

St Anne's Community Services

St Anne's Community Services - Croft House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 8 and 9 November 2016. At the last inspection in March 2015 we found the provider had failed to ensure the premises were properly maintained and suitable for the purpose for which they were being used. At this inspection we found the provider had made the required improvements.

Croft House provides 24 hour care and support for up to seven people with complex learning disability needs. The service provides long term care. It is situated in a residential area close to the centre of Horsforth in Leeds.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us and indicated by gestures, signs and body language that they felt safe in their home. We saw there was a positive atmosphere in the service and people who used the service had developed good relationships with the staff team. Staff could recognise abuse and knew what action to take to keep people safe.

There were systems in place to ensure people received their medication safely and as prescribed. Medicines were stored correctly and Medication administration record (MAR) charts showed people received their medicines as prescribed.

People had plans in place to manage risks, which staff understood and followed. However, we found the risk management plan records did not always give detailed guidance for staff.

The registered manager and provider had systems in place to make sure staff were recruited safely and there was enough staff to meet people's needs. Recruitment procedures were robust to ensure that staff were suitable and fit to be employed.

People received care and support from staff that had the skills and knowledge to understand their role. Staff training was updated regularly and staff had regular supervision that helped identify training needs and improve the quality of care. However, the provider had not made sure refresher training in moving and handling was available to staff.

The management team and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made appropriate referrals to the relevant authorities to ensure people's rights were protected. However, two authorisations to deprive people of their liberty had expired at the time of our inspection.

People were supported to eat and drink well and to maintain a varied balanced diet of their choice. People had access to healthcare facilities and support that met their needs.

People received support from staff who showed kindness and compassion. Their dignity and privacy was respected. Staff understood people's individual needs in relation to their care and communication.

People were supported to pursue social interests relevant to their needs, wishes and interests. Arrangements were in place for people to maintain links with the local community, friends and family.

Staff showed good knowledge of people's support needs and preferences. However, some support plans did not always give specific, detailed guidance on how support needs were to be met.

There were systems of audit in place to check, monitor and improve the quality of the service.

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.

People received their medicines safely and when they needed them.

Risks to people who used the service were, in the main, appropriately assessed, managed and reviewed.

People were cared for by sufficient staff who knew them and their needs well.

Good 

Is the service effective?

The service was not consistently effective.

Staff had an understanding of promoting choice and gaining consent from people. However, two DoLS authorisations had expired.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

Overall, staff were trained to carry out their roles and responsibilities appropriately. However, the provider had not made sure refresher training in moving and handling was available to staff.

Requires Improvement 

Is the service caring?

The service was caring.

Interactions from staff members were kind, supportive and caring.

Staff had developed good relationships with the people who used the service and there was a happy, relaxed atmosphere.

Staff understood how to treat people with dignity and respect and were confident people received good care. People's independence was encouraged and supported.

Good 

Is the service responsive?

The service was responsive.

Overall, care records showed people's needs were identified and responded to in a person centred way.

People were supported to follow their interests and hobbies and were involved in a wide range of activities.

There were procedures in place to ensure the provider responded appropriately to any complaints they received.

Good ●

Is the service well-led?

The service was well- led.

There was a registered manager in post. They were described as supportive and approachable.

Staff were clear about their roles and responsibilities and felt well supported.

There were systems in place to review the service and the quality of care.

Good ●

St Anne's Community Services - Croft 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 8 and 9 November 2016 and was unannounced on the first day and announced on the second day.

At the time of our inspection there were seven people using the service. During our visit we spoke or spent time with all seven people who used the service, spoke with four staff, the deputy manager and the registered manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at three people's support plans and four people's medication records.

The inspection was carried out by one 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.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This 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. We used this information to help us plan our inspection.

We also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent

consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection in March 2015 we found the provider had failed to ensure the premises were properly maintained and suitable for the purpose for which they were being used. At this inspection we found the provider had made the required improvements. We carried out an inspection of the premises and some of the equipment used in the home. We saw the home was clean, tidy and homely. A number of areas had been re-decorated and there were new carpets in place. People's rooms were decorated and furnished to reflect their individual style. The registered manager and staff told us of the systems in place to ensure the upkeep and cleanliness of the home. This included regular checks on the property and robust cleaning schedules.

People told us and indicated by gestures, signs and body language that they felt safe in their home. One person said, "I love it here." Another person gave us thumbs up sign and showed by their facial expression they were happy at the service. We saw people were comfortable with staff and there was a positive atmosphere in the service. People who used the service had developed good relationships with the staff team. Staff told us they were confident they would know if people were upset or subject to any harm as they knew them so well and would pick up on any changes which may indicate this.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to; this is known as whistleblowing. Staff told us they were confident action would be taken if they reported any concerns.

