

St Anne's Community Services

St Anne's Community Services - Leeds DCA

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 13 October 2015 and was announced. At the last inspection in May 2013 we found the provider was meeting the regulations we looked at.

St Anne's Community Services Leeds – DCA provides personal care to people living in their own homes and provides assistance and support to people to help them maintain and improve their independence. The service predominantly provides care and support to people who have a learning disability.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

Overall, people we spoke with or had contact with told us they were happy with the care they received from the service. People who used the service told us they felt safe with the staff and the care and support they were provided with.

We found there were systems in place to protect people from risk of harm and appropriate recruitment procedures were in place. There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and staff showed they understood how to ensure their practice was in line with the MCA.

We found people were cared for, or supported by, sufficient and appropriately trained staff. Three out of the

ten people we spoke with raised some concerns about staff consistency or lateness. Staff received support to help them understand how to deliver good care; they spoke highly of their training and induction.

People told us they got the support they needed with meals and healthcare. We saw arrangements for medication were safe. People who used the service said their visit times suited their wishes and staff always stayed the agreed length of time.

Systems were in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints.

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?

The service was safe.

People told us they felt safe and well looked after. Staff knew what to do to make sure people were safeguarded from abuse and any risks were identified and managed to ensure people's safety.

We found there were appropriate arrangements for the safe handling of medicines.

There were enough staff to meet people's needs and a robust recruitment process was followed before staff were employed.

Good



Is the service effective?

The service was effective.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely.

People consented to their care and support. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

People's nutritional and healthcare needs were met.

Good



Is the service caring?

The service was caring.

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

Staff knew the people they were supporting well and were confident people received good care and their individual needs were met well.

People were very complementary about the staff and told us their experience was positive.

Good



Is the service responsive?

The service was responsive

People's needs were assessed before they began to use the service and person centred support plans were developed from this information.

People told us the care they received was personalised and flexible to their needs.

The majority of people knew who to contact in the care agency if they needed to raise any concerns or complaints.

Good



Is the service well-led?

The service was well-led.

The management team were familiar with people's individual care needs and knew people who used the service and staff very well.

Good



Summary of findings

People who used the service and staff told us the service was well managed.

There were effective systems in place to monitor and improve the quality of the service provided.

St Anne's Community Services – Leeds DCA

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.

Before the inspection, we sent out surveys to people who used the service, staff and community professionals. 17 were returned and we have included their responses in the inspection report. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This inspection took place on 13 September 2015 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. An adult social care inspector, a specialist advisor in nursing and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in domiciliary care services.

At the time of this inspection there were 23 people receiving personal care from St Anne's Community Services Leeds – DCA. We spoke on the telephone, with four people who used the service, six relatives and four staff. We visited the provider's office where we spoke with the registered manager, two deputy managers and two staff who were in the office. We also spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at five people's care and support plans.

Is the service safe?

Our findings

All of the people we spoke with told us that they, or their family members, felt safe with the staff in the service. No-one raised any concerns about their or their family member's safety. In surveys returned to us, 100% of people who used the service said they or their relative felt safe from abuse or harm from care and support workers.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. One staff member said, "I would have no hesitation at all in reporting anything that concerned me. It's our job to protect people." Staff said they were confident the registered manager would respond appropriately to any concerns reported. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. The provider had safeguarding procedures and information about the local safeguarding authority and the management team understood how to report any safeguarding concerns.

There were systems in place to keep people safe through risk assessment and management. We saw relevant risk assessments were completed and were observed to have been reviewed and updated regularly with the relevant changes added to individual support plans. All included evidence of collaboration with relatives of people who used the service. We saw moving and handling risk assessments had a staff signing sheet that was signed by staff to show they had read it and agreed to follow it. We saw that people who used the service who used wheelchairs had a full 'Risk Assessment for Wheelchair Safety' in place. All risks were identified and supported with a clear management plan for staff to follow to ensure safe practice.

Staff spoke of their training in managing behaviours that could challenge the service. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge others. Training records showed that staff completed training in Positive Behaviour Support (PBS). This training was delivered by the provider and accredited by the British Institute of Learning Disabilities (BILD).

The registered manager told us that staffing levels were determined by the assessed needs of people who used the service. They said staffing levels could be adjusted according to the needs of people who used the service. For example, additional support provided to undertake activities. The majority of people we spoke with told us they thought there were enough care staff to meet their or their family member's, needs. One relative said the service could be better; for example, they said they found staff were sometimes a bit young and inexperienced which meant their relative participated in the same activity with the staff member each week. They said they had asked to change a particular staff member several times and said, "They do make provision where they can."

