St Anne's Community Services

St Anne's Community Services - Ripon Community House

Inspection report

Sharrow View
Allhallowgate
Ripon
North Yorkshire
HG4 1LE
Tel: 01765 698020
Website: www.st-annes.org.uk

Date of inspection visit: 23 and 29 September 2015
Date of publication: 24/11/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We undertook this announced inspection on the 23 and 29 September 2015. This agency was newly registered in June 2013 therefore this is the services first inspection.

St Anne's Community Services – Ripon Community House provides supported living, or community based support in people's own homes. The service provides a service to people who live in Ripon and includes supporting living

Summary of findings

schemes in Northallerton and Harrogate. The service supports people with a learning disability from a few hours a week, to 24 hours and management of the service is delivered through an office in Ripon. At the time of this inspection 19 people were receiving support with personal care by the agency. The agency employs twenty care staff.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff had a good understanding of safeguarding procedures and how to protect people from harm. There were risk assessments in place in people's support plans to identify risks due to people's health or mobility and to make sure these were minimised without intruding on people's privacy and independence.

Staff were recruited safely and received training that was relevant to their roles. There was sufficient staff employed to meet people's needs. They were supported through supervision by senior staff.

Care plans were comprehensive and had associated risk assessments. Medicines were managed safely. People were protected because staff at the agency were aware of and followed the principles of the Mental Capacity Act 2005.

People who used the service were positive in their comments about staff and they told us they were supported to engage in activities which were meaningful to them.

Systems and processes were in place to monitor the service and make improvements where they could. This included internal audits and regular contact with people using the service, to check they were satisfied with their care packages. Policies and procedures had been updated to ensure they were in line with current legislation.

Our initial experience in trying to contact the service to arrange a visit was poor. This was because the registered manager was on leave and no-one was office based daily to be able to return our calls when we left messages. There were also issues about access to some records as the manager on leave had the only key to the cabinets where these were stored. This could impact negatively on people using the service should anything unplanned or untoward occur. We have therefore recommended the provider review and update contact arrangements for the agency, and how the service is to be run in the absence of the manager to ensure that people are able to contact them and care provision is not disrupted.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

People we spoke with told us they felt safe with staff from the service.

Care plans described the areas of support needed in detail and had associated risk assessments. Medicines were managed safely.

There were sufficient staff who had been recruited safely. Staff knew how to report issues of abuse and said concerns raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Good

Is the service effective?
The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills they needed to support people properly.

People were provided with care by staff that supported them to live as independently as possible.

Staff were following the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when they cared for anyone who lacked the mental capacity to make their own decisions.

The service appropriately sought advice and support from relevant health care professionals.

Good

Is the service caring?
The service was caring.

People who used the service told us they valued the service they received.

People were supported to maintain their independence and received support from a consistent team of care staff.

People were introduced to their care worker before they began supporting them.

Good

Is the service responsive?
The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

There was an effective complaints procedure in place and people's complaints were dealt with promptly. Improvements were made where needed.

Good

Is the service well-led?
The service was well-led.

Systems and processes were in place to monitor the service and drive forward improvements.

Good

Summary of findings

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed and organised.

We have recommended the provider to review and update contact details for the service to ensure people are able to contact them when necessary so that effective running of the service is appropriately maintained at all times.

St Anne's Community Services - Ripon Community House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 September 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us. The registered manager was on leave during this visit and we were assisted with the inspection by the deputy manager. We were unable to access all the records we needed to complete our inspection during our first visit, as only the registered manager had keys to be able to access all records we needed to see. We arranged a second visit which took place on the 29 September 2015 as the registered manager had returned from leave and we were able to complete the inspection.

The inspection team consisted of one inspector and one expert by experience. The expert by experience carried out telephone interviews to seek the views and experiences of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and had expertise in adult health and social care.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a community care service. This included three recruitment records, the staff rota and records of meetings. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. We spoke with the registered manager and deputy manager during our visits to the service. We telephoned a total of six people. Four people we spoke with were relatives. We also telephoned and spoke with four members of staff.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take

Detailed findings

account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they felt their relatives were safe when using the service. One relative said, "Oh yes, he loves them all," another relative said "Staff are good, I trust them, they (staff) have a nice enthusiasm." Relatives expressed no concerns about the availability of staff from the agency. One relative told us, "If I need to go out, I'm happy to leave her with the staff."

