

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

St Anne's Resource Centre

66 York Street, Leeds, LS9 8AA

Tel: 01132435151

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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
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. Ann Lesley Sunter
Overview of the service	St Anne's Resource Centre provides a wide range of support to a diverse range of people. The support can be because people are homeless, are dependent on drugs or alcohol or need support because of mental health issues or a learning disability. The service is based on the outskirts of Leeds City Centre.
Type of service	Community based services for people who misuse substances
Regulated activities	Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

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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 12 August 2013, talked with people who use the service and talked with staff.

What people told us and what we found

People told us they were happy with the support provided and were involved with their treatment and support needs. People had contributed their preferences and their experiences were taken into account in relation to how care, treatment and support were delivered. One person told us, "I signed to say I was happy with the treatment. They tell me things every step of the way."

People's treatment and support plans contained a level of information that ensured their needs were being met. We spoke with three people who told us they were happy with the support they received. One person told us, "Treatment couldn't be better. It has been the best thing for me coming here." Another person told us, "Care is alright. It is working for me."

Prescriptions were given to people appropriately. People we spoke with said they received their prescriptions on time and when they needed it. The provider had clear guidance that outlined how prescriptions should be issued. Staff we spoke with said they had received appropriate training.

We found people were supported by sufficient numbers of qualified, skilled and experienced staff which met people's needs. People we spoke with told us there were enough staff to support them. One person said, "They are there when you need them. There is constant support."

There were quality monitoring programmes in place, which included people giving feedback about their care, support and treatment. This provided a good overview of the quality of the service's provided.

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.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for 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, treatment and support. People who used the service had contributed their views and preferences in relation to how care, treatment and support was delivered. People's wishes were always respected where possible. The treatment and support plans were individual and there was evidence of signatures of people who used the service in the plans. We saw copies of treatment plans and information sharing documentation that had been signed by the person who used the service.

We spoke with three people who used the service. They told us they had been involved in making decisions about their treatment and care and were given opportunities to talk about how they wanted their support delivered. They said they were given enough information when they started using the service and knew who to contact if they wanted to make changes to their treatment and/or support. One person told us, "I signed to say I was happy with the treatment. They tell me things every step of the way" and "You get a choice. It is what you want to do." Another person told us, "They do things with me and try and help me."

The members of staff we spoke with told us good systems were in place to make sure people were treated with respect and confidentiality was maintained. They said people were involved in making decisions about their treatment and care and how this should be supported.

The provider acted in accordance with legal requirements where people did not have the capacity to consent. Staff had an awareness of the Mental Capacity Act. Staff understood their obligations with respect to people's rights and choices when they appeared to lack the mental capacity to make informed and appropriate decisions. Staff were clear where people had the mental capacity to make their own decisions, this would be respected. The Manager told us staff had received training in the Mental Capacity Act in spring 2013 and were confident staff would recognise people's lack of capacity to make appropriate

decisions.

We saw the service had up to date policies and procedure which included Mental Capacity Act and communication.

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, including talking with people and looking at records.

A structured treatment programme was in place for people who used the service. This included a four week induction programme, a recovery map approach and treatment goal setting. We observed people who used the service being greeted as they arrived for their appointment and saw evidence that staff communicated with people in an appropriate, respectful and friendly way. During our inspection we spoke with three people who used the service. One person told us, "Treatment couldn't be better. It has been the best thing for me coming here." Another person told us, "Care is alright. It is working for me. I have started integrating which I didn't do before." One person said, "Care is quite good. Staff always listen and are helpful. I can have support at any time" and "They monitor how I am doing, they are really good at that."

People's needs were assessed and care, treatment and support was planned and delivered in line with their individual care needs and in a way that ensured people's safety and welfare. People's care, treatment and support reflected relevant research and guidance. The service used an electronic based record keeping system. We saw information about the person such as medical history, allergies, decision making capabilities, risk assessments and any medical conditions had been completed in all records. We could see the notes contained detailed information about when people attended appointments and treatments received. Consent forms were also present in each person's record. Members of staff told us medical conditions and medications were checked at every visit and the person confirmed the information was up to date. We saw evidence that treatment and support plans were reviewed on a three monthly basis or sooner if required to ensure people's changing needs were identified and met.

There were arrangements in place to deal with possible emergencies. The service had emergency drugs and first aid kits that were stored securely and accessible to staff. Staff spoke confidently about what to do in an emergency. Staff had received training in basic life support skills and there was always a medically trained member of staff on site.

People's care, treatment and support was planned and delivered in a way that protected

them from unlawful discrimination. For example, the service had lift access to the clinic rooms. This enabled people with limited mobility to have access to treatment and support.

