

St Anne's Community Services

St Anne's, Huddersfield Mental Health Services

Inspection report

26 Beech Street
Huddersfield
West Yorkshire
HD1 4JP

Tel: 01484431945

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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

We inspected St Anne's, Huddersfield Mental Health Services (known as 'Beech Street' by staff and people who use the service) on 25 January 2019. The inspection was unannounced.

The home is registered to provide accommodation and support for four people aged 18 years and over who experience mental health problems. On the day of inspection there were four people living at the home.

At our last inspection we rated the service overall as good. At this inspection we found the evidence continued to support the overall 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.

Beech Street 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.

At the time of our inspection the home 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.

Most people told us they felt safe living at Beech Street. Appropriate action had been taken in response to one person who did not feel this was the case. Staff had received safeguarding training and knew how to report abuse. No new staff had been recruited since our last inspection, so we were unable to look at this.

Medicines were well managed by support workers who administered for one person, whilst the other three people booked out a weeks supply and self-administered. This was part of their objectives for independent living. Staff had received medication training and had been observed as competent.

The service used the recovery star model which identified people's history, what support they needed and set objectives. People confirmed they were involved in designing and reviewing their star recovery model. Risks to people had been assessed, monitored and reviewed.

The staff team were a strength of this service. People told us support workers were non-judgemental about their situation, this was particularly evident where one person had a relapse. We observed support workers showing kindness, patience and guidance for people as they were becoming more independent. Support workers respected people's privacy and dignity and people confirmed this always happened.

Staff were supported through a regular programme of supervision and appraisal. The registered manager

cared about the welfare of support workers who told us they felt well supported. Support workers received the necessary skills and knowledge through their training programme to provide effective care.

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.

People were able to choose what they wanted to eat and drink. Access to healthcare was evident through our observations and care records we looked at. People's religious needs were being met.

People were prevented from becoming socially isolated. They were free to access the local community and records showed people were involved in day centres and other groups.

Regular house and staff meetings were taking place. A satisfaction survey had gone out shortly before our inspection. A system of audits were effective, although we found the operational visit record required improvement.

No complaints had been received since our last inspection. People were happy with the care they received and were complimentary about staff.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

St Anne's, Huddersfield Mental Health Services

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 25 January 2019. Our inspection was unannounced and was carried out by one adult social care inspector. At the time of our inspection, four people were living at this service.

We spoke with a total of three people to ask them about their experience. We also spoke with the registered manager, deputy manager and two support workers. We looked at two care plans as well as two people's medication administration records.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the registered provider had completed 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.

Is the service safe?

Our findings

We looked at the systems in place to protect people from harm. Most people said they felt safe living at this home. We saw appropriate steps had been taken in response to a specific incident to provide reassurance to one person who told us they did not always feel safe. Staff received safeguarding training and knew how to recognise and report abuse. Records of financial transactions were kept, for example, when one person went out shopping. This meant there were adequate systems in place to protect people from abuse.

We saw risks to people had been assessed, monitored and regularly reviewed. Care plans covered, for example, mental health, refusal of medication, food hygiene and other subjects unique to people. We saw risk assessments were reviewed monthly. People and staff knew what to do in the event of a fire. Key safety checks were undertaken on the building and certificates were in place to show this.

People living at this service were able to access the community without staff support. There was always at least one member of staff on duty to provide care for people and where people requested support, we saw staff provided prompt assistance. People told us they were satisfied with how quickly staff responded to them. This meant there were sufficient numbers of staff to meet people's needs.

We looked at the management of medicines and found this was consistently safe. Medicines were handled by support workers who had received training and had their competency checked. We looked at the medication administration records for two people which showed they received their medicine as prescribed.

As part of promoting their independence, three people were booking out their medicines at the beginning of a week and taking responsibility for self administering. This was carefully managed by support workers who carried out checks to ensure people were safely managing their medicines. We observed the administration of medicines for one person and saw this was completed in a kind manner.

We looked at the steps taken to ensure the home was clean and tidy and found infection control was suitably managed. The home was clean and odour free and we saw a support worker carrying out cleaning duties.

