St Anne's Community Services

St Anne's Community Services - Norfolk Road

Inspection report

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Date of inspection visit:
17 February 2016

Date of publication:
16 May 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

Summary of findings

Overall summary

This inspection took place on the 17 February 2016 and was unannounced.

St Anne's-Norfolk Road is a care home service with no nursing providing care for up to four adults with a learning disability and/or who are on the autistic spectrum. The service is located about a mile from Harrogate town centre in a residential area. There were four people living at the service on the day of the inspection.
A registered manager was employed at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We observed that people felt safe with staff and they and their representatives confirmed this. Staff had been trained to safeguard adults and were aware of how to recognise and report any incidents of abuse.

People who used the service were kept safe because safety checks were carried out within the environment to ensure it was fit for purpose.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs. Rotas confirmed the numbers were sustained.

People's health and safety needs were identified and where necessary risk assessments were in place to support people's safety.

Medicines were managed safely. We saw that staff checked medicines thoroughly before they were administered. Records were completed properly.

The service was effective because staff used the training they had received to best effect. They knew people well and followed guidance in care plans and from professionals to ensure people received care that reflected best practice.

Staff followed the principles of the Mental Capacity Act 2005 by ensuring that where people could not make their own decisions the best interest decision making process was followed to ensure that people's wishes were carried out.

People were given a healthy nutritious diet. People were encouraged to be as independent as possible when eating and drinking.

Staff were caring and kind showing people respect. People at this service clearly felt that they mattered and staff reinforced that.

The service was well led with regular audits being carried out. Surveys were sent to people to gather their views about the way in which the service was run.

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

This service is safe. People were supported by staff who knew how to recognise and report abuse.

Health and safety risks had been assessed and plans had been put in place to support people who used the service. There was guidance for staff to follow where necessary.

Staff were recruited safely and we saw that there was sufficient staff working on the day of the inspection to meet people's needs.

Is the service effective?

Good

The service is effective. Staff had the skills, knowledge and behaviours to ensure people received care that was personalised. They received an induction when starting to work at the service and training relevant to their role.

Staff were able to communicate effectively with people who used the service using appropriate methods such as Makaton.

People were working within the principles of the Mental Capacity Act using best interest decision making as needed.

Is the service caring?

Good

The service is caring. Staff were friendly towards people. We heard a lot of chatter and laughter between staff and people who used the service.

People were well supported by representatives appointed by the local authority. This was either a family member or an independent mental capacity advocate.

Staff were aware of the different ways in which people communicated and used that knowledge to ensure good outcomes for people. People were well supported to make choices.

Is the service responsive?

Good

The service is responsive. People's needs were assessed prior to them coming to live at the service. Care plans were developed and then reviewed regularly.

People chose what activities they wished to access and staff supported them in their choices.

There were no complaints recorded at this service. There was a complaints policy and procedure and people told us they knew how to make a complaint.

Is the service well-led?

Good

The service is well led. There was a registered manager employed at the service who was supported within the service by a deputy manager. In addition they had the support of an area manager.

There was an effective quality assurance system in place with audits of the service completed.

People views were sought through the use of surveys.

St Anne's Community Services - Norfolk 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 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 17 March 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed all the information that we held about the service including statutory notifications that had been made. These notifications are required in law to provide information about events that affected people who used the service or how the service was run.

During the inspection we interviewed three staff on duty and spoke with the deputy manager and registered manager. We also spoke to three people who used the service and observed their daily routines. We observed people in the dining room at lunch time and observed medicines being given. We reviewed the care records and risk assessments for two people in detail and looked at a selection of medicine administration records, In addition we looked at records associated with the running of the service such as audits, records of any financial transactions for people who used the service, safety checks and policies and procedures.

Following the inspection we spoke to the local authority commissioners, the learning disability service and one relative none of whom had any current concerns about the service.

Good

Is the service safe?

Our findings

We found that this service was safe. One person told us that they felt safe and when we observed people who used the service, their non-verbal communication and the way they put their trust in staff showed us that they felt safe. For instance one person did not communicate but understood what was said and we observed staff interacting with them with chatter and non-verbal communication such as smiling. We could see that they were relaxed and comfortable in the staff's presence.

We asked a person's relative if they felt that (relative) was cared for safely and they said, "I feel he is very safe." When we spoke to local authority commissioners told us that they had no current issues.

Staff told us that they were aware of what to do if they witnessed or suspected that anyone was at risk of, or was being harmed. When asked, staff we spoke to said they would have no hesitation in alerting their manager or another agency if that was more appropriate. They had received training in safeguarding adults and they had policies and procedures to follow in the event of anyone being harmed. This meant that staff were alert to the risks of abuse.