The service had sufficient numbers of staff to provide care and support to people in their own home. The registered manager told us that the staffing numbers were altered to meet people's needs. They said they had a stable staff group. Staff rotas were based around people's needs. The support living services had individual staff rotas for each of the houses which included a manager. All the staff we spoke with felt that there were enough staff to provide a safe service which met the care needs of the people they supported. One member of staff said, "Holidays and sickness are always covered by other staff in the team." The service had an 'on call' system which staff told us meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours. Staff we spoke confirmed that they would use the 'on call' if they felt they needed support out of hours.

We looked at how the service supported people with their medicines. Staff told us they had received medicine training and that this provided them with the skills and knowledge to support people with their medicines. Records showed that staff involved in the administration of medicines had been trained appropriately. All the relatives we spoke with said that staff from the service did not manage their relative's medicines as this was done by the family, so we were unable to obtain people's views regarding the management of medicines.

There were systems in place to protect people from abuse. There were up to date safeguarding policies and procedures which detailed the action to be taken where abuse or harm was suspected. Staff members told us that they had received training in safeguarding and that they felt confident about identifying possible abuse and taking appropriate action to protect people. One member of staff said, "I have done the safeguarding alerter training and I know what I need to do to protect people from abuse." Training records confirmed that staff received relevant training to do their jobs well, which also included safeguarding training.

One relative raised concerns regarding the length of time it took for two safeguarding investigations to conclude regarding their relative. We discussed this with the registered manager following our inspection. We were informed that the correct process for the investigations had been followed under the Local Authority safeguarding procedures. The registered manager said that the timescale for these to conclude was out of the agency's control.

Accidents and incidents were recorded appropriately. Accidents were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends and take any action required. Records of accidents were held in individual people's care files or staff files.

Staff we spoke with confirmed that they had the right equipment to do their job properly and said they always had sufficient disposable gloves and aprons. One member of staff told us, "There is always access to equipment. We never run out as the cupboards are always well stocked." This meant that staff had access to all the equipment they needed to reduce the risk of the spread of infection.

People's care files we looked at showed there were written risk assessments for people which had reviewed and updated. These included risks associated with health, mobility and the environment.

The provider was careful to make sure that every member of staff's background was checked prior to employment. The service received suitable references from people who knew the applicants well. They undertook Disclosure and Barring Service (DBS) checks prior to introducing staff to people who required the services support. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Staff confirmed that they had undergone rigorous checks before they started working for the agency.

Good

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences. Relatives told us that people received care from staff who were well trained in areas which were relevant to their day to day care. Relatives said staff had a variety of skills which included using a hoist, dealing with incontinence, epilepsy and specific feeding requirements.

Relatives told us that staff were well matched with people they supported and where staff had shared interests they supported their relatives with them. For example one relative said, “They go running together.” Relatives also told us that support was provided by a consistent team of staff and that if none of those staff were available the manager had stepped in where necessary.

There was evidence that people had good access to appropriate health services. We saw that people were supported to attend various appointments with health care professionals such as a neurologist for epilepsy, speech and language therapist, dietician and their GP. Relatives we spoke with also confirmed this and told us that people’s health care needs were being met.

Relatives told us that staff from the agency were good at dealing with people when they became unwell, as some people were unable to communicate this verbally. One relative said staff knew when their relative became unwell because of the, “change in mood especially during the winter months.” Another said, their relative became ‘pale and listless’ when they became unwell and staff were effective in getting them the necessary medical attention. This demonstrated that the service was ensuring that people’s physical and well-being were identified and monitored.

Relatives also described the different ways that staff from the service communicated with people. For example one relative said that ‘cards’ or objects’ were used to communicate. For example if the person staff were supporting wanted to go out they would take their boots to the staff. Another example we were given showed how a person was offered choices at breakfast. The relative said they were supported to make choices by ‘cards with photos of cereals from which to choose.’ This showed that staff from the service supported people to make choices in their daily lives.

