United Response

St Anne's DCA

Inspection report

United Response
Unit 20 Evans Business Centre
Sycamore Trading Estate Squires Gate Lane
Blackpool
FY4 3RL
Tel: 01253 340569
Website: www.unitedresponse.org.uk

Date of inspection visit: 22 October 2015
Date of publication: 10/02/2016

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

The inspection visit at St Annes DCA was undertaken on 22 October 2015 and was announced. 48 hours' notice of the inspection was given to ensure people who accessed the service, staff and visitors were available to talk with us.

St Annes DCA provides personal care assistance for people who live in their own homes. The service supports people with learning disabilities or mental health conditions.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 12 September 2013, we found the provider was meeting all the requirements of the regulations inspected.

Summary of findings

During this inspection, a relative told us they felt a person was safe whilst being supported in their own home. The registered manager had systems in place to check people's safety, including the effective management of accidents and incidents. Staff demonstrated they had a good understanding of protecting individuals from potential harm or abuse.

Staffing levels were sufficient to meet people's needs. Staff were keen to maintain safe skill mixes to manage each person's continuity of care to cover vacancies within the team. The management team had followed safe recruitment practice and involved people in this to ensure suitable staff were employed. The registered manager had provided training and ensured staff were appropriately qualified to meet people's needs.

Where staff supported people to manage their medicines within their own homes, the registered manager had ensured staff were competently trained. Audits were carried out to check related processes were safe.

People and their representatives told us staff worked effectively. A relative said, "[My relative] has all his strategies. Everything is covered by support strategies." Staff demonstrated a good understanding and practice of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We observed they communicated effectively with people and supported them to make their important decisions.

The management team had assessed people's needs and updated their care records to guide staff to be responsive to their requirements. Individuals who received care packages and their relatives told us they were fully involved in their care planning. A relative said, "Because [my relative] has more responsibility, she feels very involved."

We observed staff were caring and kind when they engaged with people. They demonstrated good practice in maintaining each person's human rights and dignity. A relative told us, "The staff are brilliant."

People and their representatives told us St Annes DCA was well organised and had good leadership. The registered manager and staff completed a range of audits to check the service's quality assurance. The management team worked hard to ensure people and their representatives were supported to comment about their care.

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?
The service was safe.

Staff had a good understanding of how to protect people against unsafe care. Systems were in place to check people's safety within their own homes.

Staff were keen to maintain safe skill mixes to manage each person's care and said staffing levels were sufficient. People were involved in recruitment processes to ensure potential employees would be suitable.

Where people were supported with their medication, the registered manager had suitable arrangements to keep people safe.

Good

Is the service effective?
The service was effective.

People were supported by effectively trained and knowledgeable staff. They said staff understood their needs and assisted them to meet their individual requirements.

Staff had a good understanding of the principles related to the Mental Capacity Act 2005. They supported people to make their day-to-day decisions and demonstrated good practice in effective communication.

Good

Is the service caring?
The service was caring.

People and their representatives told us staff were caring and sensitive to their requirements. We observed staff were respectful and kind when they engaged with individuals in their own homes.

Care records contained evidence people were involved in their care planning. Staff had checked and documented their preferences and how they wished to be supported.

Good

Is the service responsive?
The service was responsive.

The management team had completed care assessments and updated support plans to guide staff to be responsive to people's needs.

People and their representatives said they were supported to live full, active lives.

Up-to-date information had been made available to people about how to complain if they chose to.

Good

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

Staff, people and their representatives told us the registered manager was supportive and promoted an open working culture.

Good

Summary of findings

A number of systems were in place to support people to comment about the quality of the service they received. The registered manager and staff completed a range of audits to check the service's quality assurance.

St Anne's DCA

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.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person who required a package of personal care.

Prior to our unannounced inspection on 22 October 2015, we reviewed the information we held about St Annes DCA. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection there was a safeguarding concern being investigated by the local authority. We noted the provider was working with the local authority in relation to this in order to maintain people's safety.

We spoke with a range of people about this service. They included the registered manager, three staff members, three people who accessed the service and three relatives. We discussed the service with Healthwatch Blackpool who told us they had no concerns about St Annes DCA. Healthwatch Blackpool is an independent consumer champion for health and social care. We did this to gain an overview of what people experienced whilst accessing the service.