Most people we spoke with told us they, or their family member, received care services from familiar or regular care workers and that new starters always shadowed existing care workers before they worked with them so that people were not presented with unfamiliar care staff. However, two relatives told us they did not always have consistent staff for their family member. One of the relatives said that the agency did try to make sure there was always at least one member of staff who had worked with their family member before though.

Everyone who returned a survey told us care workers stayed the agreed length of time and their care workers arrived on time. However, 30% of people who returned a survey said they did not always receive care and support from familiar, consistent staff. We discussed this with the registered manager. They said they had received similar feedback in their own surveys and felt this was due to providing small teams of staff to people who used the service. They said small teams were what people wanted, however, if there were emergencies such as last minute sickness; it was often difficult to provide cover from another staff member in the team. The registered manager said they were reviewing this situation to see what they could do to improve consistency of staff at those times of emergency.

Rotas we looked at showed a high degree of staff consistency was always planned. The teams of staff provided to people were consistent and ranged in numbers of staff in a team from one to seven staff. One person who returned a survey said they received a copy of the rota every four weeks but commented that staff who arrived were not always the same as planned on the rota. They did

Is the service safe?

however; say that it was always one of their small consistent team of staff. A relative we spoke with said, they had a mix of about four staff who knew and worked with their family member. They said they had a schedule of who's coming, on which days and "It's very rare that someone comes who's not the person. The rota doesn't change much as a rule."

Staff said, that on the whole they did not provide care to people they had not been introduced to, however, they also said emergencies came up which meant they may have to. They said there was always a good briefing on the duties required and they had time to read support plans. They also said there was always someone available to ask for any advice they may need. Members of staff told us they were able to spend sufficient time with people and did not have to rush when providing care and support. 83% of staff who returned a survey said the care agency made sure that people received care from familiar, consistent care and support workers.

There were effective recruitment and selection processes in place, which included people who used the service being part of interview panels. A person who used the service called in at the office during our inspection and told us they had enjoyed this role. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and identity was checked.

We looked at the systems in place for managing medicines and found there were appropriate arrangements in place to

assist people to take their medicines safely. We saw that staff were trained in medication administration and this was a mandatory training course. Records showed that staff's competency was checked regularly to ensure practice remained safe. The deputy manager told us, "All staff are routinely given 'spot' competency checks covering a variety of medications, their uses and how to administer." We saw records of these for staff.

Records showed that the needs of people who used the service were assessed regarding the support they needed with medication and this information was then transferred in to a support plan to give staff the guidance they needed. This included any associated risks or hazards that people may face to medication. We looked at medication records for five people who used the service. We saw that all five medication administration records were completed in full and signed by the relevant staff member and therefore administered at the prescribed times.

We saw there was clear guidance on the use of 'as and when required' (PRN) medication. This included rescue medications used in the event of epileptic seizures. The medication policy we looked at showed that people who used the service were to be encouraged and supported to administer their own medication if possible. We saw a support plan for a person who used the service showed how staff encouraged independence with medication.

Staff told us they were trained in all aspects of medication management and said the training equipped them well. Staff also said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

Is the service effective?

Our findings

Staff told us they received good training and were kept up to date. They said they received a good induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training until they felt confident to work unsupervised. One staff member said, "It's brilliant, I am learning so much, couldn't ask for better training and support." In our survey, 100% of staff said they completed an induction which prepared them fully for their role.

There was a rolling programme of training available which included mandatory training such as moving and handling, safeguarding vulnerable adults, Mental Capacity Act 2005, food hygiene, equality and diversity and health and safety. The registered manager also told us that all new starters now completed the recently introduced 'Care Certificate'. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. We also saw that any specialist training needed was provided. This included autism, dementia awareness, end of life care and PEG (Percutaneous Endoscopic Gastrostomy) feeding.

The registered manager told us that almost half the staff team had either gained a diploma in health and social care, were currently undertaking the qualification or identified to commence it. Staff said they felt encouraged to undertake qualifications.

People we spoke with had no concerns about the skills and competency of their care workers. One relative described the training staff had completed to ensure their safety and competence with PEG feeding. In our survey, 73% of people who used the service said staff had the skills and knowledge to provide the care and support people needed.

