

St Anne's Community Services

61 Track Road

Inspection report

61 Track Road
Batley
West Yorkshire
WF17 7AB

Tel: 01924472804

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27 February 2019

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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

About the service: Track Road is a four bedroomed house in a residential area. The house accommodates four people with autism and/or learning disabilities. There is a lounge, dining room and kitchen and each person has their own individualised room.

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 service was delivered in line with these values.

People's experience of using this service:

- People told us they felt safe at Track Road. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse had taken place. Safe recruitment and selection processes were in place.
- Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence. Staff were trained and competent to administer medicines.
- Staff felt supported with an induction and role specific training, which ensured they had the knowledge and skills to support the people who lived at the home. People were supported to eat a balanced diet, and meals were planned around their tastes and preferences.
- People received a good level of support to lead fulfilling lives and achieve their aspirations. They were supported to maintain good health and had access to healthcare professionals and services.
- 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. Evidence of best interest discussions, where required, was not always available. The registered manager sent us evidence these were completed following our inspection.
- Staff were caring and supported people in a way that maintained their dignity, privacy, independence and diverse needs.
- People experienced person centred care and engaged in social and leisure activities which they chose.
- The registered provider had good systems of governance in place to drive improvements to the quality of the service.
- Further information is in the detailed findings below.

Rating at last inspection: At the last inspection the service was rated good and remained good at this inspection (last report published 19 August 2016).

Why we inspected: This was a planned comprehensive inspection which took place on 27 February 2019 and was announced.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our well-led findings below.

61 Track Road

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection took place on 27 February 2019 and was announced at short notice to ensure someone would be at home. The inspection was conducted by one adult social care inspector and an assistant adult social care inspector.

Service and service type: Track Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave during the inspection.

What we did: Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider 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. This information was used to help inform our inspection.

During our visit we spent time looking at two people's care plans, we also looked at two records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the deputy manager, the area manager and two support workers. We spoke with two people who used the service and two of their relatives on the telephone after the inspection visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

People and the relatives we spoke with told us the service was safe. One person said, "[This is] My home. [I] Like the people." One relative said, "Yes there are plenty of staff, they know where [my relative] is going. It's all planned and they know [name] well." A second relative said, "[My relative] is safe, if they weren't you could tell in their body language."

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with knew how to ensure people were safeguarded against abuse and the procedure to follow to report any incidents.

Assessing risk, safety monitoring and management

- Risks to people were minimised by detailed risk assessments, with clear directions for staff and included the positive benefits of the right to take risks. They included areas such as road safety, finances, medicines and additional person specific assessments. For example; for a specific health condition. One relative said, "[My relative] likes to make their own toast and has put the knife in the toaster before, but they haven't stopped [them] making toast, they just make sure someone is there."
- The service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks. Staff members we spoke with knew how to support people if they experienced behaviours that may challenge others and the recommendations of community professionals was included in care plans. The deputy manager agreed with us to address one minor area, where recording needed to improve when monitoring behaviour that may challenge others.
- Fire safety measures were in place, and people and staff were aware of the procedure to follow in the event of the need to evacuate the building.
- People were protected from unsafe premises by regular maintenance and safety checks.

Staffing and recruitment

- The registered provider deployed sufficient numbers of staff to meet people's assessed needs and support them to lead fulfilling lives. People were usually supported by staff who knew them well.
- We looked at two staff files and found safe recruitment practices had been followed.

Using medicines safely

- People were protected against the risks associated with medicines because the provider had appropriate arrangements in place. Medicines were stored and administered in line with good practice. Each person had a detailed medicines care plan including photographs of medicines and details of how people liked to take them, including for 'as required' medicines. All staff had completed regular medicines competence assessments.

Preventing and controlling infection

- People were protected from the spread of infections by good staff practice. The service was clean and fresh and there was a good supply of personal protective equipment.

Learning lessons when things go wrong

- The registered provider was keeping an overview of the safety of the service and demonstrated learning from incidents. Staff recorded and reported all incidents and took appropriate action to prevent them from happening again. A log of any accidents or incidents was recorded using the registered providers online system to look for patterns and promote learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Physical, mental health and social needs had been assessed and care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, training, supervision and appraisal to ensure they were able to meet people's needs effectively. One staff member said, "I completed equality and diversity training. The legal aspects of it were very interesting." A second staff member told us they had recently completed 'Mental Health First aider' training, to improve mental health support for people. Staff told us they felt appropriately supported by managers and had supervision and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were able to choose what they ate. One person said, "I like [name of Indian restaurant]." Meals were planned around the tastes and preferences of people who used the service. People decided what to eat each week whilst compiling the shopping and could add things to the planned menu . The individual dietary and cultural requirements of people were catered for and healthy eating was promoted.
- People's nutritional needs were monitored by staff and action taken if required. Details of the meals eaten were recorded, weight was monitored and action taken if weight had declined.

Staff working with other agencies to provide consistent, effective, timely care

- The service had good relationships with community health and social work services and we saw the advice of professionals was included in people's care plans and used to achieve best practice and help people to achieve good outcomes.

Adapting service, design, decoration to meet people's needs

- The environment was very homely and comfortable, and was appropriately designed and adapted to support people.