We also spent time looking at records. We checked documents in relation to all four people who had received support from St Annes DCA and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

Good

Is the service safe?

Our findings

We observed the management team had introduced free services to ensure people were kept safe between care visits. The registered manager told us, "We do a drop-in service to check the service user is ok, called a 'welfare care' check. We are doing this unfunded because we want to make sure the individual is safe." A relative stated, "The staff keep [my relative] safe."

We reviewed systems the registered manager had to record and manage accidents and incidents which occurred in people's own homes. Staff completed detailed documentation about any incidents and filled in body maps of associated injuries. We found accident logs were evaluated and follow-up action was taken to reduce the risk of such events reoccurring. A relative told us, "They got [equipment] for [my relative] after a health and safety assessment." This demonstrated the registered manager had reduced the risk of accidents in order to maintain people's safety in their own homes.

When we discussed the principals of safeguarding people from abuse with staff, they demonstrated a good understanding. One staff member told us, "Any concerns I would report to my team leader, CQC and social services because they might need to do a safeguarding." We checked staff records and saw employees had received related training on a regular basis. This meant the registered manager had guided staff to protect people from harm or abuse.

Care records contained an assessment of people's requirements and an evaluation of any potential risks to receiving unsafe support. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, choking, behaviour that challenged, road safety, medical conditions and management of finances. Records included triggers and actions to manage risk. This showed the registered manager had systems in place to minimise potential risks of receiving care to people it supported. A relative told us, "[My relative] was wary of roads, but she's done her travel training and is so much more confident now."

There were sufficient numbers of staff to support people and keep them safe. Individuals were supported by small teams who worked closely together. Staff said this was successful in giving continuity of care to people who accessed the service. One staff member told us, "It works well because it meets the person's needs in the best way possible." Another staff member said, "Staffing is fine. It is always at least one-to-one and we have two-to-one when we take [people] out for appointments." We found this staff member was very dedicated to his work and understood the impact staffing levels and skill mixes had on people. This is because they explained the small team supporting one person had a staff vacancy, which they were covering between them. The staff member said, "We know [the person] and don't want to unsettle him with temp staff who don't know him."

Staff told us people who accessed St Annes DCA were supported to be a part of the recruitment of new personnel. One staff member said, "It's a good idea because these potential staff will be working with people interviewing them." This was good practice in ensuring people were protected against the employment of unsuitable staff. We noted staff files contained required documents, such as references and criminal record checks from the Disclosure and Barring Service. Gaps in employment history were also assessed to review the potential employee's full work background. The registered manager told us they were recently seeking to expand the managed team and were doing so to maintain people's safety. They said, "We want to recruit the right person with good management skills, but who can be coming from a hands-on approach." This showed the registered manager had followed safe recruitment processes to safeguard people who accessed the service.

Staff had been sufficiently inducted prior to working with people. Following their successful recruitment, a staff member told us, "I did lots of shadowing to make sure I understood people and they understood me." Induction training included movement and handling, equality and diversity, food hygiene, health and safety, safeguarding and person-centred care. Another staff member explained new staff were joining their team. They said recruited personnel would shadow for a few shifts at various times of the day over several weeks. The staff member added, "This means [the person] is not overwhelmed and we and him get used to the change."

The registered manager protected people who lived in their own homes when they were supported to take their medication. For example, the management team had

Good

Is the service safe?

implemented risk assessments to guide staff in the safe administration of medicines. Furthermore, we found guidelines were in place to inform staff about the safe management of 'when required' medicines. We reviewed associated records and noted these were safely managed. All medicines we saw were securely stored and suitable arrangements were in place to maintain stock control.

We found staff were sufficiently trained and knowledgeable about the safe management of medicines. A system was in place where staff were required to update office records to changes regarding people who lived in their own home. Staff told us they would inform the GP if an individual refused their medication and document this. They said, "I cannot force someone, but I would use various strategies to encourage them." Regular medication audits were completed by the management team to assess people's safety when they were supported with their medicines.

Good

Is the service effective?