The registered manager told us there were no newly recruited staff at this home since our last inspection. Two new support workers had joined since our last inspection, although they had transferred from one of the registered provider's nearby homes. Checks with the Disclosure and Barring Services were repeated every three years which helped to ensure staff remained safe to work with vulnerable people.

We saw staff meeting minutes looked at any concerns or complaints and if anything could have been done to prevent them. This meant areas for improvement when things went wrong were seen as learning opportunities.

Is the service effective?

Our findings

The registered provider was using recognised tools to deliver effective outcomes for people through their treatment and support.

We looked at supervision records and found this support was a strength of the service. One staff member told us, "I've found them very beneficial. Anything I've thought and felt, I've been able to share." The health and welfare of staff was genuinely important to the registered manager and staff reflected on how supported and valued they felt. Staff also received an annual appraisal.

We reviewed the training matrix and saw staff had completed mandatory training. All support workers were undertaking additional training for their role, such as mental health awareness and positive behaviour support which was particularly relevant to their role. One support worker confirmed, "They (registered provider) help us maintain our training and expertise."

People were given a weekly budget to spend on food. Meals were prepared using fresh ingredients and people cooked for themselves or as a group. One person had specific dietary needs which related to their religious beliefs. We looked at these arrangements and found this person was appropriately supported to purchase and store ingredients, and prepare their meals according to these beliefs. People's weights were carefully monitored and additional support was accessed where needed. This meant people were supported to have enough to eat and drink.

We saw people were assisted to access a range of healthcare professionals, such as GPs, pharmacists and community practice nurses. We saw care plans contained evidence of access to healthcare for flu jabs and medication reviews. One person confirmed they were having blood tests on a monthly basis. This had been an objective in their care plan. This meant people's healthcare needs were being met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

At the time of our inspection, people living at this home had capacity to make day-to-day choices. There were no restrictions in place which meant none of the people living at this home required a DoLS application. A support worker said, "They've (people) got their own back door and front door keys." We asked staff about offering people choice in their routines. One support worker told us, "It is all client led." We observed people were able to decide how they wanted to spend their time and when needed, staff were on hand to support them

At the time of our inspection, no specialist adaptations were needed to the home.

Is the service caring?

Our findings

People were positive about the help they received from support workers. One person said, "The staff are patient. I think they support me perfectly well." A second person said, "I'm a lot better. I've just improved a lot." Staff said they had an open door approach and were available when needed.

Throughout our inspection we saw support workers responding to people using a calm and thoughtful approach. Where people's recovery relapsed they told us the staff had been non judgemental which had helped them achieve their outcomes.

Where people asked for assistance, staff guided them without taking over the task. A support worker provided kind support to a person who asked for help with their laundry. They explained the ordering of the loads and the time it would take for each to complete. People were encouraged to do things for themselves, such as taking their medicines or making their bed. Staff told us they prompted people through these kind of tasks and explained each stage, so people could keep practicing these skills until they were able to manage them independently.

The registered manager said, "When people moved in they were on day to day medicines." At this inspection, people were being supported to take more responsibility for their medication regime. The deputy manager told us, "People's independent living skills have come on in leaps and bounds."

One person had a specific health condition which staff understood well. This person told us the approach from staff was supportive and helped in their recovery. They said, "They obviously got me somewhere in life. I used to be in hospital every two weeks." This person was ready to move on from the service in to their own tenancy. A support worker said they felt a sense of accomplishment when people moved on to more independent living. They told us, "That's the battery charger."

People's dignity and privacy was respected. One person told us, "They've treated me with respect and dignity." One support worker shared an example of offering to weigh people in private to maintain their privacy and dignity. We saw support workers knocking on people's doors which showed they respected people's living spaces. We observed a handover between support workers in the staff office. Confidentiality was managed appropriately around sensitive information which helped to maintain people's privacy and dignity. The home had dignity champions whose role was to promote good practice in this area.

We found evidence which showed people were supported in their personal relationships. One person had a partner who did not live in the home. The registered manager had asked this person if they wanted to invite their partner to visit them at this service. Although they had not taken up the offer, this showed how people were supported in their personal relationships.