Staff we spoke with told us they were well supported by the management team. Staff said they received regular one to one supervision and annual appraisal. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good

opportunity to discuss their training needs and receive feedback on their performance. Records we looked at showed this to be the case. In our survey, 100% of staff who returned a survey said they received regular supervision and appraisal which enhanced their skills and learning.

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. Staff we spoke with confirmed they had received training on the MCA. In our survey, 100% of staff said they understood their responsibilities under the MCA.

We looked at records which showed relatives were involved in people's care and supported people with decision making. We saw a mental capacity assessment had involved a parent of a person who used the service and had been signed by them to show their involvement. Mental capacity assessments help protect people who lack capacity to make particular decisions and maximise their ability to make decisions. We saw the record of the best interest decision that had been made for the person who lacked the capacity to consent to a piece of equipment that was needed to ensure their safety. (Best interest meetings take place when informed choice cannot be made by a person who uses the service, and include the views of all those involved in the individual's care).

People we spoke with who had meals prepared by care staff told us they received the support they needed. We saw where a person required PEG feeding; a detailed plan was in place to guide staff in all feeding requirements for the person who used the service. Staff we spoke with were fully aware of the person's feeding regime and how to carry this out safely.

Records showed that arrangements were in place that made sure people's health needs were met. We saw that people who used the service had a completed 'My Health Action Plan' which included a list of all current medications and baseline observations such as blood pressure. One

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record we looked at showed a health care plan had been developed with a community nurse and other health practitioners. We saw protocols were in place to guide staff on the individual arrangements for epilepsy management

for people who used the service. Staff told us they assisted people who used the service to attend health appointments if that was needed. They said they made records of all such visits.

Is the service caring?

Our findings

People we spoke with were complimentary about the caring attitude of the staff and management team. Comments from people who used the service or their relatives included: “Every one of the staff are lovely. Any problems, they always give her extra time. I can’t fault any of the support workers”, “They treat her like I think they’d treat their own”, “Some of these people, I’d give them twenty out of ten. [Name of staff member] is fantastic, ahead of the game. Some are not so keen and want to do it their way, but I’d give no one less than seven out of ten” and “The people are very nice. I can’t criticise them.”

In our survey we asked people if they were introduced to their care workers before they provided care or support: 80% of people agreed. The survey results showed everyone was happy with the care and support they received, care workers always treated them with respect and dignity, and care workers were caring and kind. Comments in the surveys included: ‘My [Name of family member] is unable to read, write, talk and needs everything done for her. However, I can tell from her mood and general contentment that she is very happy with the care she receives. The support she receives ensures she lives a much more enjoyable life, than would be possible without the quality of the care and support she receives.’

Staff we spoke with clearly demonstrated they knew people’s likes and dislikes and they had good relationships with people. They spoke with warmth about people who used the service. They said they provided good care and gave examples of how they ensured people’s privacy and dignity were respected. They spoke of the importance of being respectful when working in the home of people who

used the service. Staff told us they were mindful of how people and their relatives wished them to behave, for example, removing outdoor shoes and being respectful of cultural issues. In our survey, 100% of people said they received the support they needed to maintain their independence.

People who we spoke with gave us examples of the caring and kindness they were shown by staff. One person had suffered the loss of a pet and had been supported through this by their care worker. Other people told us that staff were putting photograph albums together, showing activities they participated in and people they had met up with. People who used the service said staff were doing this of their own initiative.

People who used the service and their relatives said they had been involved in developing and reviewing their support plans. We saw that people who used the service or their relatives had signed their support plans and review documentation. We saw documented evidence of person centred, individualised care delivery in the care support notes we looked at. In our survey, 73% of people who used the service said they were involved in decision making about their care and support needs.

During our inspection, two people who used the service visited the agency office. The registered manager and two deputy managers were welcoming and the atmosphere was relaxed. It was evident that all the management team had built good relationships with people who used the service. Staff who accompanied the people who used the service were observed to speak with people in a kind and caring manner and clearly knew the individual way people communicated.

Is the service responsive?

Our findings

Care records showed that people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care and support plan which provided staff with the information to deliver appropriate care. The registered manager told us the assessment process involved the people who used the service, their relatives if appropriate, and other health or social care practitioners. They said this made sure they had a full assessment of people's needs.

Support plans and risk management plans contained details of people's routines and information about people's health and support needs. Information was person centred and individualised. For example, "[Name of person] is a shy person who will cover her face with her arm when she is in new situations, is upset or in noisy environments" and "[Name of person] to have vegetarian food when out of the house, but can eat Halal meat. NO PORK or any sweets as they may contain gelatine."