All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. Comments included, “The staffing levels and management support are very good and the training we get is brilliant.”

We looked at records of induction, training and supervision for three staff. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and basic first aid. We saw in staff records that they had received supervision from their line managers. We saw a copy of the staff manual which is available for staff on the organisations web site. This contained information of key policies and procedures such as staff code of conduct, training, whistleblowing and lone working.

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. Staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The MCA sets out the legal requirements and guidance around how staff should ascertain people’s capacity to make decisions. The DoLS protect people’s liberties and freedoms lawfully when they are unable to make their own decisions. There was an up to date policy in place regarding the MCA and DoLS.

Relatives we spoke with were able to give us good examples that involved the process of best interest decision making. This is where the relative and other professionals become involved in making a decision that a person is unable to give their consent to. For example someone’s health care needs. The example the relative told us about was regarding the need for an anaesthetic for a dental examination. This meant that that those people who lacked capacity were being protected because staff were aware of and able to use the legislation and associated guidance. When we looked at care and support plans we saw that people’s consent had been sought wherever possible. Staff told us that they had been trained in MCA/ DoLs and could explain how they sought consent from people.

Good

Is the service caring?

Our findings

People told us that the service was caring. We received positive comments about the care staff from people who used the service and their relatives.

One relative told us that people who were supported by staff from the service "Always looked good and dressed appropriately" which was important to them. Relatives also made comments such as "They (staff) know him well – if he's hungry, unwell they are able to tell." Another relative said, "They always speak to her and she smiles in return." One person who received a service said, "Staff are respectful of me" and another relative said, "Getting to know her takes a long time. They (staff) are like a right hand to me. If I'm out and staff are worried they contact me which I appreciate. If I ask, 'will you do an extra hour?, they do."

Staff had a good understanding of people's needs, preferences and personal histories. Staff told us they had access to people's care plans, that they wrote in the daily records and had time to read what had happened previously if they had not visited the person for a while. We saw people's consent had been sought about decisions involving their care package, the level of support required and how they wanted their care to be delivered. Records showed that people, and where appropriate, their relatives, had been involved in discussions about care and support. This was reflected in the care plans we saw.

Staff told us privacy, dignity and confidentiality were all discussed during their induction training and other training they received. Staff we spoke with were able to demonstrate their understanding and gave us good examples as to how they maintained people's privacy and dignity. One member of staff told us, "We communicate and support people well. We are there for the clients. We support people to be as independent as possible even though some may have really complex needs." Another member of staff said, "We meet and greet the client and family before a service starts. I am always asking myself if I could do anything better."

Discussions with staff showed they had a genuine interest and caring attitude towards the people they supported. Staff told us they were always introduced to people before providing care and support and that they were given time to get to know people and their families so that they could work together for the best outcomes for people.

The manager demonstrated a clear understanding of providing good care. We were given examples of how staff were matched with people who used the service and this was seen as an important part of building positive relationships based on trust and friendship. Staff confirmed this and said this really helped them to get to know people and to understand what was important to them and how they wished to be treated.

Good

Is the service responsive?

Our findings

We found that the service was responsive to people's individual needs and the care plans were person centred and up to date. There were very detailed descriptions about peoples care needs and how staff should support those needs. For example one person needed support with their meals. We saw there was detailed guidance and description of how staff supported the person with this.

Each care plan we looked at clearly outlined what was important to the person who used the service so that the care plans reflected the person's wishes and preferences. This information helped staff who were caring for them to know about the person better. Care plans had been reviewed at least monthly, but more often if needed to ensure that people were receiving the care they needed. The care plans were written in the first person which meant that they became more person centred.

Staff completed daily notes and we saw that they also used these forms to monitor previous visits and comment on any areas that needed further clarification or improvement. There was evidence of ongoing assessments such as moving and handling assessments. Staff explained they encouraged people to improve and maintain their skills. This meant that care and treatment was planned and delivered in a way that met people's individual needs.