We saw up to date policies and procedures were in place. These included emergency planning, client holiday procedures and the admission process.

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 people's prescriptions.

Reasons for our judgement

Medicines were prescribed and given to people appropriately. The people we spoke with said they received their prescriptions on time and when they needed it. One person told us, "My prescriptions are always regular. I never run out and I always get the right amount." Another person told us, "They are considerate with my prescriptions and the Chemist sometimes will deliver to my home."

Appropriate arrangements were in place in relation to people obtaining their medicine. The Manager told us prescriptions were issued to people who used the service by their partner organisation. We spoke with one member of staff, a Non-Medical Prescriber, who was responsible for issuing of prescriptions on the day of our visit. They described the systems in place and responsibilities for the issuing of prescriptions. They told us a medication review assessment was carried out which included people's medical conditions and current medications. They would contact the individual person's GP and Pharmacist, following gained consent from the person who used the service, to inform them of what medications were being prescribed by the service and to arrange completion and collection of the prescription. They also told us people attended a 'first prescription' appointment which included a drug test, a mental and physical healthcare check and a blood borne virus assessment. During subsequent appointment people's levels of medication were always assessed.

The member of staff told us service guidance was always followed when issuing prescriptions. This included people receiving supervised consumption of their medication and any health and social issues. Three monthly reviews of their medication were also carried out.

The Manager told us all staff who dealt with the issuing of prescriptions had received training. The staff we spoke with confirmed this. One member of staff told us they had received prescribing and substance misuse training. Members of staff we spoke with were clear about their roles and responsibilities in relation to issuing of prescriptions which helped to ensure people received their medicines safely.

We looked at the medication policy and found comprehensive policies were in place. These included lost prescriptions and holiday prescribing.

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 were enough qualified, skilled and experienced staff to meet people's needs. People who used the service told us there were enough staff with the right skills and experience to meet their needs. One person said, "They are there when you need them. There is constant support."

Members of staff we spoke with told us they nearly always supported the same people and knew the needs of the people who used the service. This enabled them to receive a consistency of care, build a trust with the person and sufficient time was allowed to support people properly.

The Manager told us they assessed the needs of the people who used the service, the skill mix of staff and what hours staff would be able to work to establish the staffing levels required. They confirmed there were sufficient staff, of all designations, on shift at all times. They told us where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours to make sure there was continuity in support and one member of staff acted as 'duty' on a daily basis. This enabled people's appointments to go ahead. There were also arrangements in place if people did not want to see a different member of staff. They would be issued with a 'bridging' prescription until the next available appointment with their Support Co-ordinator was available.

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 received. They also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

Reasons for our judgement

We looked at how St Anne's Resource Centre gathered information about the service they provided. Records of quality monitoring that had been undertaken confirmed a programme was in place.

People who used the service and staff were asked for their views about their care and support and they were acted upon. The Manager told us a survey was carried out on a quarterly basis. We looked at the survey results for May to July 2013 which showed overall people were satisfied with the service. The majority of scoring was good, very good or excellent. The survey included staff, treatment programme, other aspect of the service and overall satisfaction. The Manager said they used the information from the questionnaires to help improve the service.

The Manager told us on a monthly basis a report was produced that monitored complaints, safeguarding, incidents and notifications. The Manager told us action plans were developed and these identified actions and recommendations, with on-going monitoring and completion dates.

The Manager said a range of other monthly reports were produced. These included summaries of people's recovery plans, risk assessments, discharges and reviews. This information supported the national drug treatment monitoring services. A report was also produced by the Area Manager which included client experience and activities.

The Manager told us, in conjunction with their partner organisation, a weekly review of people's support and treatment plans had been introduced. This included looking at individual people's treatment journeys, treatment plans, road map stages, discharges and any bottlenecks. They said any identified issues were discussed with staff members.

We spoke with the Manager regarding how they monitored complaints. They explained the complaint's procedures and confirmed they had no on-going complaints. They said complaints were fully investigated and resolved where possible to the person's satisfaction. The provider took account of complaints and comments to improve the

service.

The Manager told us accidents and serious untoward incidents forms were completed at the time of the event. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

Decisions about care, treatment and support were made by the appropriate staff at the appropriate level. The staff we spoke with told us they were kept informed about any changes to people's care, treatment and support needs.

We saw that up to date policies and procedure were in place. These included lone working, complaints, serious untoward incidents and quality assurance.

The quality monitoring showed people who used the service benefited from safe quality care and treatment.

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.

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