St Anne's Community Services

St Anne's Community Services - Leeds DCA 2

Inspection report

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Ratings

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

Overall summary

This was an announced inspection carried out on the 24 August and 2 September 2015. This was the first inspection of the service.

St Anne's Community Services – Leeds DCA 2 is registered to provide personal care to people in their own home and in supported living services and at the time of our inspection provided personal care in ten supported living environment services. They provided a service to 23 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager did not however, have overall management responsibility for all the supported living services.

Summary of findings

We found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines.. You can see the action we have told the provider to take at the end of this report.

Overall, there were effective systems in place to ensure people's safety and manage risks to people who used the service. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

People who used the service told us they were happy living at the service. They said they felt safe and staff treated them well. We saw care practices were good. There were enough staff to keep people safe and staff training provided staff with the knowledge and skills to support people safely.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity; decisions were made in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People participated in a range of activities both in their home and in the community. People were able to choose where and how they spent their time. People spoke positively about the support they received to ensure their dietary needs were met.

Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

Systems were in place to monitor the quality and safety of service provision; however, records of all audits and checks that we were told took place were not available at the time of the inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

People were not fully protected against the risks associated with the unsafe management of medicines.

There were enough staff to meet people's needs. Staffing levels were provided as planned by the service.

We saw the recruitment process for staff was robust to make sure staff were safe to work with vulnerable people. Staff knew about the different types of abuse and how to report it.

Is the service effective?

Good

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed and met by regular contact with health professionals.

Is the service caring?

Good

The service was caring.

People had detailed, individualised support plans in place which described all aspects of their needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Is the service responsive?

Good

The service was responsive

People's care and support needs were assessed and support plans identified how care should be delivered.

People had access to a range of activities that suited their needs. They were also supported to maintain friendships and family contact.

There were systems in place to ensure complaints and concerns were responded to.

Summary of findings

Is the service well-led?

The service was not consistently well- led.

The registered manager did not maintain overall management responsibility for all aspects of the service provision. There were no systems in place to ensure the registered manager was kept informed on the quality and performance of all the services attached to the registered location.

The registered manager had informed CQC about some significant events that had occurred but they had failed to inform CQC about all reportable events.

Systems were in place to monitor the quality and safety of service provision but records of these were not all available.

Requires improvement 

St Anne's Community Services - Leeds DCA 2

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 24 August and 2 September 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a supported living service to people in their own homes who are often out during the day; we needed to be sure that someone would be in and that the main office would be open.

At the time of our inspection there were 23 people using the service. During our inspection we spoke with four people who used the service, four relatives of people who used the service and ten staff which included the area manager and registered manager. We visited two of the supported living service locations. We also visited the provider's office. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at four people's support plans.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of services for people with learning disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. We were not 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.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they received appropriate support with their medication. One person said, "I use medication for epilepsy; tablets; the staff team organise this for me; and my inhaler …they have always done a good job; no mistakes." Staff had training on medication during their induction period and then competency checks each year. Staff told us they felt the training they had received had provided them with the knowledge they needed to carry out this task safely.

We were told that people's medicines were stored in locked cabinets in their homes. For some people, this meant the storage was in their bathroom. The registered manager said there were no systems in place to check the temperature of the room in which medication was stored. This meant they could not be assured that medicines were kept at the manufacturers recommended temperature.

We looked at medication administration records (MAR) for four people who used the service. We found there were gaps in all of these records which meant there was a risk that people who used the service had not received their medication as prescribed. Staff had either failed to sign the MAR sheet to say medication had been given or failed to use the correct code as to why medication was omitted.

Instructions on the MAR sheets were handwritten by staff when the medication was delivered. Handwritten entries were not checked or countersigned by a second staff member, despite this being the policy of the provider. We saw handwritten instructions were not always clear. For example, one person's MAR sheet had noted that a medication should be given each morning, yet was only given every other morning. We were told that there should have been a PRN (as and when necessary) protocol for this medication which gave more details on the administration. This was not available. Another person's MAR stated 'apply to nails'. It did not say which nails. A cream was prescribed for one person and the instructions stated 'apply to affected skin'. The instructions did not state which part of the body the cream was to be applied to. This meant there was a risk that people would not receive their medication as needed or prescribed.

The covert administration of medicines occurs when a medicine is administered in a disguised format without the knowledge or the consent of the person. One person had a covert medication plan in place. There were no records to show how this had been agreed and no pharmacist instructions for how each medicine could be given covertly to ensure safety. Another person's medication was to be given in a crushed format. There was no evidence that this had been agreed with a pharmacist to ensure this method of administration was safe. We also saw that one person regularly refused their medication. There was no protocol in place to show what staff should do in the event of regular refusal. There were no instructions for staff to gain medical advice regarding this matter or what the effects of prolonged refusal of the medication were.