Staff numbers were sufficient to meet the needs of people living at this service. The total number of staff working at this service was eight care workers and two managers. On the day of the inspection there were two care workers on duty when we arrived at the service along with the registered manager and deputy manager. Another person arrived at lunchtime to provide further support as people were going out. Rotas showed that staffing was consistent and sustained.

We checked one staff file because recruitment records were kept at the providers head office. We could see that safe recruitment practices had been followed. There were two references in place and a check carried out by the Disclosure and Barring service (DBS).The DBS helps employers make safe recruitment decisions checking that prospective employees were not barred from working with certain groups of people. This assisted services in their decision making when recruiting staff to ensure that they only employed suitable people in order to protect people as far as possible. When we interviewed this member of staff they confirmed that they had started work after a disclosure was received from the DBS.

Medicines were managed safely. We observed a care worker administering medicines. They checked the medicines and administered them safely signing to say they had been given. They counted all the boxed medicines and told us that this was done each day which meant if there were any errors they would be identified quickly. There was clear guidance and protocols for staff around the administration of this medication. Staff had received training and had regular competency checks to ensure their practice was safe. This meant that people could be confident that medicines were administered by staff that were trained and safe to do so.

A premises safety survey had been completed and any areas for repair or improvement was identified. Safety checks for gas, electric, fire safety equipment, water and the service vehicle had been completed and were up to date which meant that people could be confident that the equipment staff were using was safe

and fit for purpose.

Risk assessments were in place for fire, driving the services vehicle, use of electrical equipment security of the building, infection control and other areas relating to the safety of people within this service. Staff had all signed to say they had read and understood the documents which meant that the registered manager was doing all they could to identify risks and ensure that staff were aware of them. They could then respond to any unexpected events without placing people at risk.

There were risk assessments for each person relating to their particular care needs. One person had a personal emergency evacuation plan in place which told people about the level of support they would need in the event of a fire. Their risk assessment said that they should experience fire drills to familiarise themselves with evacuation procedures which was done. In addition we saw risk assessments in peoples care records for finance management, behaviour that challenges and moving and handling.

We looked around the service and could see that it was clean and well maintained. As this was a small family like service staff supported people to do as much as they could to keep their rooms clean. They then carried out the rest of the cleaning duties. This meant that people who used the service lived in a clean environment where regular checks ensured that the risk of infection was kept to a minimum.

Good

Is the service effective?

Our findings

Staff were employed who had the skills, knowledge and behaviours to ensure people were cared for in a person centred way. Person centred care is when the person using the service and staff work together to plan a person's care.

When we entered this service it felt as if we had walked into someone's home. There was a welcoming feeling. The bedrooms were personalised. One person had pictures and items relating to horses and pictures of family, and a third had music which reflected their taste. Another person had a pink and purple theme which they had chosen themselves. The staff had taken account of people's needs and preferences and made sure that people's bedrooms reflected this. Everyone who lived at the service was mobile within the house and so no adaptations had been made.

There was clear guidance for staff in peoples care records describing people's non-verbal communication. For example on person displayed anxiety by rolling up pieces of paper. Another record had a disability distress tool (DISDAT) which described how a person reacted if they were distressed. Staff knew this information and used it to respond appropriately to people's needs. There were pictorial prompts throughout the service. For instance one board said "Today my staff are....." There were photographs and the names of each staff on duty.

People who used the service had health passports which were taken with them to appointments at the hospital or with their GP. People had an annual health check with their GP but saw them more often if it was necessary. They also had access to learning disability services provided by the local authority and by specialist learning disability nurses at the hospital and in the community. We saw appointments planned in peoples care and support files. This meant that service users were supported by health professionals who understood their specific health needs. Where a change in support needs was identified health and social care professionals were involved in the reassessment process to ensure that any identified needs were met.

Staff had an induction which gave them the opportunity to shadow other staff whilst getting to know people, do some basic training and to give and receive feedback throughout the process. One care worker we spoke with had recently started working at the service and told us that they felt the induction supported them.

Staff were trained using a variety of methods in order to make sure they had the skills and knowledge they needed. They used an eLearning system and staff had completed all the required courses. They also took part in practical skills training and were checked regularly for competency. We saw that these checks were recorded in staff files. One member of staff told us, "There is plenty of training."

