Ms Sarah Storey

The Annex

Inspection report

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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

Overall summary

This inspection took place on 23 June 2015 and was unannounced. At the last inspection on 18 October 2013 we found the service was meeting the regulations we looked at.

The Annex is a supported living service that can accommodate up to two people. Supported living is where people live in their own home and receive personal care and/or support in order to promote their independence. People who use this service have their own tenancy agreement and staff are available 24 hours a day to provide them with support. At the time of our inspection there were two young male adults with a learning disability, using the service.

The service is located on the same site as Hylton House, a care home which is also owned by the provider. It is owned by an individual provider who also manages the service. It therefore does not require a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives told us the care and support provided by the service was safe. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse. The provider had a formal procedure in place for staff to follow to ensure concerns were reported to the appropriate person.

Risks to people's health, safety and wellbeing had been assessed by managers. Staff were given appropriate guidance on how to minimise identified risks to keep people safe from harm or injury in their home and community.

There were enough suitable staff to care for and support people. Managers reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service. They carried out appropriate checks on staff to ensure they were suitable and fit to work. Staff received relevant training to help them in their roles. Managers ensured staff's skills and knowledge were kept up to date. Staff were well supported by managers and were provided with opportunities to share their views and ideas about how people's experiences could be improved.

People's consent to care was sought and obtained before care and support was provided. People

were supported to make decisions and choices about their care and support needs. Their support

plans reflected their specific needs and preferences for how they wished to be cared for and supported in such a way as to retain as much control and independence over their lives. These were reviewed regularly with them by staff who checked for any changes to people's needs.

People were encouraged to eat and drink sufficient amounts and maintain a healthy and balanced diet. Staff supported people to keep healthy and well and ensured people were able to promptly access other healthcare services when this was needed. Where this was relevant, staff ensured people received their prescribed medicines promptly. These were stored safely.

People and their relatives told us staff looked after them in a way which was kind, caring and respectful. People's rights to privacy and dignity were respected. Staff spoke with people in a warm and respectful way and ensured information they wanted to communicate to people was done in a way that people could understand. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. Staff also supported people to retain as much control and independence as possible, when carrying out activities and tasks. People were supported and encouraged to maintain social relationships that were important to them.

Relatives and visitors said they would feel comfortable raising any issues or concerns directly with staff. There were arrangements in place to deal with people's complaints, appropriately.

Managers encouraged an open and transparent culture and people, their relatives and staff were able to share their views and experiences of the service and how it could be improved. Managers demonstrated good leadership. They ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

There were systems in place to monitor the safety and quality of the service and managers took action if any shortfalls or issues were identified during routine checks and audits. Managers used learning to identify how the service people experienced could be improved.

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?

Good

The service was safe. People and their relatives said people were safe. Staff knew how to recognise if a person was at risk of abuse or harm and the action they must take to make sure people were protected.

There were enough staff to care for and support people. Staffing levels were reviewed by managers. The provider carried out robust checks of staff's suitability to work at the service.

Known risks to people's safety and welfare were minimised and managed by staff to keep people safe from injury and harm in their home and out in the community. Where this was relevant people received their medicines as prescribed and these were stored safely.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills they needed to support people using the service. They received regular training and support from managers to keep these updated.

Staff were aware of their responsibilities in relation to obtaining people's consent to care and support. They ensured people had capacity to make choices and decisions about specific aspects of their care and support.

People were supported by staff to eat and drink sufficient amounts and to maintain a healthy, balanced diet. Staff ensured people were supported to stay healthy, well and able to access other healthcare services when needed.

Is the service caring?

Good

The service was caring. People and their relatives said staff were kind, caring and respectful. Staff ensured people's rights to privacy and dignity were maintained, particularly when receiving support.

Staff encouraged people to do as much as they could and wanted to do for themselves to retain control and independence over their lives in their home and in the community.

People were supported to maintain social relationships that mattered to them.

Is the service responsive?

Good

The service was responsive. People were actively involved in planning their care and support. Their needs were assessed and support plans set out how these should be met by staff.

People's support plans reflected their individual choices and preferences and focussed on giving people as much independence as possible. People's care and support needs were reviewed regularly with them by staff.

The service had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service was well led. People's views about the quality of care and support they experienced, were sought. Managers acted on people's suggestions for improvements.

Summary of findings

Managers demonstrated good leadership. They ensured staff were clear about their roles and responsibilities to the people they cared for. Staff said they felt supported by managers.