We concluded that all of the above evidence meant there was a risk that people would not receive all their medicines as prescribed. This was a breach of Regulation 12 (2)(g) (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service said they felt safe and well looked after. Comments we received included; "I have always felt safe here; all the other people who live here with me; we all get on ok; we are all over 50. Sometimes people do 'fall out' here; the staff do a good job of sorting this out; I never feel worried", "I spend all day in here; I feel safe in here; no worries; people are kind" and "Yes; safe here; always; yes."

Relatives of people who used the service said their family members were safe. One person said, "I have complete peace of mind knowing he is safe and well cared for, I can go on holiday knowing he will be fine." Another relative said, "My daughter is safe; the staff have regular training on this and the staff have been good at including me in discussions about safety; for example, the gates at the front of the property are good and help keep her safe." However, one person's relative said they thought their family member had frequent falls which resulted in bruises. We discussed this with the registered manager who told us these falls and injuries were monitored and analysed to look at ways of reducing them. This relative also raised concerns that all the staff were not trained in epilepsy management, did not fully understand their family member's needs and did not always speak English well enough to discuss their family member's needs. We discussed this with the registered manager and were shown records that staff had completed training in epilepsy. The registered manager said they would address the concerns.

Requires improvement

Is the service safe?

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm to people who used the service. These included environmental risk assessments in each person's home. The risk assessments gave detailed guidance and were linked to support plans and the activity involved in care or support delivery. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm.

Staff had received training in the safeguarding of vulnerable adults and the records confirmed this.

Staff we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. Staff also knew the principles of whistleblowing and assured us they would make use of whistleblowing if necessary. The registered manager maintained a log of safeguarding incidents and investigations that had taken place. However, we noted from looking at records that two safeguarding matters had not been notified to the CQC as required to do so. They had however, been referred to the local authority and we saw documentary evidence of their investigation.

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

People who used the service and their relatives said there were sufficient staff to meet people's needs. Comments we received included; "I think that there is enough staff", "There are always plenty of staff when I visit" and "Always staff here for me." Rotas we looked at showed that staffing levels were provided as planned. All the staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels.

Good

Is the service effective?

Our findings

Staff were properly supported to provide appropriate care to people as they were trained, supervised and appraised in their role. Staff we spoke with said the training they received helped them understand their job role and how to look after people well. One staff member said, "The induction was fantastic, prepared me well, loved it." Another staff member said, "They are very keen on training, make sure you do all your refreshers."

There was a rolling programme of training available, which included, safeguarding, moving and handling, positive behaviour management, epilepsy and autism. In addition to this, visiting health professionals came to deliver specialist training such as PEG feeding. The training records we looked at showed staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date.

Staff said they received regular one to one supervision and annual appraisal. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case.

Staff we spoke with understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff were clear when people had the mental capacity to make their own decisions, this would be respected and were aware of when best interest decisions may need to be made. The staff we spoke with told us they had completed Mental Capacity Act (MCA) training. Records we looked at confirmed this.

Some relatives of people who used the service said they had never heard of the MCA and did not know how it affected their family member. These relatives both confirmed they acted as advocates for their family member. One relative said, "I would speak up if anything was not right. I have always been made welcome and included in her life." Relatives said they felt they were involved in all decisions that were made in the best interests of their family members. One said, "Oh yes, we are always consulted and involved in making decisions for our [name of person]."

We saw from support plans that the capacity of people who used the service was assessed through assessment and care planning arrangements. Where people had the capacity to make decisions about their care this was not always recorded clearly however. The area manager said they needed to improve the records to make the record more robust. Where people did not have capacity to make decisions, records showed that best interest decisions had been made with the involvement of people's family or Independent Mental Capacity Advocates. (IMCA's). This showed us that the principles of the MCA had been applied.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive. We spoke with the area manager about the need for DoLS at the service. Their answers demonstrated understanding of the legal framework and procedures necessary to apply DoLS in supported living establishments. They told us they were working closely with the local authority as a review of people's supported living arrangements and a review of people's mental capacity had indicated some people may be being deprived of their liberty.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. People who used the service told us they received appropriate support to manage their health needs. One person said,

"I am off to the hospital today. Yes I have been supported by the staff to see the doctor, dentist and optician." A relative said the service was always prompt in gaining medical assistance such as calling a GP out if needed. We saw that health action plan assessments had been completed for people who used the service. However, the records did not show evidence of discussion with health professionals and had not always resulted in an action plan being drawn up to ensure all health needs were assessed.

Good

Is the service effective?

People who used the service were complimentary about the food and menus provided in the service. People's comments included; "The food is very nice; always enough to eat; they ask us what we want; but we all get the same; we can have drinks and snacks whenever we want; we do our own shopping and I cook on a Monday night for everybody", "The food is good" and "Food is ok; yes; have options."