Supporting people to live healthier lives, access healthcare services and support

- The service was proactive in identifying people's health needs and promoting healthy lifestyles, for example with walking locally, where people declined formal exercise. Records showed people had good access to external health professionals when required to meet their care and treatment needs.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA. The staff members we spoke with had a good understanding of the Mental Capacity Act and it was clear from observations and records people's autonomy, choices and human rights were promoted. We found people usually had their capacity assessed where required in order to determine their ability to provide lawful consent in areas such as medical interventions and finances, however best interest decisions had not always been recorded where required. The registered manager sent us evidence this had been completed following our inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked the staff and we observed warm and positive interactions between them. We asked relatives if they thought staff were caring. One relative said, "I really do, they are really caring." Positive caring relationships were developed through staff understanding people's needs and their personalities. It was clear from our discussion with staff they knew all about the people they supported. Staff told us they enjoyed working with people who used the service. One staff member said, "The best thing is I get to do good deeds all day and get paid for it!" A second staff member said, "The best thing is the guys [people who live here]. They are ace."
- People's diverse needs were catered for and equality was promoted within the service. The registered provider employed an ethnically diverse team and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People who used the service had been consulted about the care provided for them. When asked if staff involved them in their support one person said, "Yes they do. Aye!" We saw staff used speech, gestures, photographs, objects of reference and facial expressions to support people to make choices according to their communication needs. Staff were patient with people and listened to their responses. This meant the choices of people who used the service were respected.
- Care plans contained details of how to recognise when a person was unhappy or happy using non-verbal cues, including when they may be in pain or unwell and the steps to take to improve their wellbeing. Staff were aware of how to access advocacy services for people if the need arose.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's dignity. For example, when supporting people with personal grooming tasks. People appeared very well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style. People's individual rooms were personalised to their taste with furniture, personal items, photographs, sensory items and bedding they had chosen.
- The service had an enabling ethos which tried to encourage and promote people's choice and independence. People were encouraged to do things for themselves in their daily life such as, food shopping, laundry, cleaning their own rooms and helping prepare snacks. Care plans detailed what people could do for themselves and areas where they might need support.
- People were supported to develop positive relationships and to maintain contact with people who were important to them. Staff supported people to see their families and friends as often as desired.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were supported to make decisions about their daily life and we saw they were consulted on every aspect of their support. Relatives comments included, "They have assessments twice a year and they ask [my relative] if [they] are happy. [Person] would say if they weren't. They ask about activities and everything." And "They [staff] are open and I can always call and ask questions." "[My relative] can go on holiday once a year and that is really important to them."
- We looked at two people's care plans and found they were person-centred and explained how people liked to be supported. Care plans contained detailed information covering areas such as morning routine, medication, mental health, healthy living, eating and drinking, daily tasks, social support, visitors and security, finances and communication. Care plans specific to people's health conditions were also completed including good practice information and guidance for staff.
- People and their representatives were involved in regular person-centred planning reviews.
- Objectives were set with people and these were reviewed and updated regularly, or when needs changed.
- People were supported to take part in a range of person centred activities and to lead fulfilling lives. One person loved trains and had been supported on a special holiday staying in a train carriage. Two people who loved musical theatre had attended many shows. People went bowling, to local shops and favourite restaurants, cricket matches, swimming, cinema, day centres and on trips to places of interest according to their individual tastes and preferences. Activities were tailored to people's individual cultural needs and people participated in their diverse local communities.
- The service met the Accessible Information Standard. This requires the service to ask, record, flag and share information about people's communication needs and take steps to meet them. We saw staff used a variety of methods to communicate with people according to their needs.

Improving care quality in response to complaints or concerns

- No complaints or concerns had been raised since our last inspection and everyone we spoke with was happy with their support. Staff we spoke with said if a person wished to make a complaint they would facilitate this and there was an easy read complaints procedure in people's care records.

End of life care and support

- No one using the service was currently receiving support with end of life care. The deputy manager said the service would consult people and record their future wishes if they wished to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us the home was well managed. One person said, "Yes it's a nice house." One relative said, "I know who the manager is, she manages the house well." A second relative said, "It's home for [my relative], they are comfortable, it's clean, safe and it's somewhere for [my relative] to call home. There is a good balance of the make-up of the staff."
- Staff told us they felt supported by the registered manager and senior staff, who acted on their concerns. One staff member said, "Yes, it's well led. We get all the support we want. The manager encourages us to tell on them if they do anything wrong. We are encouraged to challenge."
- Staff we spoke with were clear about the organisations core principles and told us the aim of the service was to promote dignity, independence and inclusion. We saw during our inspection these aims were being achieved.
- The registered provider understood their responsibilities with respect to the submission of statutory notifications to CQC. One minor incident between people was not notified to CQC. The deputy manager said they would ensure this was completed in the future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider had effective systems in place to assess, monitor and improve the quality and safety of the service. The senior staff team completed audits in relation to care plans, health and safety, fire safety, medicines and cleaning. Action required had been completed, although some minor recording issues had not been identified. The deputy manager corrected these straight away. The area manager visited the home regularly to provide support and to ensure compliance with the provider's policies and procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team were visible in the home and had an in-depth knowledge of the needs and preferences of the people they supported. People who used the service, their representatives and staff were asked for their views about the service and they were acted on. House meetings were held regularly and any issues raised were addressed by the staff team. The registered provider sought feedback from family members and professionals and the responses were very positive. The home had regular contact with relatives and representatives and took their views into account. Regular staff meetings were held and any action required was evidenced.
- People were supported to use local community facilities, such as places of worship, shops, social clubs

and events, to promote good community relationships and promote equality and inclusion.

Continuous learning and improving care

- The registered provider reviewed information to drive up quality in the organisation. Their quality team completed regular visits to the service and sent out a quarterly learning bulletin to all services to support quality improvements. The registered provider also held regular managers' meetings and training to share up to date good practice.

Working in partnership with others

- The management team worked in partnership with community health professionals and organisations to meet people's needs and drive up the quality of the service. We found there was never any delay in involving partners to ensure people's wellbeing.