

St Anne's Community Services

St Anne's Community Services - Foxview

Inspection report

3 Foxview
Halifax Road
Dewsbury
West Yorkshire
WF13 4AD

Tel: 01924458187
Website: www.st-annes.org.uk

Date of inspection visit:
27 July 2016

Date of publication:
12 September 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

The inspection took place on 26 and 27 July 2016. The inspection was announced as Fox View provides respite care to people. We gave the service 24 hours' notice to make sure there was someone at the service for the time of our inspection.

Fox View provides respite care for adults aged 18-65 with a learning disability and associated complex health needs. There are six places available and there are a total of 23 people who regularly use the service. There are four regular respite places and two emergency places.

The service provides personal care and support to people with physical disabilities, learning disabilities and long term health conditions. The service covers the Dewsbury area and at the time of our inspection the service was supporting three people.

The service 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.

We spoke nursing staff and care staff who told us that the registered manager was always available and approachable. We spoke with people who used the service on the day of the inspection and their relatives.

We saw that people's prescribed medicines and topical medicines were recorded when administered. We looked at how records were kept and spoke with the registered manager and area manager about how staff were trained to administer medicines and we found that the medicines administering, recording and auditing process was safe.

From looking at people's support plans we saw they were person centred. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes and needs and choices are taken into account. The support plans made good use of personal history and described individual's care, treatment, wellbeing and support needs. These were regularly reviewed and updated by the registered manager.

People who use the service received person centred support and their needs regarding cultural beliefs were met, respected, and valued.

Individual support plans contained personalised risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and regular contact made to other health care professionals where necessary for example with their GP.

Our conversations with people who use the service and their relatives during the inspection showed us that

people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

We looked at the recruitment process and found that relevant checks on staff took place and this process was safe.

We looked at the staff training records we could see staff members were supported and able to maintain and develop their skills through training and development opportunities. Staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions with the registered manager, where they had the opportunity to discuss their care practice and identify further training needs.

People were encouraged to plan and participate in activities that were personalised and meaningful to them. People were supported to play an active role in their local community by accessing local facilities.

We saw compliments and complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found the service had been regularly reviewed through a range of internal and external audits. We saw action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views via phone calls and surveys.

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. Any applications must be made to the Court of Protection. At the time of this inspection no applications had been made to the Court of Protection.

The service provided regular engagement opportunities for families, carers and people who used the service.

Peoples nutritional needs were met and people had individualised support plans to support this.

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 was safe.

The service ensured the safe management of medicines.

There was sufficient staff to cover the needs of the people accessing the service.

The service had individualised risk assessments in place that were developed in a person centred way.

People who used the service knew how to disclose safeguarding concerns, staff knew what to do when concerns were raised and they followed effective policies and procedures.

Is the service effective?

Good ●

This service was effective.

People and their relatives could express their views about outcomes for people and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs.

Peoples hydration and nutrition needs were met and individual support plans for people were in place.

The service communicated well with other healthcare professionals.

Is the service caring?

Good ●

This service was caring.

People were supported to maintain their independence.

People were understood and had their individual needs met, including needs around, cultural beliefs, social inclusion, and

wellbeing.

People had the privacy they needed and were treated with dignity, respect, kindness and compassion at all times.

Is the service responsive?

Good ●

This service was responsive.

People received person centred care and support in accordance with their preferences and diverse needs.

People and those that mattered to them were encouraged to share their views about their care, treatment and support.

Care plans were person centred and reflected peoples needs including activities and wellbeing

Is the service well-led?

Good ●

This service was well led.

The care staff were supported to provide a home away from home experience for the people who used the service.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints and comments.

The service provided regular opportunities for families to receive support and to engage with the service.

St Anne's Community Services - Foxview

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 26 and 27 July 2016 and was announced. We gave the service 24 hours' notice of our visit because the service offers respite care and we wanted to be sure that people were available for our inspection. The inspection team consisted of two Adult Social Care Inspectors. At the inspection we spoke with the registered manager, the area manager, nursing staff and three support workers.

During the inspection we spoke with two people who used the service and their relatives. Before the inspection we checked the information that we held about Fox View. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service, including commissioners and no concerns were raised.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

The registered provider completed a provider information return (PIR) prior to our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning our inspection.

We reviewed three support plans, three daily records, three staff training records, three staff recruitment files, medicine administration records, accident and incident reports, safety certificates, internal

communications, quality surveys and records relating to the management of the service such as audits, policies, rotas, call sheets and minutes of team and family engagement meetings.

