

St Anne's Community Services

St Anne's Community Services - Foxview

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: St Anne's Community Services - Foxview offers a nursing respite service for up to 20 adults aged 18 and over who have learning disabilities and other complex physical health needs. Up to six people can be accommodated at any one time. There are four regular respite beds and two emergency beds. St Anne's Community Services - Foxview is part of St Anne's Community Services, a Voluntary Sector Service.

St Anne's Community Services – Foxview is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

At the time of our inspection, the home had a registered manager, although they were taking a leave of absence. Covering managers from other homes operated by the same registered provider visited the home to provide support. A full time, interim home manager was due to start later in the same week we carried out this inspection.

People's experience of using this service:

Staff had not consistently received formal support through supervision and appraisals. Some gaps were seen in training records which the management team were addressing.

Records we saw and our discussions with staff showed they felt communication from the management team could have been better. However, staff consistently said management were approachable and they felt listened to.

Audits we looked at were not always effective. For example, concerns identified by the area manager were not picked up in the medication audit. Care plan audits were not taking place, but had been scheduled to start when the interim manager took day-to-day control of the service.

Staff understanding of fire safety was satisfactory. However, staff had not experienced a fire drill in the last 12 months. The area manager told us they would address this immediately. Key building and equipment checks were carried out.

The premises appeared worn, although infection control was well managed.

The storage, administration and disposal of medicines was managed appropriately.

Our observations during this inspection confirmed staff were friendly, kind and compassionate. People were treated with respect and dignity.

Lessons were learned when things went wrong. Staff told us these learning opportunities were shared with them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient numbers of staff to meet people's needs. The recruitment of staff was found to be safe and checks to ensure nursing staff were safe to practice had been completed.

Care plans were extremely detailed and contained information about people's care preferences, needs and how they communicated.

Complaints and concerns were well managed and relatives knew how to raise issues if they were dissatisfied. An annual satisfaction survey had recently been completed.

People received timely access to healthcare when they needed this support. People received adequate nutrition and hydration which supported a healthy and balanced diet.

More information is in the full report.

Rating at last inspection: This service was rated good in July 2016 (published September 2016).

Why we inspected: This was a planned inspection based on the rating awarded at the last inspection.

Enforcement: We identified a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; staffing. Please see the 'action we have told the provider to take' section towards the end of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

St Anne's Community Services - Foxview

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an inspector and an assistant inspector.

Service and service type:

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

Notice of inspection:

The inspection site visit activity took place on 11 March 2019. We visited the home to speak with staff and to review care records and policies and procedures. On 15 March 2019, an inspector made telephone calls to relatives of people who used this service.

What we did:

We spoke with four relatives to ask about their experience of this home. We also spoke with the area manager, two registered managers of 'sister homes' operated by the same registered provider and three other members of staff. We looked at two care plans in detail and six medication administration records.

Before the inspection, we reviewed information we had received about the service since its registration. This included information the provider must notify us about. We also received feedback from professionals who

work in the local authority and Healthwatch.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- One relative commented, "[Person] seems happy enough. [Person] is safe." A staff member told us, "We are vigilant on safeguarding."
- Systems to safeguard people from abuse were effective. Staff had received safeguarding training and were able to explain how they would identify whether someone was being harmed. They felt management would deal with any allegations of abuse appropriately.
- We saw evidence of robust safeguarding procedures and investigation into an allegation of abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risk of harm to people. Positive risk assessments were in place for epilepsy, going out in hot weather, moving and handling and the use of monitors in people's rooms.
- There was evidence of risk assessments being put in place to learn from events that had happened at other services run by the same registered provider.
- Staff knew what to do in the event of fire, although the last fire drill took place in January 2018 which the area manager said they wanted the interim home manager to address immediately.
- The fire alarm was tested weekly along with the emergency lighting.
- The home's environment was safe and secure. Key safety checks were undertaken on the building to help keep people safe.

Staffing and recruitment

- Staffing levels were continually reviewed and were based on the needs of the people accessing respite at this service.
- Relatives commented, "There always seems to be plenty (of staff)" and "Sometimes, I think they're rushed off their feet." During our inspection, staff were seen to be busy, but not rushed.
- The last satisfaction survey noted relatives were complimentary about the staff team, but expressed concerns about some agency workers.
- The area manager told us they tried to cover staff sickness using bank staff before agency workers. A nursing vacancy was being recruited to by the end of March 2019. The home was fully staffed for support workers.
- We checked the recruitment of two members of staff and found it was safe. Background checks, including those made with the DBS, had been completed before staff commenced work. This helped to protect people and ensure they were cared for by suitable staff.
- Checks on nursing registrations were routinely made to ensure fitness to practice.