Some staff had lead roles within the service. For instance one person was responsible for moving and handling. They were responsible for staff training which meant that they were supported to develop themselves whilst benefiting the service. Staff were supported through personal development reviews and appraisals. The discussion records were significant and detailed. This meant that staff were supported to

develop their practice and behaviours.

Two people at the service were able to communicate verbally, one used Makaton and another understood what was being said but preferred not to communicate. Staff told us that one person was learning signs and we saw them being taught new signs by a member of staff over lunchtime. The staff related it to conversations they were having making it meaningful to the person. Staff responded to people in a natural way using a variety of means to engage with people. This meant that people were able to communicate their needs to staff and vice versa because they knew each other very well.

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 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.

The manager had made an application to the local authority to have people's capacity to make decisions assessed and all four people who used the service now had deprivation of liberty safeguards in place to ensure that they were protected under MCA 2005. One person was represented by a family member and three others were supported by an independent mental capacity advocate (IMCA). An IMCA is instructed by the local authority to represent people where there is no one independent of services, such as a family member or friend, who is able to do so.

We saw mental capacity assessments in peoples care and support files. In one person's support plan was a section called, "What I would like staff to do for me". This outlined how the service user was involved in day to day decision making. More complex decisions were made with the help of people's representatives. We saw evidence of best interest decision making in peoples care and support files. One persons representative told us, "As a result of a best interest meeting which I was involved in [name of person] has now been able to purchase a tablet]". The service was working within the principles of the Mental Capacity Act.

We observed a lunchtime period and saw that people had enough to eat and drink. The menu for lunch was sandwiches and fresh fruit with a cooked dinner later in the evening. They were asked what they wanted to eat and offered drinks throughout the meal. Fruit was offered after the main meal. Lunch was a family type experience with staff sat with people at a large dining table sharing a meal. People were able to enjoy their food and ate at their own pace. There was laughter and chatting between staff and people who used the service which made the experience enjoyable for people. People were able to enjoy their food and ate at their own pace.

Good

Is the service caring?

Our findings

People who used the service said they felt well cared for. One person said "They look after me here." We observed all the people who used the service at lunchtime as a group and separately throughout the day. Staff were caring and we saw many instances of positive interaction throughout the day. We could see that people who used the service were confident in the company of staff.

A relative told us, "The staff are wonderful and caring. They try to accommodate things that I point out would help (name of person). We saw that staff did use the information they had been given by the person and their family to make people's lives meaningful and happy. An example was when a person and their relative wished to have more contact. The relative had requested a copy of the newsletter but staff went further and suggested that they assist the person to buy an iPad with Skype so that they could see each other whilst chatting. An iPad is a tablet computer and Skype is a means of speaking to someone over the internet.

We observed staff to be kind and friendly towards people and heard a lot of friendly banter during the day. We saw that staff treated people with respect speaking to them politely and by name. They listened when people wanted to communicate and took notice of what people said to them.
Staff described how they maintained people's privacy and dignity and we saw from records that they were following the care plan.

Staff were aware of individual communication skills and preferences and made sure they used them in responding to people. People who used the service were encouraged to take part in the life of the home whilst retaining their own identities. For example meal times were treated as family type occasions with everyone sitting together but throughout the day people's daily routines differed.

We observed that people were supported to make choices about their day to day life and their care. One person had no concept of the value of money and so staff went shopping with them and explained what things cost every time they wanted to buy something and show them how that affected what money they had.

We saw throughout the day that staff were calm and unhurried when supporting people. They responded quickly to people's needs and we did not observe anyone having to wait long for support. They encouraged people to be as independent as possible within their ability. One person

At lunchtime we saw positive interactions. Conversations went on around the table which were inclusive of everyone. One person was very excited to see a member of staff arriving for work. The staff member responded by going straight away to talk to them acknowledging their pleasure in seeing them.

In the evenings if people were at home they would sit together watching TV or chatting. They each had what they called a "treat box" which they could access. In the box for one person were whiskey and ginger ale and shandy. People enjoyed deciding what they wanted.

People who used this service obviously felt that they mattered and staff reinforced that with every interaction. We saw that some people who used the service had an IMCA and others were supported by their families. This meant that people had access to advocacy services.

There was no one receiving end of life care when we visited the service but we saw that people had a document in their care records entitled, "When I die." This gave them the opportunity to record their wishes as they approached the end of their life and to choose the things they would like to happen when they died.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that people's care files were person centred and kept up to date. People had contributed to their care plans. For instance, in one person's care and support plan we saw that they had fluctuating mobility. There were exercises in their plan and an occupational therapist had assessed them in order to provide any equipment. This had been discussed with the person, the risks had been assessed and a plan put in place to ensure the persons independence as well as their safety.