At Christmas, most people spent this time with their families. However, one person was unable to do this and staff prepared a Christmas dinner for them.

One support worker told us, "I'd be personally happy if they (a family member) were being supported in an environment like this."

Is the service responsive?

Our findings

We looked at two people's care plans as part of this inspection. The registered provider used the 'mental health recovery star' to record each person's individual support needs as well as documenting progress against their objectives. The star model has 10 different sections which include, for example, managing mental health, physical health and self-care, living skills, social networks, addictive behaviour and identity and self esteem.

Every section was person-centred and started with a relevant history and details of the support they needed. People we spoke with confirmed they were involved in this process. An action plan was created which showed the support people needed and the objectives they wanted to set. This was also detailed and showed what steps needed to be taken. Every month a support worker went through the recovery star with the person.

Care plans also contained details of people's mental health relapse indicators and crisis contingency plans. This meant support workers had the necessary information in the event that someone relapsed. Prior to our inspection, a person had relapsed and had a hospital admission. They said the support they received from staff meant they had been able to recover. This meant staff knew about contingency planning and implemented this effectively. We looked at two people's star models which showed improvement in their recovery. One care plan we looked at was for a person who was ready to move out of the home to live more independently. This demonstrated the effectiveness of the support they received.

People were able to access the local community themselves. During our inspection, one person went out to the shops to buy what they needed. People had varied activities programmes to prevent them from becoming socially isolated. One person accessed day centres and an arts and crafts group. They said, "I'm spoilt for choice. I'm doing what I love. It makes me feel worth it." Other people attended a weekly walking group and swimming sessions. Two people had been supported to stay in Blackpool in 2018, which meant people were able to access trips out.

We looked at how technology was used to improve people's lives. One person asked a support worker to knock on their door in the morning. The registered manager asked the person how they would manage this if they lived independently and the support worker suggested an alarm clock which they all agreed to look at purchasing.

The registered manager, who was responsible for two other homes, told us how they had used technology at these locations. This meant they would be able to access this kind of equipment as needed.

People knew how to complain and felt appropriate action would be taken if they were unhappy with the care they received. Since our last inspection, no complaints had been received. The registered provider had a complaints policy. This meant systems to enable people to complain were effective.

Is the service well-led?

Our findings

We asked one person if they would recommend this service. They told us, "Yes, I would. It's been my turning point. It's turned my life around."

The registered manager was responsible for two other homes in the local area. They were supported by a deputy manager who also worked at these other homes. The registered manager told us, "I can tap into [area manager] any time I want. They are very supportive." The registered manager attended a monthly meeting for first line managers.

Staff told us they felt well supported by the management team. One support worker said, "She's the best boss I've ever had. [Registered manager] and [deputy manager] are brilliant with me. I know I could ring if I had any concerns. It's a great team."

We saw staff worked well together and helped to generate a relaxed environment for people to live in. The afternoon handover contained information on people's whereabouts, and key updates as to their welfare.

We looked at the December 2018 area manager's quarterly operational visit record. This covered two homes which meant it was difficult to separate out what was relevant to this home. In July 2018, we saw staff understanding of the Care Quality Commission's five key questions was tested. However, medicines and care plans, for example, were not checked. We discussed this with the registered manager

We saw audits of care plans, medication and infection control audits. These systems provided effective oversight on a monthly basis. The provider 'quality and safety audit' dated January 2018 contained an action plan which showed these were completed by April 2018.

Staff meeting minutes from January 2019 covered learning and development, feedback from client complaints and compliments and an update regarding each person living in the home to discuss key developments. Staff meeting are an important part of the registered manager's role as they ensure key messages are shared.

House meetings were taking place every two months. In December 2018, the meeting minutes showed people were given jobs to do around the home, both to give people responsibility and in readiness for living independently. There was some practical advice on using tissues and washing hands to avoid spreading infections.

At the time of our inspection, satisfaction surveys had just been completed by three people. The registered manager planned to provide feedback to people. We looked at the completed surveys which showed good satisfaction levels. The registered manager wanted to gather feedback from professionals who had contact with the service.

The registered manager told us they did not have any accidents or incidents to record or analyse at the time

of our inspection.