

St Anne's Community Services

St Anne's Community Services - Cardigan Road

Inspection report

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06 September 2018
21 September 2018

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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 ●

Summary of findings

Overall summary

This inspection took place on 30 August, 6 and 21 September 2018 and was unannounced. On the first and second days we were based at the service. The third day was used to contact relatives and staff by telephone.

St Anne's Community Services - Cardigan Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cardigan Road provides accommodation for up to eight men and women who have a learning disability. The home is situated close to the cricket and rugby grounds in Headingley, Leeds. There are shops, pubs, GP surgery, and other amenities within walking distance of the home. The home is well served by public transport and there is parking alongside the garden area at the rear of the building.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The home has a registered manager. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us they found the decision-making processes at the service did not allow for their input. They said the management team and provider often did not always consider their views. This resulted in some staff feeling disengaged at times. The provider was aware of staff's views and was looking at ways to address their concerns. We have made a recommendation about this.

Areas of the service were not clean. Cleaning schedules were not in place although task sheets did include jobs for staff to support people to undertake. The standards of cleanliness at the service were not routinely monitored. We have made a recommendation about this.

People told us they felt safe at the service and were well supported by staff who were caring and friendly.

Staff attended safeguarding training and knew how to report any concerns. Staff understood their responsibilities in relation to reporting accidents and incidents.

Risks to people were assessed and managed to keep people safe. Risk management plans guided staff on how to manage those identified risks.

We saw medicines were managed effectively. Staff had their competency assessed in medicine management before supporting people with the administration of medicines. There were systems in place for the storage, ordering and disposal of medicines.

Staff were recruited robustly and safely. We saw there were sufficient staff available to meet people's needs. Induction and development programmes were in place to ensure staff gained relevant knowledge and skills. They received training which ensured they were up to date with the skills required for their roles.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. For example, the GP, the falls team, psychologist and speech and language therapist.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw people were engaged in community events during our inspection. People were given choices and offered opportunities to spend their time however they wished. The service focused on promoting people's independence. Staff treated people with dignity and respect and were genuinely warm in their interactions with people.

Assessments were completed with the involvement of people and their relatives. Assessments determined whether staff had the skills and knowledge to support people at the service and meet their needs.

Care plans were very personalised and focused on the person. People's communication needs were included in care plans and staff told us they were aware of these.

The provider ensured the building was safe by completing a number of safety checks on a regular basis. Continuity plans were in place to ensure staff knew what actions to take in the event of an emergency.

Systems were in place to assess and monitor the quality and safety of the service. Audits of the service occurred on a regular basis. The service had support from the area manager when required and provided support when areas for improvement were found.

Relationships were developed with health and social care services, which enabled people to receive coordinated care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service has improved to Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Anne's Community Services - Cardigan Road

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 checked 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 30 August, 6 and 21 September 2018 and was unannounced. Telephone calls to staff and people's relatives were made on the third day of the inspection.

The inspection was carried out by one adult social care inspector.

Before our visit, we reviewed the information we held about the service before we carried out the visit. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked around the premises and observed the support provided to people at the service. We observed many interactions between people using the service and staff members. We spoke with seven people who used the service, and two people's relatives by telephone on the third day of our inspection.

We spoke with four members of staff who provided people with care and support, the deputy manager and the registered manager. Feedback about the service was received from two health and social care professionals.

We looked at a range of documentation including three people's care records, a sample of medication records, four staff recruitment files, staff training records, accident and incident records, health and safety

records, complaints and compliments, audits, policies and procedures and records relating to the quality checks undertaken by staff and the registered manager.

We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. 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 January 2016, we rated this key question as 'requires improvement'. At this inspection, the service has improved to 'good'. Robust checks were now in place to ensure the environment was safe and any hazards were identified.

We found there were areas of the service which were not clean. This included upholstered furniture and flooring in some areas. There were cleaning checklists in place as well as daily task lists for staff to tick off when actions were completed. We reported our observations to the registered manager who said they were aware of the need to improve standards of cleanliness at the service and would take action to address these areas.

There were systems in place which continued to safeguard people from the risk of abuse. People told us, "I do feel safe living here yes, I always have"; "The staff have always kept me safe. I trust them" and "We are safe here yes. There is a good lock on the door and on my bedroom door too."