Risks to people who used the service were, in the main, appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Staff were aware of the risks people faced and could describe how they kept people safe. In the PIR, the registered manager said, 'Clients have comprehensive support plans which are regularly reviewed and positive risk assessments are in place.' We saw examples of these included risks when using the kitchen and when out in the community.

However, we found for one person the management plan for support needed with moving and handling was not detailed and did not fully describe the action staff must take to reduce risks. For another person we saw they had been assessed as being able to administer their own medication. The management plan for this did not give full guidance to staff on how the risks were managed which could lead to needs being missed or overlooked. . The registered manager agreed to ensure these risk management plans were updated to include more detail.

People were cared for by sufficient staff who knew them and their needs. The registered manager said the staffing levels were planned to suit individual's needs and activities. We saw from the rotas there were times when the staffing levels were arranged to suit the activities of people who used the service. In the PIR, the registered manager said, 'The home is staffed 24 hours per day by well trained staff. There is a minimum of two staff on duty at any time, clients are supported safely both in their own home and local community.'

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

People's medicines were managed safely and they received their medicines as prescribed. The service had policies and procedures in place for the safe handling of medicines. Medicines were stored safely at the correct temperature and this was checked on a daily basis. Staff who administered medication had been trained to do so. Staff confirmed they received competency checks to make sure their skills and knowledge were kept up to date. We reviewed medication administration records (MAR's) and these showed staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered as prescribed.

Each person's medication was audited on a daily basis to ensure stock levels were correct and MAR sheets had been signed. The registered manager completed a monthly check on medicines to ensure medication practice was safe. One person who used the service was able to manage the administration of their own medication independently. Staff supported this person to fill their automated dispenser box each week and completed the person's MAR as self-administrated. They did not sign the MAR to say the medication had been transferred in to the dispenser box. The registered manager agreed this practice would be introduced in the future. Staff said they asked the person each day if they had taken their medication as a safety check.

Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. We saw the registered manager maintained a log of safeguarding incidents and could see any events were reported appropriately to the local authority and the CQC. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. PEEPs described the support people would need in the event of having to evacuate the house.

Is the service effective?

Our findings

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw DoLS were in place or DoLs authorisations had been requested when it was identified people who used the service lacked the capacity to make certain decisions. We looked at the DoLS authorisations and saw for two people who used the service these had expired which meant they were not lawfully deprived of their liberty. The registered manager was not aware that the DoLS authorisations had expired and was not aware they had the responsibility as the managing authority to re-apply for them. This was addressed during the inspection and the authorisation requests were made. The registered manager said they would set up a tracker system to alert them to expiry dates of authorisations in the future. Staff told us they understood what depriving someone of their liberty was and gave examples such as people who needed to be supervised when they left the building.

We saw where staff thought people lacked capacity to make a decision about aspects of their care and support an assessment had been carried out. Where someone did not have capacity to make decisions these were made in people's best interests with all relevant people involved. The records we saw showed this happened on a decision-by-decision basis for people. This showed the provider was following law and guidance in seeking people's consent to care and treatment. Staff showed their understanding of the MCA. One staff member said, "It's all about making sure people have the right to make their own choices and assisting them if they can't." Staff spoke of the importance of involving other people such as IMCA's (Independent Mental Capacity Advocates) and ensuring all decisions made were in people's best interests.

People had a balanced diet and enough to eat and drink. People told us they enjoyed the food, and we saw people enjoying their breakfasts and lunches during the two days of our inspection. Two people we spoke with said they enjoyed the food and had plenty of choice. Staff told us the menus were decided on a daily basis depending on what people wanted and what activities they were involved in. We saw an overview record of menus was maintained so staff could ensure balance and variety was offered. One staff member said "It's all based on what people want on the day." We were told alternatives were available if people changed their mind and people could help themselves to snacks and drinks whenever they wanted.

In the PIR, the registered manager said, 'All clients are encouraged to follow a healthy eating regime.' Staff told us they were provided with guidance on meeting people's nutritional needs and making sure balanced meals were provided. We saw people were supported to maintain any specific diets and were given the help they needed to monitor their weight. However, we saw from the records that people who were usually weighed monthly had not been weighed in the last month. The registered manager agreed this was an

oversight and said it would be rectified.

People had good access to health care professionals. Care records we looked at showed a range of health professionals including GP's, physiotherapists, opticians, dentists and speech and language therapists were involved in people's care. We saw where people had received advice from a health professional this was documented in their care records and staff understood how to follow this advice. For example, one person had been advised to follow a daily plan of exercises. Staff confirmed the exercises were completed daily; however, this was not always recorded in the daily records to show the exercises had been completed. We discussed this with the registered manager who said they would ensure staff completed the record daily in future.