We observed a mealtime for one person who used the service. The food looked appetising and the table was well presented. It was clear that this person was really enjoying their meal.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the service and staff were caring. One person told us, "I can talk to staff here; they are all ok; the staff are all caring and treat me with respect." Another person said, "I am very well looked after thank you." People who used the service were clear in telling us that they thought that the staff were good at meeting their needs and knew what they were doing. One person said, "I was at [name of hospital] before; bad times. This is much better." Another person said, "This is right for me."

Relatives of people who used the service spoke highly of the staff and service. They said that staff were kind and compassionate. Comments we received included; "Staff are caring; yes; the staff are good, all good people", "Key workers have been excellent; really thought about things from my daughters point of view; the key workers really care for her", "It's a super service. I have every confidence in them" and "I have nothing but praise for them, everything is lovely, he is doing so well with them; brilliant in fact."

Most relatives we spoke with said their family members always looked well cared for when they visited them or when their family member visited them. One said, "He always looks smart and tidy when I see him, I have every confidence they do things properly." Another said, "[Name of person] is always well turned out, she obviously receives good support." However, two relatives we spoke with said they thought the personal care needs of their family members could be addressed better. We discussed this with the registered manager. They said they would look in to the issues raised. They also said they were aware of the need to strike a balance between independence and support and would make sure support plans were reviewed to ensure people were getting the support they needed.

We saw positive interaction between people who used the service and staff. Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. They said they were mindful of the fact they were working in someone's home and treated it as such. They also said they followed the support plans of people who used the service to ensure an individualised, person centred approach to care delivery. A relative told us, "Staff are very respectful when it comes to choices and decisions." Staff demonstrated a good knowledge of the care needs of the people they supported. They could describe in detail the way in which they met people's individual needs. It was clear they knew people and their needs well.

Through our discussions with staff and the registered manager it became clear that staff meetings were held in the homes of people who used the service. There were no agreements in place to show how this had been agreed with people who used the service or their representatives. The registered manager said they would address this to ensure people's privacy was respected.

Some people who used the service and their relatives said they had been involved in developing and reviewing support plans and said they felt fully involved in this process. One person said, "I have my own file and we go through it; me and my keyworker." A relative said, "They discuss every aspect of [name of person's] care and we always have reviews." Another relative said, "They asked for my input, I feel confident everything is covered and any changes; we are always informed." However, one person who used the service said they did not know what a support plan was but had heard of one. They said they did not think anyone had discussed this with them. They also said they had heard of a 'person centred plan' but did not think they had one. We spoke to the registered manager about this and they said they would raise awareness with people regarding their person centred support plans that were in place. One relative also told us they had not seen their family member's support plan this year.

People who used the service said their friends and family members could visit them at any time. Comments included; "My sister is coming today. I have three sisters and two brothers; they can pop in anytime to see me; they phone me a lot too" and "I am meeting my friend tomorrow, we meet weekly; my mum is my advocate and can visit me anytime; we talk on the phone a lot."

Good

Is the service responsive?

Our findings

People received care which was personalised and responsive to their individual needs. People's care and support needs were assessed and support plans identified how care should be delivered.

Records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to support in the service.

We looked at the support plans for four people who used the service. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people.

People who used the service or their relatives thought that care was focused on their or their family member's individual needs. One person said, "I need support when I shower due to my epilepsy, apart from this I live independently. I can come and go whenever I want; I have staff to come with me."

Overall, daily records showed people's needs were being appropriately met. However, on occasions we saw some people's daily records were not completed each day to show the support they had received. The registered manager said they would raise this with the staff to ensure practice improved.

We also saw that some people who used the service had been engaged in some person centred planning to help them plan the support they needed and their aspirations for the future. The person centred planning tools we saw were MAPS. (Making Action Plans). These were a visual graphic plan that looks at a person's history and future aspirations. We saw these were in place for two people. However, it was not clear if these were current MAPS as they were undated and did not show any evidence of review. The staff told us that one of the people had the MAP completed 'a long time ago' when with a previous provider.

We could not be certain that the information contained in the MAPS was still relevant to people who used the service. The registered manager said they would review this information.

People were supported to follow their hobbies and interests and be involved in a wide range of activities. One person said, "I like the activities here; tapestries, I go to a day centre four times a week", "I like watching 'power rangers' in my room; I spend all day in here", "I like bed best; listening to my music; no; nothing could be better" and "I go out all over, always doing something I am." Records we looked at showed some people had timetables with regular activity such as horse riding, swimming, meals out, choir practice and college. These activities were linked to their known likes and dislikes identified in their support plans. However, one person said they had been waiting for over a year for activity of their choice to be organised or arranged for them. They said, "I am really happy here; I would like some activities looking after animals or being with children; but apart from that it is good here."