Safeguarding and whistleblowing policies and procedures were in place, informing both staff and people who used the service on how they could both report and escalate concerns. Staff understood the different types of abuse and their responsibility to report any safeguarding concerns. Staff told us, "I would always report anything I was unhappy about" and "We would never tolerate anyone being treated badly here."

Risk assessments were in place to protect people from the risks of potential harm or abuse. We saw that where there was a risk of a person falling, falls risk assessments and care plans were completed.

Analysis of any incidents and accidents took place. The registered manager said learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring.

Medicines were managed safely. This included there being a sufficient supply of medicines which were stored securely. Staff who administered medicines had received training and had been assessed to be competent to complete this task. There was written information about the medicines people were prescribed and records showed that these had been administered in the right way.

The provider recruited staff safely. Checks from the Disclosure and Barring Service (DBS) were sought. DBS checks were carried out to help ensure that staff were suitable to work with vulnerable adults in health and social care environments.

We checked to see if there were sufficient numbers of staff employed at the home. We looked at staff duty rotas, including the previous weeks before our inspection. We saw staffing levels indicated on the record matched the number of staff who were working during our inspection.

Risks associated with moving people in the event of an emergency at the service had been assessed.

Personal Emergency Evacuation Plans (PEEPs) were in place which provided information for staff to follow on how people should be supported to evacuate in the event of an emergency.

A robust business continuity plan was in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure. There were systems in place to ensure the safety of the premises, including regular servicing of equipment.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

We received mixed feedback from staff regarding their line manager providing supervision. They said it had not been as regular as it should have been up until very recently. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Annual appraisals had been completed for most staff when we visited.

We recommend the provider continues in their efforts to ensure staff receive regular supervision in line with their policy.

The provider had ensured staff received the training required to effectively care for people. People and their relatives said staff had the required skills to provide safe and effective care. Comments included, "I think they are well trained, the staff always seem to know what they are doing" and "I'd say the staff are very highly trained. They have always known what action to take should my relative's needs change."

Staff we spoke with told us they completed a thorough induction when they first started working at the service. This demonstrated that new members of staff were supported in their role.

There were positive relationships between the people supported and staff members. Feedback from people about staff was positive. One person told us, "The staff are very kind and help me in any way I need them too." Another person said, "The staff are really nice. I like living here." People's relatives praised the staff team. One relative said, "I call them my little miracle workers. The staff are amazing, they cannot do enough for people. I could go on all day about the ways they have supported my family."

Records showed that assessments of people's needs were completed before they began using the service. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. People's consent was obtained before care and support was given. We saw staff involved people where possible in making some decisions and choices about everyday life, such as where they wanted to go on holiday, whether they wanted to go out and food and drink choices. Staff demonstrated a sound understanding of their duty to

promote and uphold people's human rights.

People were supported to stay healthy. Each person had a health action plan and a hospital passport. We saw that if people had a medical condition, accurate records were kept by staff that medical professionals used to offer the best advice on how to support people well.

People were supported to have a good diet which met their nutritional needs and preferences. Weekly menus were developed with people based on their choices. They were then supported to shop for food and in the preparation of meals. One person told us, "I like being able to choose my own meals. I don't always like what other people have, so I have what I want." Another person told us they enjoyed having a Sunday roast where everyone joined in with preparing and cooking the meal.

People received their care in premises that were adapted to meet their needs. Each person had their own bedroom, or apartment. Communal bathrooms and toilets were located close to these. There was a large lounge and kitchen and dining area. The service benefitted from a small outside area which had seating and tables for people to use in the warmer weather. One social care professional told us they thought the service could do with refurbishment. We discussed the decoration of the service with the registered manager. They told us the provider did not have an overall plan in place for this. The registered manager told us they were hoping for this to be developed very soon. We will check on this at our next inspection.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Without exception all people spoken with during and after the inspection were very positive about the caring nature of the service provided. One person told us, "I'm happy here, I go to work, I see my mum and I go for some lovely meals. I've also been on holiday too and that was just great!" One relative told us, "I never knew places like this existed with such a lovely team of staff. They have given me such peace of mind, I don't know what we would have done without St Anne's." One professional told us, "The way the service has supported two people who use the service is amazing. They have changed lives. That's about as good as it gets really."