Managers carried out regular checks to monitor the safety and quality of the service. Managers used learning to identify ways the service could be improved.

The Annex

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 checked 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 23 June 2015 and was unannounced. It was carried out by a single inspector. Before the inspection we reviewed information about the service such as notifications they are required to submit to the Commission.

During our inspection we spoke with both people using the service. We also spoke with the manager, deputy manager, and two members of staff providing support We looked at records which included both people's care records, two staff files and other records relating to the management of the service.

After the visit we spoke with two relatives and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People and their relatives told us people were safe. One person, when asked, said "Yes, feel safe here." A relative told us, "I feel [family member] is safe when we go there. The place is safe and [family member] is really comfortable with his care support worker."

Staff knew how to protect people from the risk of abuse, neglect or harm. They had received regular training in how to safeguard adults at risk. Staff talked to us about actions they would take to ensure people were protected. This included being alert and aware of signs that could indicate someone may be at risk and the steps they would take to protect them. The provider had a policy and procedure in place which set out the action staff should take to report a concern. This was displayed on a staff noticeboard along with contact numbers of people and organisations that staff could report their concerns to. Staff said they would follow the procedure and report their concerns to the registered manager or to another appropriate authority such as the local council.

There were plans in place to minimise risks to people at home and in the community. People and their relatives told us they felt supported by staff to stay safe. A relative told us, "They support [family member] out in the community as he doesn't understand the dangers so they always stay with him." Records showed staff regularly reviewed how people's individual circumstances and needs put them at risk of injury and harm at home and in the community. This enabled staff to put in place plans on how to minimise these risks when providing people with care and support.

Staff demonstrated a good understanding and awareness of the risks people faced and how they could support them to stay safe whilst enabling them to retain control and independence in their lives. For example one person regularly visited a performing arts centre for young adults with a learning disability. Their records showed that the risks to them of travelling and attending the centre had been discussed with them and an action plan was put in place for staff to support them to do this safely. This included giving them training and support to travel until they had the confidence they needed to do this for themselves. They told us, "I travel on my own outside now." A member of staff told us, "When they are out in the community I make sure I know where they are and we agree times to meet or contact each other."

There were sufficient numbers of suitable staff to keep people safe. From our discussions with people and their relatives it was clear people had experienced consistency and continuity in the care and support they received from staff. Records showed the level of support people required was assessed by managers and used to plan staffing levels. The current staff rota showed this was planned in advance and adjusted accordingly based on the level of support people needed each day at home and in the community.

As part of the provider's recruitment procedures, checks were undertaken to ensure staff were suitable and fit to work for the service. Records showed pre-employment checks were carried out and evidence was sought of people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

Only one of the people using the service required prompting and support from staff to take their prescribed medicines. We saw appropriate arrangements had been put in place for them to take this when it was needed. Records showed staff supporting people to take their medicines had received the appropriate training to do so and their competency was regularly checked by managers. Medicines had been stored safely. Records showed managers carried out regular audits and checks of medicines to ensure the individual had received their medicines as prescribed, and safely.

Good

Is the service effective?

Our findings

Staff received training and support to enable them to meet people's needs. Staff had access to opportunities to attend training that was relevant to their roles. We saw managers monitored and reviewed staff's training and development needs and had arranged for staff to attend courses to meet these. Records showed staff had attended training in topics and areas appropriate to their work. Staff confirmed with us that they received regular training to help them in their roles. One member of staff said, "The management give us the tools to support us like training and that makes me feel confident."

Staff felt well supported by managers to help them carry out their roles effectively. Records showed staff received regular support from managers through individual one to one meetings and team meetings. Through these meetings staff were provided opportunities to discuss work performance, issues or concerns and any learning and development needs they had. A member of staff told us, "I feel really well supported here. This is the best place I have ever worked."

Through our conversations with people it was clear they understood why they needed care and support from staff in order to achieve their own personal goals and aspirations. For example one person told us they wanted to eat a balanced diet and to lose weight and understood why staff encouraged them make healthy food choices. Records showed people had been actively involved in the planning of their care and their choices and decisions about how they wanted this provided were used to plan the support they needed. People formally gave their consent to their planned care and support by signing their support plan. Guidance for staff detailed how each person communicated their choices and decisions so that staff clearly understood when people were or were not giving their consent to support. Staff had received training in relation to the Mental Capacity Act 2005 (MCA). Staff demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so.