Relatives of people who used the service were pleased with the activity their family members were involved in. One relative said, **"**They do read to my son; he really likes that; and they take him out to the gym and they help him with his music; he does seem happy here." Another relative said, "My daughter likes walking. It is hard to engage with her and she quickly loses interest in activities. They know her needs well and gear her activities around this; she likes swimming and manicures; I think they are trying hard with daytime activities."

People who used the service said they would talk to the staff if they wanted to raise a concern or a complaint. They also said they would speak with their family. One person said, "If things were not good I would tell my family; don't know the complaints procedure; I can read."

Relatives of people who used the service said they were aware of how to raise concerns. One relative said, "I would go straight to the regional manager if I had a complaint; yes I feel able to talk to them as a boss." Another relative said, "I can talk to any of the staff or house manager about anything, only ever little niggles but they get sorted out." However, another person said they did not feel much action was taken to feedback given. They said, "I can speak to staff and managers anytime. I have been sent feedback forms but don't feel much notice was taken of what I wrote."

Good

Is the service responsive?

We looked at a sample of records of complaints and concerns received in the last 12 months. It was clear from the records that people had their comments listened to and acted upon. The registered manager said any learning from complaints would be discussed with the staff team. We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues. Staff confirmed there were good communication systems to ensure they were made aware of the outcome of complaints. One staff member said. “We are always informed of what has happened and what we need to do to improve.”

Requires improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. The registered manager had day to day management responsibility for two of the supported living services and the staff who worked in them. The other eight supported living services were managed on a day to day basis by three other managers; who received line management support from the area manager. The registered manager did not have any regular contact or a management role in these eight services despite being the registered manager. The provider's area manager maintained overall management responsibility for all the supported living services. However, there were no systems in place to make sure the registered manager was kept informed on the quality and performance of the services they did not have any day to day contact with. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The arrangements in place at the time of the inspection did not ensure this. The registered manager said they would be discussing the current arrangements with their area manager to see what could be put in place to rectify this situation

People who used the service and their relatives spoke positively of the management teams within the supported living services and how the service was well run. This included services managed by the registered manager and those managed by other managers. Comments we received included: "We have a good manager", "Always seems very well organised to me" and "A very good manager, can ring any time and ask anything."

Staff told us they felt well supported by the management team (registered manager and other managers in the service) and felt able to contribute ideas and suggestions. One staff member said, "[Name of manager] is a great manager, so supportive, well organised and communicates well." Another staff member said, "It's a well-managed organisation, from the chief executive to the house managers and deputies. Always well informed and everyone is approachable." We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service.

Each supported living service had a system of audits that we were told were completed on a regular basis. The records of these were not available on the days of our inspection for all the supported living services as they were not held at the provider's location office. We were able to look at records from two of the supported living services. The audits included; medication, finance and support plan audits.

We were told that the area manager visited each of the supported living services regularly to check standards and the quality of care being provided. We looked at the records for some of these visits and saw that the area manager spoke with people who used the service and staff during these visits to gain their feedback on the service. We also saw that checks were completed, which included; staffing levels, medication, safeguarding, risk management, recruitment, community participation, consent and mental capacity and food and menus. We saw actions were identified and an action plan put in place to ensure improvements were made in the services.

The registered manager also told us that each manager within the supported living services submitted a monthly data submission to the area manager on aspects of the service such as accidents/incidents, complaints, safeguarding issues and training. This enabled the area manager to maintain an oversight of the performance and quality of the service. There were no arrangements in place to make sure the registered manager received this information.

We looked at the safeguarding log in the service and saw that not all safeguarding incidents had been reported to the Care Quality Commission. We saw they had been reported to the local authority for investigation. It is important that the CQC are notified of all such incidents in case any action needs to be taken. The registered manager agreed this had been an oversight and said they were aware of their responsibilities regarding notifiable events.

We were told that each manager of the supported living services undertook spot checks at individual services they had management responsibility for. On the second day of our visit, one of the managers told us they had carried out a spot check at 7am that morning. We looked at some records of spot checks and saw where issues had been identified action plans were put in place. This included actions such as the need to improve daily notes.

People who used the service and their relatives were asked for their views about the care and support the service

Requires improvement

Is the service well-led?

offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2014 at two of the supported living services. These showed a high degree of satisfaction with the service. No suggestions for change or improvement had been made. Comments included; 'In all areas of her life, [name of person] seems to be excellently supported', '[Name of person] has improved big time in her speaking and social life and really has a good time', 'Happy living in St Anne's' and 'I get support when I go out, I am happy with that.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not always protected against the risks associated with medicines because the provider did not always have appropriate arrangements in place to manage medicines.