People looked well cared for, relaxed and happy. People told us staff supported them to choose what they wanted to wear that day. One person told us the staff helped them to do their hair when they were going out for the day.

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. People told us staff encouraged them to do as much for themselves as they could when undertaking tasks and activities. One person had mobility equipment to use when they needed it. They told us, "I can use my frame but I didn't always like to. The staff have helped me with it."

The provider encouraged people to personalise their bedrooms. We saw some were decorated and furnished with people's own items. This included photographs, soft toys and soft furnishings.

Staff spoke positively and were passionate about working at the service. Staff comments included, "It's not a job to me. The best thing about working here is seeing the improvements that people can make. They go from being very dependant on us to just getting on with things. I'm proud of the work we do here."

We looked at whether the service complied with the Equality Act 2010, and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

People were confident that personal information was kept secure and staff understood the importance of confidentiality and respecting people's private information. Documents were stored in lockable cabinets and staff knew about changes in legislation to keep personal information secure to ensure it was protected.

The registered manager told us people at the service were currently using local advocacy services. Records we reviewed confirmed this. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

An assessment of people's care needs was completed before people began using the service. People and their relatives were involved in their assessment. Assessments were person centred because they considered people's views and this was included and captured in the assessment.

Records provided guidance for staff about people's choices in daily living such as their morning and bedtime routine, what to eat and what to wear. This information enabled staff to provide the required care and support for people in ways that met their preferences.

The registered manager told us reviews of care plans were carried out monthly and more frequently if required. People's relatives told us they felt staff responded very well to people's needs and were proactive in managing their changing needs.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs.

People were included in their community and were well known in their neighbourhood. They were involved in a range of ordinary daily activities such as college, voluntary jobs or work experience, shopping and socialising. This led to people getting involved in things that were meaningful to them and them having positive experiences.

People's spiritual needs were considered. Information about people's religious needs was gathered as part of the assessment process. People said they visited their local church when they chose.

The provider understood the requirements of the Accessible Information Standard. Information was available for people in an accessible form. For example, an easy-to-read complaints procedure and service user guide.

People and their relatives were supported to make a complaint if they needed to. At the time of the inspection, there were no complaints open at the service. People were confident to make a complaint if they needed. One person told us, "If I needed to, I would tell the staff that I was unhappy about something. I don't have any complaints though." One relative told us, "I would have no hesitation in speaking to staff to the manager if I needed to complain but I have never needed to."

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

Staff told us they found the decision-making processes at the service did not always allow for their input. They felt the management team and provider often did not always consider their views. This resulted in staff feeling disengaged at times. The provider was aware of staff's views and was looking at ways to address their concerns.

We recommend the provider continue in their efforts to improve communication and decision-making processes for the service.

The home required and had a registered manager. 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.

The registered provider had a clear vision and ethos for the service. People were at the centre of the service and this was evident during our observations and discussions with people and their relatives. The registered provider's focus was to support people in a caring and compassionate manner. Staff appeared confident about their role and supported people in a compassionate way.

People, their relatives and outside professionals praised the staff team at the service. People's comments included, "The staff are great, we have a good laugh"; "The staff help me in lots of ways. I would be a bit lost without them" and "I think they are very good at their jobs." People's relatives told us, "I don't worry about my relatives as I know the staff will get in touch if they need to. The level of communication has been fantastic and I would definitely recommend the service." Professionals told us, "The service has achieved great things for people. They have a new and better life because of the work the service does."

People said they were asked to provide feedback about the service. Relatives were also encouraged to provide their feedback on the service. We reviewed recent survey results and saw it was very positive with no actions required to make improvements.

People's care and support continued to be coordinated through partnership working with health and social care services. Staff had contact and had developed links with specialist teams in health and social care departments. This enabled people to receive the appropriate care and advice in a timely way.

A range of quality monitoring systems were in place. The registered manager or delegated staff members carried out a range of audits to monitor the quality of the care and facilities provided. These included care plans audits, medication audits, environmental audits and infection prevention audits. We saw if any shortfalls in the service were found, action plans were put in place and steps were taken to address any issues. For example, redecoration was required following a stair lift being fitted. This work was completed

during our inspection.

The registered manager understood the responsibilities of their registration with CQC. They reported significant events to the Commission, such as safety incidents, in accordance with the requirements of their registration.