People were supported by staff to eat and drink sufficient amounts and to maintain a balanced diet. One person said staff supported them in the kitchen to help them prepare meals they wanted. They told us, "I can choose what I like to eat but know I have to be healthy." Their relative said, "His weight has gone down and he looks really well." Records showed staff involved people in discussions about their diet and took account of people's likes and dislikes for the food they ate. People's choices about this had been used to support them to plan meals that met their personal preferences and that were well balanced and healthy. There were no restrictions placed on people in the home so people could eat at times which suited them. Staff monitored how much people ate and drank which provided them with information about whether people were eating and drinking sufficient amounts and maintaining a healthy diet.

People were supported to maintain good health. One person told us staff encouraged and supported them to stick to their goals and aspirations to lose weight. Their relative said staff supported their family member to visit the GP practice nurse regularly so that they could have their weight checked. They told us, "This helps remind him and keeps him on track." Records showed people's health and medical needs were clearly documented with guidance for staff on how people should be supported to stay well.

People were supported to attend healthcare appointments and the outcomes from these visits were clearly documented. Any changes or additional support people may have needed as a result was communicated to all relevant staff. There was clear guidance for staff on how to recognise signs and symptoms that would indicate people may be unwell and what action to take if they became concerned about their health and wellbeing. This included making a prompt referral to the GP so that people got the medical assistance they needed quickly.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "Staff are quite caring." A relative told us, "Staff aren't just doing a job. They clearly care about [family member] and what happens to him." Another relative said, "I think [family member] is very happy. He doesn't want to come home and the staff care for him." We saw the interaction between people and staff, was warm, friendly and kind. People and staff clearly knew each other well and people looked at ease and comfortable in staff's presence. Staff who supported people had worked at the service for a considerable time and in their discussions with us demonstrated a very good understanding of people's life histories and the things that were important to them. One member of staff said, "I've worked with people for over 3 years and I've gotten to know what they like."

People were encouraged to be actively involved in planning and making decisions about the care and support they received. Records showed there was guidance for staff on how to communicate with people in such a way that people could understand and then make decisions about what they wanted. One person showed us how staff used pictures to describe different activities and events which helped them choose what they wanted to do each day and over the course of the week.

People were afforded privacy when they needed this and treated with dignity and respect. One person told us they felt staff treated them with respect and they were given their privacy when they wanted this. We observed staff routinely asked people for their permission and consent before carrying out activities or tasks. For example before entering the home staff asked people for their permission to do so. We also saw when we wanted to look at people's information staff asked people for their consent to do so. We observed the way in which staff spoke with people was respectful and caring. In one example of this, the member of staff gave the person time to think about their response and to communicate this in a way that suited them. Another member of staff told us about the various ways they ensured people's privacy and dignity were respected. For example they were aware they were supporting people in their own home and as such they needed to seek their permission before entering people's personal and private space.

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely so that personal information about people was protected. Staff records showed all staff had signed agreements that information about people would be respected and kept confidential. We observed staff did not discuss personal information about people openly.

People were encouraged and supported to be as independent as they could be. One person told us, "I get to be independent here." A relative said about their family member, "If he lived at home he wouldn't do anything for himself. They [staff] keep him active and encourage him to clean and look after himself. He likes to be independent but needs that extra support to build confidence." They told us about one example of this where staff had supported their family member to build the confidence they needed to travel on their own in the community.

Records showed people had discussed and agreed with staff their individual goals and aspirations to increase their independence at home and in the community. Staff encouraged people to achieve these by supporting people to attend activities, college courses, fitness classes, community discos and meals out. In the home, people were encouraged and supported to help in the preparation of their meals and with general tasks around the home. People's goals were reviewed with them regularly by staff to check these were being achieved.

People were encouraged and supported to develop and maintain relationships with people that mattered to them. For example, one person had a partner and they were encouraged and supported to visit with them and go on outings and trips. Relatives told us they were free to visit their family members and there were no restrictions placed on them about when they could do this. People were also supported to visit and stay with their families overnight and at weekends.

Good

Is the service responsive?

Our findings

People were supported to contribute to the planning and delivery of their care. A relative confirmed this and said, "They let him do as much as he can so that he can manage on his own." Records showed people discussed through meetings with staff what their care and support needs were and how these should be provided. This included discussions around the level of support people needed that enabled to retain as much control and independence as they wanted. For example one person wanted to independently prepare and cook their meal, however they were not confident in using the oven. They agreed staff would support them to use the oven but allow them to prepare much of the meal for themselves.