Our findings

People and their representatives told us staff were effective in meeting their needs. One person said, "I like my support." A relative stated, "Yes, the staff all understand [my relative] and know when something's up." Another relative told us a person who used the service was initially very anxious. They added the individual would ring her frequently for reassurance throughout the day, including the night. The relative stated, "I cannot believe the difference in her now. She rings me three times a week. I hadn't heard from her all week recently and she rang to tell me she'd been too busy."

Staff said they had the necessary tools to undertake their duties because the registered manager had ensured they were sufficiently trained. One staff member told us, "For example, if we get a new hoist we all get training on it, which means we keep people safe." We checked staff records and noted they were trained in, for example, first aid, food hygiene, medication and use of various equipment. Additionally, staff had completed nationally recognised courses in health and social care, such as National Vocational Qualifications, to underpin their expertise.

Staff told us they received regular supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. One staff member said, "I get this every two months and appraisal yearly. We look at training and discuss people's care." We looked at related records and noted staff were supported to reflect on their strengths, achievements and ongoing training needs.

Staff, people and their representatives told us the management team had good communication systems in place. This included 'change of needs' forms staff were required to complete to ensure the office and home care plans were updated. Care records contained a range of people's contact details, such as their mobile phone and email information, to retain effective communication. Additionally, important contacts were provided for people in their own homes, such as NHS Helpline, their gardener and the pharmacy.

Staff had a good understanding of supporting people who displayed behaviours that challenged the service, or who had communication difficulties. Additionally, staff, especially new employees, signed people's care records to demonstrate they understood people's support requirements. We found they had received related training and observed staff were courteous and effective when they interacted with individuals. For example, we overheard one staff member asked an individual what they wanted to do. They did this without patronising the person and then waited patiently for an answer. Another staff member described good communication involved active support for people to make their own decisions. They added, "It's understanding them and their behaviour and checking what they want. It helps us manage their behaviour before they become really anxious or agitated." A relative told us, "Staff tell me they've learnt from [my relative]. They can spot the signs when she's going down."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We discussed the principles of the MCA with staff and found they had a good understanding of related principles. One staff member told us, "We would assess their capacity, hold a best interest meeting and check what support they need to help them make their decisions."

We noted recorded evidence of people's consent to care was not always contained in their care files. However, we observed staff consistently explained tasks to individuals and checked for their agreement prior to providing support. We discussed this with the registered manager and on the second day of our inspection, we found they had taken action. For example, staff had discussed the principles of consent with people during the day's 'client forum' to check their understanding. The registered manager had also commenced a new process to obtain their recorded consent. One staff member told us, "We ask people what they want to do, what they want to eat, drink and about their activities. I support people in their own routines."

Good

Is the service effective?

Where applicable, people were supported to meet their nutritional needs to prevent the risk of malnutrition and dehydration. This included staff preparing meals for people in their own homes. Staff files we reviewed contained evidence of staff receiving training in food hygiene to underpin their knowledge. We checked care records and noted they held risk assessments to guide staff to protect people from unsafe nutritional support. Other documents included regular weight checks and access to other healthcare professionals where concerns were noted about this. We observed staff offered choice and checked if individuals had enough to eat. They encouraged people to participate in the preparation of the meal to support their independence and social skills. The staff member was very respectful in encouraging people and praising them appropriately.

We checked how the registered manager worked with other healthcare services in managing people's changing health needs. We saw evidence of people who lived in their own homes being supported to access GPs, chiropodist, dentists and hospital specialists. Staff had documented the outcomes of visits and appointments and updated their care plans to required actions. A relative said, "We all work as a team. We all got involved when [my relative] went into hospital." This showed people's continuity of care was maintained because, where applicable, they were assisted to access other services.

Good

Is the service caring?

Our findings

People told us they were happy with their care packages and the staff were caring and respectful in their approach. A relative said, "Everyone is kind to her and she is so much more confident in herself." Another relative added, "I've always been very satisfied as [the staff] have always been brilliant." Staff had an understanding of the principles of good practice in care provision. For example, one staff member told us, "I love helping people. It's about helping them to get the most out of their lives." Another staff member stated, "I speak with [people] as I would with any other person, so that I am not patronising them. I am respecting them."