People who used the service had a 'hospital passport'. We saw this was a document which gave information on people's essential needs so health care staff could provide the support people needed if they had to go to hospital. We noted the care file contained old hospital passport information as well as the most recent one. The registered manager said the old documentation would be archived to ensure only the most up to date version was available.

Staff told us the training they received was effective in giving them the skills to do their job. One staff member told us how their recent training on autism had helped them understand people's ways of communication better. Another staff member said, "We get regular training; updates are always completed and there's chance to discuss training at staff meetings or in supervision, it's very good." The registered manager told us staff training was updated on a regular basis and the records we saw supported this.

There was a rolling programme of training available which included; safeguarding, mental capacity and DoLS, equality and diversity, first aid and person centred care. There was a plan in place to ensure staff received refresher training in all mandatory topics at appropriate intervals. Practical moving and handling refresher training was required for all staff. The registered manager told us staff had completed the theory of moving and handling and the provider was currently trying to source trainers to deliver the practical training updates that were required. The registered manager said they would be discussing this further with the provider's training department to ensure it was made available soon and staff's skills were refreshed.

Staff told us that they felt very well supported by the registered manager and deputy manager. Staff confirmed they received supervision on a regular basis. They also said they had an annual appraisal. This meant staff were supported to review and reflect on their practice and identify any training needs they may have.

Is the service caring?

Our findings

People who used the service told us that they liked the staff and we observed staff being patient and responsive to people's needs. One person said, "I get on with the staff and they are helpful and caring." Another person told us they liked the staff and spoke about them by name; clearly showing they liked and got on with them. We saw lots of smiles when we asked people who did not use verbal communication if they liked living at the home and got on with staff.

Throughout the inspection we saw very positive interaction from staff. It was clear they had got to know people well and developed good caring, supportive relationships with people. There was a homely, lively and comfortable atmosphere in the service. The day appeared to be worked around what people wanted to do and staff were focussed on engaging with people. People were communicated with in an appropriate way by staff who understood their individual needs. Some people used sign language and staff encouraged them to communicate their needs and get involved, for example, by speaking with the inspector. Staff were encouraging and supportive in their communication with people.

Staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. People were comfortable approaching staff and the registered manager during the inspection to chat and ask questions. This showed the staff spent time talking to people and developing caring relationships. Our observations showed us people were treated as individuals and their wishes respected.

People had their independence promoted by staff. We saw people were involved in household tasks such as doing their own laundry or washing up. One person who used the service said, "I like to do the pots, keeps me busy." Staff spoke of the importance of encouraging independence and the sense of achievement this gave to people. Staff told us they encouraged people to be independent and gave examples such as independent travel, cooking and self-management of medication.

People who used the service had their privacy and dignity respected. Staff were thoughtful and sensitive when supporting people with any care interventions. Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy, dignity and care preferences were respected. Staff told us they ensured doors were closed and people were covered whilst they provided personal care. They also said they did not discuss sensitive or confidential information where others may overhear.

People looked well cared for, well presented clean and tidy which is achieved through good care standards. People were dressed with thought for their individual needs and had their hair nicely styled. Throughout our inspection, we saw staff respected people's privacy and dignity well. Some staff at the service had been appointed as dignity champions. This meant they had received specific training for this role and were expected to demonstrate good practice and challenge any poor practice. We saw in a recent staff meeting the staff team had completed a 'dignity challenge'. A staff member said this had involved explaining what dignity meant and each staff member being asked to provide examples of how they provided dignified care. The staff member said, "It is good to keep this on the agenda and keep raising awareness."

In the PIR, the registered manager stated, 'Support plans involve clients and set out objectives to meet client's aspirations and needs and encourage clients to express their views.' We saw where people did not have capacity to be involved in drawing up their own support plans this was done in their best interests. It was clear from the documents we looked at that people who were able were involved in setting their own goals and agreeing their support. However, these were not always signed by the person who used the service to show this involvement despite there being a section on the record for people to sign.

The registered manager told us no-one in the home currently used an advocate. However, they said they had information available on how to access advocacy services. (An advocate supports people by speaking on their behalf to enable them to have as much control as possible over their own lives.)

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Care records provided information about people's needs, likes, dislikes and preferences in relation to their care. They showed how people's care and welfare was monitored. Support plans were kept under regular review to monitor any changes in people's needs. Information in care plans was overall person centred and individualised. Such as how people enjoyed their bath and personal care to be delivered.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well. However, there were times when support plan information was vague and did not provide staff with clear guidance on how support needs were to be met. For example, one person's support plan did not give specific guidance on how a behaviour that challenged others was managed. This could lead to support needs being missed or overlooked. We discussed these shortfalls with the registered manager who said the support plans would be reviewed to ensure they were more person centred and specific.