Is the service safe?

Our findings

People who used the service were unable to express to us verbally that they felt safe staying at Fox View but we could assess from speaking with family carers and support staff the people there were comfortable. We could see communication grids within individual care plans that described clearly how people chose to communicate without using words when they were not happy and which physical signs to be aware of. During the inspection both people who used the service showed signs of being happy and relaxed and secure within the service. One relative told us "In the times that [name] has been here, I generally feel that they are safe."

During the inspection we were unable to observe medicines being administered but could see how medicines were managed and recorded. However we asked Nursing staff to talk through and show us the medicines storage and administration process. We looked at the Medicines Administration Record (MAR) sheets. We found that there were no omissions within the MAR sheets. Where people were prescribed topical creams or patches these were administered and recorded and the records contained clearly marked body maps. We saw that there were detailed procedures in place to manage PRN medicines (as and when required).

When we spoke with the nursing staff they told us that they audited the MAR sheets system and checked for errors. The registered manager also checked staff competency in administering medicines. When we discussed the level of qualifications needed to carry out competency checks safely the registered manager explained that they had the same level qualification as the support staff. We suggested to the registered manager that it would be best practice to be at a higher level and they agreed to seek further training for themselves and the deputy manager.

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. Staff had attended safeguarding training as part of their development. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us about the different signs to look out for and the different types of abuse and they told us "We know all the different types of abuse and we look out for them. We know how to make alerts. We have vulnerable adults and they are susceptible to abuse and it could be from anyone so we have to be aware of this and look out for the signs."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach and the procedures they had in place to address health and safety related issues. We also saw individualised evacuation plans which provided staff with information to ensure an individual's safe evacuation from the building in the event of an emergency.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. Individuals had personalised risk assessments called a 'positive risk assessment' which were tailored to suit people's needs and focused on enabling people who used the

service them to take risks safely.

We looked at the arrangements that were in place for recording and monitoring accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us the recording system and we saw actions had been taken to ensure people were immediately safe. The registered manager told us "Accidents and incidents are monitored three monthly and at team meetings and we did have a person who was at risk of falls and we have minimised this. We are always looking to see if we need to change anything and have tried new things."

During the inspection we looked at the recruitment policy and staff files demonstrated that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, and two previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

There were enough staff at the service to meet people's needs and we saw evidence in the staff rotas and shift planning board that was in place that this increased when more people were accessing the service.

We found that the service maintained a high level of cleanliness throughout and there were effective systems in place to reduce the risk and spread of infection. Staff were aware of the importance of infection control. Each bedroom and each bathroom contained a box stocked with protective equipment, for example gloves and aprons.

Is the service effective?

Our findings

We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge. One staff member told us "We are paid to attend training and there are loads on offer. We don't lose out. St Anne's go out of their way to train and support us as staff. I am now doing my NVQ in management and have been for two years. I'm almost there now and it was something I never dreamt of and it's all funded by St Anne's." One relative told us; "If I thought the staff weren't fully trained then I wouldn't leave [name] here."

The service had developed a 'champions scheme' that encouraged staff to research and lead on a subject area. The champions provided support and training to their peers and were responsible for updating them on any new information, equipment or legislation. The champion areas included dementia and dignity. When we spoke with staff, they told us; "the champions get extra training and they get to meet with other nursing homes to share learning."

We saw completed induction checklists, staff training files and records that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included fire safety, positive behaviour support, stoma care, infection control, equality and diversity, medicines, epilepsy and first aid. National vocational qualification (NVQ) training for personal development in health and social care was also undertaken..

For any new employees, their induction period was spent shadowing experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files.

New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn.

We looked at staff meeting minutes. We could see that staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices. Opportunity was given to discuss any difficulties or concerns staff had. One staff member told us "We have team meetings every month that everyone attends. We use these meetings as 'standard setting' meetings to vocalise ideas and say if we think anything needs to change. Anyone who is on annual leave or sick then read the minutes to make sure they are up to speed with everything."

Individual staff supervisions and appraisals were planned in advance and took place regularly. The registered manager had a system in place to track them. Appraisals were also offered annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could

see the format of the supervisions gave staff the opportunity to discuss any issues. One member of staff told us; "Supervisions are regular and they are good. If I needed to say anything I could."