We checked how people were assisted to access advocacy services should they require someone independent to act on their behalf. We found information had been made available to people about this. The registered manager told us a new discussion forum had been introduced between staff and people who accessed the service. They explained part of its purpose was to give individuals a voice and to gain support from each other. The registered manager said, "I want to develop it further as a self-advocacy group." We discussed the new forum with a staff member who told us, "It's really good and exciting. The purpose is to get people together so we can support them to support each other." One person who accessed the forum told us, "It has brought us together as a group for support. I feel less isolated now."

Staff had a good understanding of protecting and respecting people's human rights. We reviewed training records and noted they had received guidance in equality and diversity. When we discussed this with staff, they described the importance of promoting the individual's uniqueness. One staff member said, "It's promoting that it is good to be different. Everyone has the right to have the same opportunities." Another staff explained good practice in maintaining one person's 'right to respect for private and family life' (Article 8 of the Human Rights Act 1998). They discussed medication as an example and said, "[One person] has the capacity to decide if he doesn't want his medication and this is his right."

We discussed the principles of privacy and dignity in care with staff and found they had a good awareness. Staff knocked on people's doors and addressed individuals by their preferred names. We overheard one staff member knocked on a toilet door to check if they were allowed to enter. They knocked several times and waited patiently until the individual granted them entrance. A relative added, "Staff will always knock on her door before entering. Her room is her sanctuary." Staff promoted people's dignity through a kind and courteous approach to care. Another relative said, "I've been there and they are always very respectful."

We checked how the management team established and developed partnership working between staff, people and their representatives. A relative told us, "[My relative] is listened to and so are we." A staff member stated, "We always discuss care and care planning with people." Care records we looked at contained detailed evidence of people being involved in their care assessment, planning and review. For example, documents such as person profiles, health action plans and hospital passports were in pictorial format. This assisted individuals to understand the purpose of the forms.

We found evidence of, and observed, people involved in all aspects of their care in a meaningful way. This included activities, personal care, domestic tasks and medication, which assisted in the development of the individual's independence levels. A relative told us, "The staff really understand [my relative's] needs and encourage her to be independent." People and their representatives told us they were fully involved in their care. A relative said, "Yes, [my relative] feels very involved." This showed the registered manager communicated about and agreed care plans with people to protect them against inappropriate care.

Care records we reviewed contained details about people's preferences and how they wished to be supported. This included their preferred gender of care staff. Additionally, staff had recorded people's requests about times to get up, go to bed, eat their meals and for other activities. A relative told us, "The team work very well. [My relative] picked all her own furniture." The registered manager had involved individuals and their relatives in their support to ensure this was in line with their wishes.

Good

Is the service responsive?

Our findings

People and their representatives told us staff worked hard to support them to meet their needs. A relative said, "I'm really pleased with where [my relative] is. I can't tell you how much her well-being has improved." Another relative told us, "They know her well and she can talk to the staff."

The registered manager said care planning and other associated documents had recently been replaced to better guide staff in people's care. For example, they told us this included, "A streamlined set of documents for care planning. It has improved our paperwork." We reviewed the new systems in place and found an introduced document entitled a 'Change of need' form. Staff were required to complete this at the person's home when there were changes with, for example, medication or risk management. A copy of this was sent to the office to update the individual's records held there. This meant people's records were continuously reviewed and amended to keep staff informed about their ongoing requirements. A staff member told us, "It's improved [people's] lives because we can spend more time with them."

People's care files we reviewed held a range of assessments to measure their requirements and ongoing support levels. These included detailed evaluations of behaviour management, washing, dressing, elimination and nutrition. Records were signed and dated and the management team had updated documentation to guide staff to respond to people's requirements. Staff, people and their representatives said individuals were encouraged to be involved in the ongoing assessment of their care requirements. A relative told us, "Yes I do go to some of the review meetings." Another relative confirmed, "As relatives we are always invited to reviews."

We reviewed the provider's arrangements for when people were transferred between services as part of their ongoing care. Care records held a 'hospital passport' where staff recorded important information about individuals intended for hospital admission or professional appointments. This included their usual communication methods, family contact details, support requirements, how they wished to be supported and medication information. We discussed with staff how they supported people with behaviour that challenged between services. One staff member explained, "I would ring up prior to the appointment to explain [the person's] behaviours, check there are no crowds and check parking. In doing this I can manage [the person's] anxiety as best as possible."