Support plans included a one page profile and likes and dislikes. A one page profile is a summary of what is important to someone and how they want to be supported. These had recently been introduced at the service and were not fully completed for all people who used the service. We also saw care records included a 'Communication Passport' for people who did not use verbal communication. We saw these included descriptions of what people's gestures, facial expressions and body language meant. One person who used the service had been supported to make videos using an IPAD device to show the individual sign language they used and what this meant. Staff told us this was a good resource to assist the person in making their needs known.

Support plans for people who used the service were reviewed each month by the staff team to make sure people's needs were met and any changes communicated to all the staff. Support plan meetings were also held at least annually and involved people who used the service if possible and their relatives or friends.

Staff and the people we spoke with told us about the activities people enjoyed and we saw staff supported people to choose what they did each day. Each person who used the service had their own plan of activity and community involvement; which included paid and voluntary work. Staff said they thought people had enough to do and enjoyed activity of their choice.

We saw people were involved in a wide range of activity both in the house and the wider community. This included day centres, college courses, membership of a choir, days out to places of interest, regular meals out, visiting local pubs, shopping, going to church, walking, family visits and visits from volunteers. People were also engaged in activities in the service. There was a computer available for people with specific programmes they enjoyed, a pool table, music facilities and a sensory equipment room. We saw people enjoyed using these facilities at their leisure, such as playing the organ or using an IPAD with games on. During both days of our inspection, people who used the service all went out on some type of activity. On the first day of our inspection all the people who lived at the service went out for their tea to their local bar/

restaurant. Two people told us they were 'regulars' at this bar and enjoyed having meals there.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. There was easy read information available to help all people who used the service to understand how to raise a complaint. There had not been any complaints made in the service for many years. Staff we spoke with knew how to respond to complaints and understood the complaints procedure.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. People who used the service clearly knew the registered manager and showed this in their interactions with them. One person who used the service told us they liked the registered manager.

Staff said the registered manager and deputy manager supported them well. One staff member said, "They work with us so they know what's happening in the service." Another staff member said, "I have always been given great support here, [name of manager] is very approachable and always tries to help you." Staff described the service as 'a great place to work'. They spoke with enthusiasm about the enjoyment of their role. One staff member said, "Everything is based on the clients; we have a great team who work well together to make sure the clients have a good life."

In the PIR, the registered manager told us they ensured good leadership by, 'Managers work alongside staff members to offer support. Know clients who use the service well which creates a positive atmosphere and culture of effective support.'

Staff said they felt able to put forward new ideas and suggestions. They said they were listened to and felt valued. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home and to receive feedback on important issues in the service such as feedback from the senior management team and 'lessons learned' from accidents and incidents to prevent re-occurrence. In the PIR the registered manager said, 'Staff are directed to know what is required from them and are able to approach managers if they have any issues.'

People who used the service and their relatives were asked for their views about the care and support the service offered. The provider sent out annual questionnaires for people who used the service, their relatives and other stakeholders who had contact with the service. These were collected and analysed to make sure people were satisfied with the service. We looked at the survey carried out for relatives and stakeholders in 2015 and saw there was a high degree of satisfaction with no negative comments made. The registered manager told us surveys were carried out in 2015 for people who used the service. However, the results of this survey could not be found during the inspection. The registered manager showed us the different formats of questionnaire used which included easy words, pictures and symbols to make them more accessible to people who used the service. We also saw people were asked to give their feedback on the service when their care was reviewed each month.

The registered manager carried out, or arranged for other staff in the service to undertake, quality checks of the service to make sure it was of a high standard. We saw daily and monthly medicine audits were completed. Monthly environmental health and safety and maintenance checks were completed to ensure the safety and upkeep of the premises. We noted on occasions the same issues were identified and the action plan did not detail the action taken to address the concern. For example, for the last three months minor gaps at the bottom of fire doors had been identified. This had been reported to the maintenance department but they had not reported back to the home. We spoke with the maintenance manager who

confirmed the size of gap was not unsafe in the event of a fire and therefore no action was required. This had not been communicated to the home. The registered manager said they would in future make sure any repeat concerns are followed up with recorded contact with the maintenance department.

The registered manager did not have a formal system of audit in place to monitor care records. They told us they reviewed records monthly when care needs were reviewed. However, this system of review did not result in an action plan if issues were identified. The registered manager said they would introduce a formal system to show the checks completed and any resulting action plans.

We saw the area manager visited the home regularly to check standards and the quality of care being provided; this included checks on staffing, staff training and medication. The provider's quality and safety team carried out audits and the registered manager told us one had been carried out in April 2016. We looked at the action plan produced as a result of the audit and could see the registered manager was working on the actions identified.

The registered manager said they submitted a monthly report to their area manager covering all aspects of the service delivery. We saw this included safeguarding, accidents and incidents, staff absence and medication issues. The registered manager said this report was discussed at managers meetings and any specific issues were followed up by the area manager during their visits to the service.