The care plans included information which was designed to assist staff to support people's health effectively including annual health checks. One person had an appointment to go to their doctor for a health check on the day we inspected. A member of staff supported them in this and drove them to the doctor's surgery. Each person had a health action plan. Staff recognised the importance of maintaining people's health.

We saw a record in each care plan of the person having an initial assessment of need. Reviews of care plans had been carried out by staff and by local authority care coordinators. Where changes to need had been identified these were recorded. People who used services had key workers and they reviewed their care in regular key worker meetings. They discussed health issues, personal hygiene, relationships, needs, goals and objectives and any needs that were not being met. There was an action plan devised from the meeting and any responsibilities for action noted.

We saw social histories recorded for each person which staff used to identify areas which helped them work more effectively with people who used the service. For instance where there were recorded incidents relating to the behaviour of people being challenging staff were been trained in positive behaviour support. This is an approach that is used to support behaviour change in a child or adult with a learning disability.

People identified the activities that interested them and that they wished to pursue. There was no activities organiser but each member of staff supported people to do the activities that they had chosen. We saw people arranging to go to a club specifically for people with a learning disability on the afternoon of our inspection. Following that they were going out for fish and chips and on to a play supported by staff.

Staff worked with people to encourage them to try activities. A relative told us about one person who chose not to do many activities, "They [staff] are very good when [name of person] doesn't want to do things. They have worked on things such as going for a walk." Where people had chosen activities staff supported them. For instance one person enjoyed horse riding and another enjoyed attending church.
St Anne's organised 'Make It Happen' groups for the area houses. This meant that one of the local houses hosted an event with a particular theme. The latest theme had been dignity. People who used the service took part supported by staff. We saw evidence of their activities around the service on the day we inspected. People had been supported by staff to take holidays in this country and abroad. These were planned using detailed risk assessments. One person visited their family member regularly for a holiday.

People we spoke with said that they did not have any complaints about the service but knew that they could approach any of the staff if they had any concerns. There was a complaints procedure displayed. We saw

that no complaints were recorded. However, we noted several compliments about the service. One person had written, "From very unsettled beginnings he has been made to feel cared for and loved." A relative told us, "I would approach [name of registered manager] or [name of deputy manager] if I had any complaints."

Good

Is the service well-led?

Our findings

There was a registered manager in post at this service who was clear about their responsibilities. When we checked our records we saw that statutory notifications had been received for this service over the last twelve months. We discussed some of the more recent ones with the registered manager during our inspection and they were able to give us further details about the outcomes of these notifications demonstrating that they had dealt with them appropriately.

The registered manager held team meetings every month to discuss any changes at the service and to review individuals. In addition training was added to the agenda. We saw that the last meeting had been held in January 2016 and five staff had signed to say they attended. The training had been focused on the Care Act at that meeting.

We saw that the registered manager and the staff had a relaxed but mutually respectful relationship. The registered manager was knowledgeable about the people who used the service and we saw them speaking with people who used the service and staff throughout the day. They managed two services supported by the deputy manager. There was always a manager available for staff to access. The registered manager was supported by an area manager. Staff were clear about the management structure at this service.

The registered manager told us about the culture in this service and the values associated with the service. They told us that staff were encouraged to express their views and question practice at team meetings. Staff confirmed this and told us that they felt well supported by the registered manager. One member of staff told us, "If I have any issues I can just go in there [into the manager's office] and say it and I will be listened to. I always get feedback too."

The service had cultivated links with community services such as a local church club for people with a learning disability and 'Open Country'. This is a group which one person joined to go into the country and carry out countryside management tasks. The people who used the service were also able to use local amenities such as shops.

There was an effective quality assurance system in place. Monthly audits had been carried out by the area manager. The audit covered all areas of the service and looked at staff practice. The audits identified where improvements should be made. We saw from the audit in December 2015 that a member of staff had shown "poor understanding of safeguarding." The action plan was for them to complete further training which was then followed by a discussion to test their understanding. The next audit identified that, "All staff had a good knowledge and understanding of key themes such as safeguarding." This showed that learning and development had taken place. Maintenance checks had been carried out and were up to date.

Surveys were sent out centrally from the company head office. The results were compiled and shared with each service.

Policies and procedures were available for all areas relating to the running of the service. These were up to

date giving staff guidance on how to deal with any matters that may occur in the day to day running of the service.

Accidents and incidents were recorded and evaluated. When there had been an incident risk assessments and operating practices were reviewed and where necessary changes were made.