We checked how staff supported people in their own homes to maintain their social requirements. Care records included information about the individual's routines and structure throughout the day. Staff told us this was flexible and personalised around the person and their moment-by-moment moods and behaviour that challenged. We observed a staff member checked if an individual wanted to undertake an activity and offered an alternative when they declined. People were supported to engage within the local community, such as going to college or activity centres. One person said, "I am going to do college courses, but that's looking ahead. For now, I like shopping and going to the disco." A relative told us, "[My relative] has joined a gym, done a cookery course and goes to aromatherapy. Now they are supporting her to learn to swim." Another relative added, "[My relative] has a full life, with support of course. This includes managing her own budget, looking after her flat and she has her job."

The registered manager told us a new discussion forum had been introduced between staff and people who accessed the service. They explained part of its purpose was to review activities and plan for special events, such as the forthcoming Christmas party. The registered manager said, "We have secured funding and obtained [computing equipment] for people we support to use at the forum and learn from." One person who accessed the forum told us, "It's been brilliant because in the past things weren't always well organised. Now we are talking about different activities, making new friends and networking with each other."

We found the complaints policy the registered manager had in place was current and had been made available to people who received support. This contained information about the various stages of a complaint and how people could expect their concerns to be addressed. One staff member told us, "Any complaints I would report to my manager and record all the details." At the time of our inspection, the management team had received four formal complaints in the previous 12 months. We noted the registered manager had followed set procedures and had recorded responses and actions taken to manage these. People had received outcomes to their complaints within

Good

Is the service responsive?

the policy timescales. A relative told us, “There was a slight problem with a support worker, but I just had a word with the manager and they were moved.” This showed the provider supported people to comment about their care and managed these in an open and transparent way.

Good

Is the service well-led?

Our findings

People and their representatives told us they felt the registered manager was a good leader and organised the service well. A relative said, "I know the manager and she keeps me well informed." Another relative added, "Yes, communication with day-to-day management is very good."

Staff and people who accessed the service regularly attended the office and we observed the atmosphere was calm. People approached the registered manager in a relaxed manner. The management team nurtured an open welcoming approach. During our discussions with the registered manager, they demonstrated a clear understanding of each person's medical conditions, histories and requirements. This showed they had a hands-on approach to care and we observed they were respectful when they engaged with people.

We checked the working culture within the service and assessed how the registered manager supported staff. A staff member said, "My managers and the team are fantastic. Any problems and I know I can contact the managers at any time." Another staff member added, "[The registered manager] is amazing and really 'hands on'. Any issues then they're there straight away to sort it."

The management team worked very hard to check people's views about support they received. For example, individuals were sent annual satisfaction questionnaires, which included a pictorial format for people with communication difficulties. The forms covered areas such as support, activities, promotion of choice, nutrition, safety, staff attitude and management quality. A relative told us, "There was a survey we had recently." Comments seen from the last survey included "I have very good staff".

Additionally, regular meetings were held with people who accessed the service to discuss how it could improve. One person told us, "We have the clients' meetings, that's what it's called, and we go into the training room every week."

Regular team meetings were held to keep staff up-to-date and discuss any concerns or new ideas to improve the service. Staff and the management team worked closely together in support of individuals and regularly discussed personal care. One staff member told us, "We work as a team really well together." Minutes from the last meeting included discussions about the management of people's finances, maintenance issues and activities.

We found a number of audits in place to check the quality of the service and people's safety. For example, there was regular monitoring of care files, health and safety, medication and the management of people's finances. Any identified issues had been acted on. The registered manager told us, "[The provider] has brought in lots of changes to improve the service." For example, new, streamlined care planning documentation had been introduced, which staff said gave them more time to spend with people. This showed the provider and management team had checked and improved the quality of care individuals who accessed the service received.

Additionally, staff told us they were required to complete a daily audit checklist to evidence a range of activities had been completed. This included communication systems, petty cash, people's personal finances, medication charts, nutritional support and the provision of interests and hobbies. Staff told us this meant they felt involved and a part of the service's quality assurance monitoring. Where required within people's own homes, staff had completed a variety of environmental checks to maintain their safety and welfare. For example, smoke and carbon monoxide detector testing, fridge temperature checks and water temperature checks were undertaken and recorded.