Relatives we spoke with told us about their involvement in the care planning process for their relatives and what support was provided. One relative said, "They (staff) brought the support plan to me – we updated it together." Another relative said, "He has a weekly timetable which includes shopping, swimming, helping with domestic chores e.g. prepares own food, washes dishes, puts the washing on the line and he has a greenhouse." Another person told us they received "Help in a gardening project." A couple who received a service told us "They (staff) help with bills and shopping."

People were supported in their everyday lives by staff. A member of staff told us, "We support people with their meals or some shopping." Another said, "St Annes provides a very good service to the people they support. People accomplish things they never thought they would be able to do."

The complaints record showed that there had been no complaints since 2011. We asked people who used the service what would they do if they wanted to complain about something. Two people told us that sometime ago they had a number of different support staff. They told us about their experience when they complained to the service, which was acted upon and resolved and the issue was no longer a problem. Two people said they would complain to their social worker. Other people we spoke with said they would make a complaint to the service if necessary. One person said about making a complaint, "I have no need." People we had spoken with told us they had no complaints about the service. People who used the service and their relatives knew who to contact if they needed to make a complaint.

Good

Is the service well-led?

Our findings

People who used the service and relatives said they were given sufficient information about the service. However, people could not always recall getting a survey or questionnaire asking their opinion of the service. Two of the six people we spoke with could recall completing a survey. Although people did tell us that they had contact with the service when people's care needs were being reviewed. One relative said, "I don't have a lot to do with (manager) she just contacts with specifics." Another relative said, "We have a meeting every 3 months and we get an email to tell us when the manager is on annual leave."

We saw that the provider conducted annual surveys. Records showed us that the service had last sent out surveys to people who use services, their relatives and stakeholders in November 2014. We saw people had made positive comments such as: 'My son has blossomed with the support of your staff.' A social care professional commented, 'St Annes have done a great job with some of my clients. I feel as an organisation your finger is on the pulse.' Another relative commented, 'We tend to take it for granted, but you've achieved a very high standard in recruiting and maintaining a good staff base……...and you all give him a life. Thank you'

Staff were supported by a registered manager who was involved in the running of the service, care delivery and staff management. Staff received regular support and advice from their line manager by telephone or face to face meetings. Staff felt that managers were available if they had any concerns. Staff made comments such as "We are always in touch with managers" and "We are like a small family." One member of staff said, "We have a really good staff team" another told us, "St Annes is very good. The staffing and training is set to a high standard for people needing a service. I would recommend the organisation." Staff told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they supported. Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account. One member of staff said, "If we have any issues we can go straight to the manager." Another member of staff said, "We have a very open staff team and we work with the families of people we support."

Staff attended staff meetings and told us they felt these were useful meetings to share practice and meet with other staff. They also gave opportunities for staff to contribute to the running of the service. We saw the minutes from the meetings held and saw the this had been last held on 24 June 2015 and the next one had be arranged for the 8 September 2015. This meant staff were kept informed of up to date information regarding current practice.

There were systems and processes in place to monitor the service and drive forward improvements. A quality assurance tool was used to record the findings. We looked at records of audits and saw these were being completed monthly by the Area Manager. These covered areas such as training, care records, safeguarding and medication. This meant that the service was being regularly monitored by the provider to ensure good quality care was delivered.

We found the initial contact with the service to give them short notice of our inspection as being difficult. Several calls had to be made for us to make the necessary arrangements to inspect the service. The area manager informed us that the registered manager was on leave so we arranged our first visit with the deputy manager. We were told that the Ripon office was rarely used. We were unable to inspect all the required records as the deputy informed us that the keys for all the filing cabinets were held by the registered manager. We therefore arranged a second visit, once the registered manager was back from leave the following week. We did not receive any concerns from people who used the service or their relatives about being able to contact the service's office. However, we found that intial communication was difficult and did not demonstrate effective running of the service. This had the potential to disrupt working arrangements with people who used the service, their relatives and other interested parties.

We recommend the provider reviews and updates contact details for the service, to ensure people are able to contact them when necessary so that effective running of the service is appropriately maintained at all times.