Using medicines safely

- Medicines were administered to people based on instructions stated in their medication administration records and preferences which were recorded in care plans.
- Systems were in place for the use of controlled drugs which are medicines liable to misuse.
- Medications were stored and disposed of safely.
- One person's PRN protocol for the use of paracetamol was missing. A nurse put this in place before the close of our inspection.
- Supporting records, such as PRN protocols were stored separately to the medication administration records. We have recommended keeping these records together.
- Nursing staff had medication competency assessments, but these had not been updated annually. The area manager told us they would address this.

Preventing and controlling infection

- The building looked worn in places. The area manager told us the new housing director would be picking up on the repair schedule.
- The premises were found to be clean and there were no odours present.
- When a person left after a respite stay, staff carried out a 'deep clean' of the room previously occupied to prepare it for the next person staying.

Learning lessons when things go wrong

- Lessons were learned from accidents and incidents in the home. The area manager said the way respite was allocated to families had changed as some families were giving one-day notice to request a service. This meant staffing levels could not be adequately planned. A letter was sent to families requesting a minimum of two weeks' notice. This provided time for adequate planning.
- Following a complaint received in 2018, a summary of each person's stay was produced to give key updates to families.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- One relative commented, "The staff who are there do their jobs with confidence and you have confidence in them."
- We looked at the formal support staff received through supervision and training and identified shortfalls. Records of annual appraisals showed staff had concerns about changes in management and a lack of communication. Supervision support had not been provided between August and December 2018.
- Two new starters commenced work without completing an induction. The management team had identified this and taken action.
- Prior to our inspection, the service did not have up-to-date records of training. Some gaps in refresher training were found. The management team had taken action and booked staff on these courses. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing.

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

- Specific dietary requirements for thickened fluids and pureed diets were being met. People's care plans recorded support they required at mealtime. We observed these instructions were followed which ensured people received their meals safely.
- Staff bought ingredients for meals which were based on people's likes and dietary needs. Staff prepared freshly cooked meals and people had access to fresh fruit.
- We observed a mealtime experience and saw people were assisted by staff to enjoy their meals.
- Staff recorded on people's daily planner what they had to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives told us staff involved health professionals when required and communicated details to them. A staff member told us, "We get in touch with district nurses if we see pressure sores."
- The home is located within a complex which make up a hub of health services. These include district nurses, occupational therapists, GPs and physios. These services were accessed by staff when additional support was required to meet people's health needs.
- Care records showed examples of involvement from dietitians, epilepsy nurses, a pharmacy and community team.

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

- Adaptations had been made to the building to meet the needs of people. Bedrooms were fitted with ceiling

tracking which removed the need for mobile hoists which take up space. Specialist equipment for bathing was used to support people to maintain their personal hygiene.

- A sensory room was being used as a storage area for equipment which meant this was not accessible at the time of our inspection.

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

- 48 hours before each respite admission, staff contacted families of people who were due to stay for respite to ensure the information in care plans remained valid and up-to-date.

- New guidance which is being adopted nationally to standardise special dietary needs for people with swallowing difficulties was being followed.

- The area manager told us a specific handover sheet was needed as staff were using daily notes to complete handovers.

- A 'summary of stay' was completed for each person when their respite stay ended. This meant families had information they could refer to.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff knew about the MCA and DoLS and what this meant for people accessing this service.

- Mental capacity assessments had been completed which were decision specific. Grab sheets giving information about the MCA were available for people and families in an easy read format.

- Applications to lawfully deprive people of their liberty had been submitted to the local authority. A central record of these was maintained.

Is the service caring?

Our findings

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

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

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

- Relatives we spoke with told us staff were caring, kind and compassionate. Relative's comments included, "As far as I'm aware they are all very caring", "They are really kind staff, they sing to him and cheer him up. They've looked after him. Everyone has been good and helpful" and "The staff are all very nice." One relative told us staff were good at providing emotional support to them when they felt isolated in their role as family carer.
- We observed staff were upbeat, enthusiastic and communicated well with people accessing this service. The assistance staff provided at dinner time when people needed help with their meals was unhurried. Staff were heard giving people encouragement and were communicating with people throughout the meal.
- Staff we spoke with knew people well and were familiar with their preferences and routines which were recorded in their care plans.

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

- People's care records included how they expressed their choices. These covered day to day decisions such as choosing clothes, having a bath or shower, what time to go to bed and what to eat and drink.
- A staff member told us they showed people items of clothes and described how people were able to both verbally and non-verbally, choose what they wanted to wear.
- Relatives were invited to contribute to reviews of people's needs which occurred shortly before each respite stay. One relative told us, "We always have a chat 48-hours before [name] goes in to talk about any changes."

Respecting and promoting people's privacy, dignity and independence

- Relatives commented positively when we asked if staff protected their family member's privacy and dignity. One relative commented, "I think that comes across quite well."
- We observed people's privacy and dignity being promoted. Staff knocked on doors before entering rooms. Staff told us they covered people with a towel where possible when providing personal care.
- People's equality, diversity and human rights were upheld. Some people had dietary needs linked to their religious needs. We observed staff supported people with these beliefs.
- A calendar on display showed when different religions celebrated specific events. Staff told us they helped people celebrate these occasions, for example, when they provided a Christmas dinner for one person.
- The service promoted information about advocacy services and also signposted families to activities and events run by advocacy services.
- A compliment received in May 2018 from a relative stated they were very pleased with the service their family member received. When asked if there was anything the registered provider could do better they said 'No, everything is perfect'.