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and fresh homemade meals and support where needed. The menu that we looked at was balanced and offered choices that matched people's preferences. The service had prepared eating guidelines for each individual who used the service and each person had their own profile that detailed their preferences and the level of support they needed with eating. One person had guidelines from the speech and language therapy team as they were at risk of choking. Another person had detailed instructions for staff to follow that stated; 'I may require staff to load my spoon and guide it to my mouth.'

We saw that guidance was also prepared for people's cultural beliefs where it was required food was Halal. This food was stored and prepared separately following the procedures required to meet these requirements..

Where possible, we saw that people were asked to give their consent to their care and we could see in people's support plans that they had been involved in the development of the plan and their comments were clearly recorded. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

We saw from the support plans that people were supported to access other healthcare professionals and staff had good working relationships with these professionals. One member of staff told us; "We have a partnership approach and we contact the GP if we ever want to query anything for example a protocol for someone's medicines."

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. We found that there was one person who used the service who had a DoLS in place. We also saw in the staff training matrix that staff had received training on DoLS and the MCA. We saw that people had best interest decisions in place where needed.

We saw records that showed that the service ensured people's well-being was maintained. Each person had a personalised health action plan that was in an easy read format and covered general health and wellbeing. All contact with community professionals that were involved in care and support was recorded including the dentist, chiropodist, district nurse team and GP. Evidence was also available to show people were supported to attend medical appointments.

Is the service caring?

Our findings

Throughout our inspection we observed people who used the service engaging in many positive interactions with the support staff. The atmosphere within the service was relaxed and people were not rushed. We observed people smiling and making gestures that indicated they were happy and comfortable in their surroundings and with the staff supporting them.

One relative told us; "[name] is happy to come here, the feedback I always get from [name] afterwards is always positive."

When speaking with relatives it was apparent how valued the service was and especially the support that their relatives received when staying at Fox View for respite. One relative said "It is brilliant here, I can't fault any of them. It can be very difficult to support [name] but the support staff here are always talking to [name]. They take them out, play music which [name] just loves." Another told us; "It's friendly and as homely as it can be it's not too big, it's the friendliness and the caring that is most important to us."

We observed interactions at meal times and we could see how patient and attentive the support staffs were. The support staff helped people to eat their meal and they were able to do this in a dignified manner by respecting people's needs and wishes. We saw how one person needed a lot of encouragement to sit at the table and this was done in respectful way. Another person needed support to eat their meal and this was done with dignity and the support staff were taking their time, encouraging them, describing the food, explaining their actions and taking on board people's reactions and communication gestures.

We asked staff how they promoted people's privacy and they told us; "Privacy and dignity is preserved with the help of our 'do not disturb' signs that we use. We make it clear to other service users too that people need privacy. We always knock on people's doors before going in. We cover people up as much as possible when showering."

During our inspection we saw in people's care files and daily records that regular contact with family was important. People who used the service who also accessed day services had a communication booklet in place so that staff at Fox View could communicate with day service staff and find out how their day had been. This was vital for people who are unable to use word to communicate themselves.

We saw that there was information on display and within support plans for people who used the service regarding advocacy services that were available. When we spoke with staff members, they were knowledgeable about advocacy. They were able to tell us who used an advocate and how to contact an advocate for someone if they needed one.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's support plans. When we asked staff how they got to know the people who used the service they told us; "We spend time speaking with people their family members or carers at home. We visit them at their day service or at school to get to know them first". The registered manager told us; "People can come for a tea time visit first to see if

they like it or however the people and the families want to do it. We aim to provide a good quality service to our guests and their families. When someone comes in to stay with us and has a big beaming smile, it tells me a lot."

We saw that the service had achieved the 'Gold standard quality framework' in March 2014 that runs until March 2017 which is a national accredited award. This is awarded to services recognised as delivering high quality care for people in the final years of their life.

Is the service responsive?

Our findings

The support plans that we looked at were very detailed and person centred. 'Person-centred' is about ensuring the person is at the centre of everything they do and their individual wishes and needs and choices are taken into account. The support plans gave details of the person's likes and dislikes, personalised risk assessments, daily routines and planned activities. These support plans gave an insight into the individual's personality, preferences and choices. They had a section called 'Important things to me'. This set out how people liked to live their lives and made use of pictures ensuring it was accessible.

The support plans went into great detail for people who didn't use words to communicate and these contained a 'communication grid'. These set out exactly how people preferred to communicate. For example one person who used the service had a communication grid that stated; 'Staff need to be aware of my gestures and body language. When I make loud noises, laugh and make eye contact I am happy. Sometimes I bite my hand and bang on my chest with my hand or refuse to engage in any activity. This means that I am unhappy and need reassurance or I could be in pain. Offer me an activity'. This showed us that the service had taken all aspects of the person's communication abilities and recorded them to enable support staff to support them effectively..

