procedure correctly. However, the new manager was unsure of this at the time of our visit.
We looked at the way medication was stored and checked some stock balances against the medication administration records. We did this with the help of the manager. The stock and records we looked at were correct and provided an appropriate audit trail. This showed that people were receiving their medication appropriately. There was evidence that medication audits were being carried out on a weekly basis, to check that people had been given their medication correctly and that records were accurate and up to date.

We had been notified of a medication error that had recently occurred at the service. This had resulted in someone not receiving a dose of their prescribed medication and the error not being identified until the next medication audit, three days later. The manager had informed the appropriate people of the error once it was identified and carried out appropriate investigations. Plans had been put in place to minimise the risk of errors occurring and to ensure that any future errors were identified in a more timely manner.

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

We observed that staff knew people well and had the skills they needed to communicate and interact well with the people who lived at the service. People seemed to get on well with the staff who were on duty and people's relatives were complimentary about the staff. Comments made to us included "They seem very, very nice" and "The carers are good with them".

We discussed staffing levels with the manager. They told us that staffing levels during the day varied depending on the day and what activities were planned, with the aim of accommodating people's individual preferences and interests where possible. For example, on the day of our visit enough staff were on duty to enable some people to go out to a club, while others had decided that they would prefer to stay at home. The manager also told us that the service was now fully staffed, after the recruitment of himself and a new member of support staff. The manager felt that this would now make it easier to support people and accommodate their individual interests and preferences. At night one member of staff provided 'sleep in' support, but with another staff member available on call if extra support was needed. There was also a management support helpline available 24 hours a day, to provide management cover when the service's manager and deputy manager were unavailable. The staff rotas we looked at confirmed that these arrangements were in place.

We spoke with two support staff during our visit. They told us how there had been some staffing difficulties in the past, because of staff vacancies and sickness. They did not feel that this had put anyone at risk, but had affected the flexibility of the support they could offer. For example, not always being able to accommodate everyone's preferences around activities, going out or choosing staying at home. The staff confirmed that they were now fully staffed and made comments including "Works okay when fully staffed" and "Better now, it is slowly sorting itself out".

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

People who use the service were involved in regular reviews and key worker meetings. Records of these reviews and meetings showed that people were given the opportunity to discuss their care and support. The relatives we spoke with confirmed that they were involved in annual reviews. People living at the home and relatives we spoke with also told us that they were happy with the service and that any issues they had raised had been resolved appropriately.

At the time of our visit the service had a new manager, who had only recently started to work at the service and was still settling in. However, the provider should note that during our visit we received some feedback from staff and relatives about the number of changes to the home's management over the last few years and how at times the service had seemed to "lack direction." The new manager told us that they hoped to provide stability and leadership for the service.

Regular audits and checks were carried out by the home's staff. Records showed that these included a weekly medication audit and regular health and safety checks within the home. Checks were also carried out by the area manager, who regularly visited the service and supervised the manager.

In the past the service has carried out annual surveys to gather people's views about the service. These surveys include people who use the service, stakeholders and staff. The last surveys were carried out in 2012 and there were plans to complete a new survey in September 2013. The 2012 survey results showed that people were generally satisfied with the service provided. However, the provider should note that the survey results only provided information about the whole of the North Yorkshire area, rather than individual services. Having results for individual services would be more useful for quality assurance processes. For example, to enable local issues to be identified and acted upon.

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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