Is the service responsive?

Our findings

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

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

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

- Care plans were person-centred and provided staff with detailed information about people's routines for different times of the day.
- People's care plans covered different aspects of the care they needed, for example, continence, medication, sensory needs, communication, eating and drinking, moving and handling and mental capacity.
- Detailed guidance was seen around specific healthcare needs as well as instructions for staff to follow in emergencies.
- People had communication books which were shared with day services which meant key updates were passed on.
- Care plans were reviewed on a regular basis. Relatives told us they were consulted as part of care planning. One relative commented, "We have a yearly meeting where we discuss [name of person's] needs."
- Relatives we spoke with were satisfied with people's engagement with activities. However, staff we spoke with felt more could be done in this area.
- The area manager told us they were working with day centres to look at which activities people responded to well and proposed to buy the same kind of equipment.
- Within the home, a staff member had been given a lead role on activities and was looking at running themed evenings. People were able to do baking, film nights and when the weather was good, they could access a secure garden area. Twice a year, people were invited to go on barge trips.

Improving care quality in response to complaints or concerns

- Relatives confirmed they knew how to complain if they were dissatisfied. A leaflet on making a complaint had been produced in an easy read version for people to access this information.
- The registered provider had an up-to-date complaints policy available.
- At the time of our inspection, no formal complaints had been received, however, the area manager had recorded concerns and we saw appropriate action had been taken in each case, including feeding back to the person who raised the issue.
- A comment in response to the February 2019 satisfaction survey stated, 'When I raised a complaint, the issue was dealt with speedily and efficiently and, assuming recommendations are carried out appropriately, I am happy with the outcome'.

End of life care and support

- The area manager told us people's relatives usually preferred them to be at home if they reached an end of life stage. However, they said people were welcome to access respite if they wanted this service.

Use of technology

- Technology was used to assist people in their daily lives. For example, an adapted bath meant people could be supported to maintain their personal hygiene. Monitors were used to ensure the welfare of people once they were in bed. Electronic tablets were available for people to access music and videos.

The provision of accessible information

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to meet the AIS requirements and the area manager understood the principles.
- There was excellent recording of people's communication needs. Where someone needed an alternative method of communication this was recorded. People had easy read hospital passports which provided important information about healthcare needs in the event of an unplanned hospital admission.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent at St Anne's 3 Fox View. Some regulations may or may not have been met.

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

- The registered manager was taking a leave of absence at the time of our inspection. In their absence, a group of registered managers for 'sister homes' operated by the same registered provider were giving cover. At least one day a week, the cover managers visited the home.
- The area manager told us a new home manager had been appointed and they would be starting later in the week we inspected.

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

- The area manager sent letters to relatives about managerial changes and relatives confirmed receipt of these.
- Staff meetings had been changed from monthly to every two months. Staff comments and supervision records from the beginning of the year showed staff felt communication needed to improve. One staff member's supervision stated, 'We don't know what's happening'.
- The last relatives meeting took place in November 2018. These meetings were not well attended. The area manager told us they expected the new home manager to restart these once they were in post. However, staff attended relatives' meetings held by day services (run by the same registered provider) which people using this respite service also accessed. These took place every three months.
- Relatives and staff told us the management team were approachable and supportive when needed. A staff member commented, "When I've spoken to them about anything, they've been more than helpful."

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

- Records relating to medicine management were not orderly and had to be found for us. The area manager said they would deal with this.
- The area manager told us they had identified concerns regarding medication at the beginning of the year, although the audits for the same period did not reflect these findings.
- Care plan audits were not taking place at the time of our inspection. The area manager wanted the incoming home manager to start completing these checks.
- The area manager completed regular visit reports which demonstrated their own oversight of the service and they were candid with us throughout the inspection.
- The registered provider's quality and safety team visited this service on an annual basis and reported on their findings.

- Audits relating to infection control, mattress integrity and health and safety were being completed.

Continuous learning and improving care

- Annual satisfaction surveys were completed and returned in February 2019. Feedback included comments about the consistency of staff as some had left and concerns about agency staff. Positive feedback was seen thanking staff for their efforts. The area manager told us they would provide feedback summarising these comments and action they have taken.
- Memos from the registered provider demonstrated how incidents at other services were used to promote learning outcomes. Action was prompted to lower the risk of the same event happening at this service and it's 'sister' services.

Working in partnership with others

- The registered provider's PIR stated they mentored students from Huddersfield University and worked hard to ensure these placements performed well. Staff also attended local health care providers forums as well as clinical skills days at Huddersfield University.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Formal supervision support for staff was not regularly provided. Training records showed gaps across a range of subjects.