We saw people and their families were involved in developing their own support plans. We also saw other people that mattered to them, where necessary, were involved in developing their support and activity plans too. The registered manager told us; "When we get a new person coming in we meet with the family, their social worker or named nurse and we gather as much information as possible about the person and we start from there."

When we asked staff what person centred support meant to them, they told us how the support they gave people was focused on the individual and their interests. One member of staff told us "We believe each person is an individual and their care is tailored for them. We don't have a blanket approach that we use for all. We consult individuals first."

From speaking with staff and people who used the service we were able to establish that staff enabled people to maintain their choices, wants and wishes. One staff member told us "[name] can choose. We show them two items or photos and then they point." When we spoke with relatives they told us also that staff enabled people to make choices and one relative told us; "[name] can be difficult and doesn't like certain things and the staff are able to support this." Another staff member told us; "We have picture cards for [name] to support them to make choices for themselves. They will look at the one they want."

We saw that people were supported to take part in activities either within the service or out within the community including trips out, visits to shops and the local duck pond depending on people's wants and wishes. The service had an activity room that was filled with sensory equipment that offered lights, sound and tactile activities. One member of staff told us; "We have one person who comes here only during the day and they like to stay in. Others come here and it's like their holiday." Another staff member told us; "We don't just put people in front of the TV. We have got to know people well. We are a home away from home and we

try to emulate that as best as we can."

The service had a compliments and complaints procedure in place and the registered manager and staff were able to demonstrate how they would follow the procedure and deal with complaints. When we asked staff and relatives if they knew how to make a complaint they told us; "If I wanted to complain I would go to the manager." We also asked relatives if they were aware of how to raise any complaints and one relative told us; "I know what to do and I would complain loudly if I had anything to complain about. This showed us that staff and relatives knew how to access the complaints procedure if they needed to.

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in post that managed the staff team and ran the service. A registered manager is a person who has registered with CQC to manage the service. The registered manager was qualified, competent and experienced to manage the service effectively. Staff told us that they were supported by the registered manager and one member of staff told us; "The manager and the deputy manager are both really supportive." Another told us; "I feel very supported by the manager. If I have any problems I talk to the manager and together we come up with solutions. They have even supported me with personal problems that have impacted on my work."

The service had a clear vision and set of values called the 'Fox View ten standards' that included honesty, respect, choices and zero tolerance of abuse. We saw from our observations and from speaking with staff that the service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us; "We are commissioned to provide respite care for people with complex health needs by giving the families all the support that they need."

We saw up to date evidence of quality checks carried out by the registered manager and that focused on people who used the service, their views/concerns, staffing, staff training, suggestions for improvement, complaints, accident and incident analysis, fire safety, support plans, and safe administration of medicines. Regular audits of the service were also carried out by the area manager.

Staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. One staff member said, "We have a duty of care and the manager is always there to support us when we need it."

During our inspection we noted how the service had a low turnover of staff. We also saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. One relative told us; "I know where the manager is if I need them." The manager told us; "I support the staff to have a good work/life balance." Staff we spoke with also confirmed this and gave us examples of how they had been supported by the manager.

We looked at how the registered manager adhered to company policy, risk assessments and general issues such as incidents/accidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to influence the way the service was delivered. For example, the service had an effective quality assurance and monitoring systems in place. These were based on seeking the views of people who used the service at engagement

meetings and through an annual quality survey.

The registered manager held an annual engagement meeting for families and people who used the service and we saw minutes that showed us this took place. The registered manager told us; "We have had to build up trust with families over the past five years. Some families engage better than others so we are looking at new ways. We are going to hold the next meeting as a coffee morning and let people use it as a drop in to improve the attendance. We had Healthwatch at the last one they were very good and offered information to families."

The complaints were managed monitored and clearly recorded by the registered manager. We saw the most recent monitoring of complaints and we could see that there had been no recent complaints made. We could see from previous records how complaints were responded to and the outcomes were recorded appropriately. Staff, relatives and the registered manager were knowledgeable of the complaints procedure. We saw that the service had received numerous compliments from relatives

We saw policies, procedures and practice were regularly reviewed in light of changing legislation, good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations, such as the local authority and other social and health care professionals, were understood and met.

We found the registered provider reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the requirements of the Data Protection Act.