Information from these discussions was used to develop a detailed support plan for each person which set out how their specific care and support needs should be met by staff. These plans were person centred, focussed on people's priorities and aspirations for their care and welfare and reflected their specific likes and dislikes for how this should be provided. For example one person preferred to be supported by a member of staff of the same sex as they said they were more comfortable discussing their needs with someone who was the same gender as themselves.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated 'keyworker' who was responsible for meeting with them regularly to discuss their needs and to identify any changes that were needed to the support they received. Staff ensured information was shared promptly with managers particularly where changes to people's needs were identified. Relatives told us staff regularly kept them informed of any changes to their family member's needs. One said about staff, "They do communicate with me about what is happening and how he is." A formal annual review was also carried out of each person's care and support needs. These had been attended by people, their family members and staff.

People were supported to pursue activities and interests that were important to them. Each person had a personalised weekly timetable of planned activities they would be undertaking at home and in the community. We were able to see these reflected people's specific likes and preferences which they had discussed with staff as part of the planning of their care and support. Staff demonstrated a good understanding of people's preferences for activities and outings and told us they reviewed people's daily and weekly timetables with them to ensure that these were being met.

People were satisfied with the care and support provided by the service. One person said, "I think it's good here. It's been quite fun really." Another person told us they were happy. A relative said, "I'm quite happy with them [service]. No complaints at all." And another relative told us, "I can find no fault with them. It's a perfect situation." People and relatives told us if they did have any concerns or issues they would feel confident and comfortable raising these with managers and staff.

Records showed no formal complaints had been received by the service for some time. Despite this the provider encouraged people to make comments and complaints about the service. The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. The complaints procedure was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about the service.

Good

Is the service well-led?

Our findings

People and their relatives said the service was managed well. People told us the managers were “good”. A relative when asked said, “Yes, it’s very well led.” People described managers as, “approachable”, “proactive” and “very supportive”.

Managers ensured there was an open and transparent culture within the service in which people were encouraged to share their views and ideas for how the care and support people experienced could be improved. Records showed people using the service were supported to share their views through regular meetings with their keyworker. People’s annual reviews showed their views were taken into account when reviewing and planning their ongoing and future care and support needs.

The service formally sought the views of people, relatives and healthcare professionals involved in people's care and support through questionnaires. People were encouraged to give ideas and suggestions for improvements. We looked at a sample of completed questionnaires and everyone we saw was positive about the care and support people received.

Staff’s views about the service and suggestions for improvements were routinely sought through staff surveys. We noted managers had responded to staff suggestions for improvements by developing an action plan which set out how these would be met. Examples of identified improvement actions included redecoration and the purchase of new vehicles more appropriate to the needs of people using the service. Managers regularly reviewed and monitored the action plan to ensure these actions were being met. Staff told us managers made sure all staff had opportunities to share their views about the service.

Managers demonstrated good leadership in the home. Staff were supported and encouraged by managers to ensure their priorities were about putting people first. Records showed there were regular staff meetings in which managers and staff discussed the care and support people experienced and how this could be continuously improved.

Staff told us they felt well supported by managers and able to express their views. From our discussions with all staff, it was clear that staff were people focused and had a good understanding and awareness of their priorities and objectives for ensuring that not only did people receive the care and support they needed but that this was provided to a high quality standard. One member of staff said, “I respect the managers and they make sure we all work together as a team. They are very person centred and this rubs off on us. They are really good role models.” Another told us, “I feel managers always do the right thing. They put people first and they support us and are always willing to help us sort out any issues.”

Managers demonstrated a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service. Our records showed the service submitted notifications to CQC promptly and appropriately.

The provider and managers carried out checks of the service to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people’s care plans and staffing arrangements including current levels recruitment procedures and staff training and support. We noted following these checks and audits, where shortfalls or issues had been identified prompt action was taken by managers and staff to deal with these in an appropriate way.

Managers prompted a culture at the service in which learning was used to identify opportunities to continuously improve the quality of service people experienced. For example previous CQC inspections of the provider’s services were looked at to identify changes or improvements that could be made to improve the overall quality of the service people experienced. For example, managers identified that staff knowledge and understanding of infection control and cleanliness could be improved and had arranged refresher training for all staff.