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well and had developed good relationships with them. Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people. In our survey, 100% of staff said they were told about the needs, choices and preferences of the people they provided care and support to.

People we spoke with and relatives spoke about how staff and the registered manager responded to their needs. One person told us the service could be flexible and staff could come earlier if needed. Another person told us they had not been able to get on with a staff member and they had reported their concerns and the manager had replaced them with a different staff member. A relative told us, "The office are very good indeed. I do ask them things at short notice but they always respond. I'd give them nine-and-a-half out of ten. I'd give them ten, but there's the odd one... I've asked for someone to take [Name of person]

to a Halloween party and someone to take her to a New Year's party. We couldn't survive without St Anne's. They take you seriously. If I've really thought someone's not bonded well with [Name of person] we don't get them anymore. We have a bank of about six people because not everyone can work the hours we need."

People who used the service and their relatives spoke of the support they received to access community activity. Most people spoke highly of the activities they undertook with staff. These included visits to parks, local shopping centres, bowling, adapted cycling and visits to the coast. A relative told us they were pleased that their family member always got a staff member who had a car to enable these activities. However, one person said they sometimes had to change planned activities as staff's cars were not large enough to accommodate their family member. This person said, however, that they'd rather have a better support worker who can't drive than one who's less good and can.

Staff we spoke with told us people's complaints were taken seriously and they would report any complaints to the registered manager. Staff were familiar with the complaints procedures but all we spoke with said they would try to address any minor 'niggle' as they came up. Staff were however, aware of people's rights to make an official complaint. The registered manager told us people who used the service were given details about how to complain in the introductory information given when people began to use the service.

In our survey only 55% of people who used the service said they knew how to make a complaint about the agency. We discussed this with the registered manager who said they would review the information sent out to people who used the service and their relatives. We saw there was an up to date complaints procedure and an easy read version was also in place to assist people who may have difficulty in reading. A person who used the service told us they would speak to the registered manager if they had any concerns to raise.

100% of people who used the service said the agency responded well to any concerns raised. We saw the service had systems in place to deal with concerns and complaints. We looked at records of recently made complaints and it was clear that people had their comments listened to and acted upon. The registered manager said any learning from

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complaints would be discussed with the staff team in order to prevent any future re-occurrence. Staff confirmed this was done through staff meetings and supervision meetings. Records we looked at also confirmed this.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who was supported in their role by a team of three deputy managers. Observations and discussions confirmed that the registered manager and deputy managers had good knowledge of people who used the service, their families and their individual needs. We also saw that support workers attending the office appeared to have a relaxed and friendly relationship with all the management team. One of the management team said, "The reason why everything does work smoothly is because we work well together, its team work, that's the secret." Another member of the management team also said, "We all love what we do it's a wonderful job with such satisfaction when we get the client feedback."

Staff spoke highly of the management team and spoke of how much they enjoyed their job. Comments we received included; "This is the best job I have ever had", "I feel so lucky to be doing what I do in this job" and "I love my job with a passion; love being able to make a difference and brighten someone's day." All the staff we spoke with said the registered manager and management team were supportive and approachable. One staff member said, "They work so hard to have everything right for the clients." Another said the management team were always available to answer any queries and they were very knowledgeable. Most staff said the agency was well organised and made sure rotas were planned well in advance. Two staff said there were occasional 'mix ups' with rotas which sometimes meant they got them late. One of the deputy managers said if this ever happened they always sent out an apology to staff and thanked them for their patience.

The majority of the people we spoke with thought the service was well run. Comments we received included; "She's [registered manager] so helpful. They come and see me. She bends over backwards to help" and "They try to get around problems. They're marvellous." However, one person who used the service said when they rang the office they sort things out but that they don't always ring back if they left a message on the answerphone. Another person said they knew who to speak to raise concerns but did not have full confidence that things would improve by doing this.

In our survey, 73% of people who used the service said they knew who to contact at the agency if they needed to.

However, in a returned survey a relative said 'Communications with the office is patchy – mostly done by email and sometimes getting a response is slow. I am not informed when staff are going on holiday.'

Staff said they felt well supported in their role. They said the management team carried out 'spot checks' on their performance to ensure good standards were maintained and they were aware of issues that affected the service. Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. One staff member said, "They always listen to any new ideas you might come up with." In our survey, 100% of staff felt the manager took their views in to account.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest surveys undertaken in 2014. This showed a high degree of satisfaction with the service. People said they felt safe and were happy with their support. People's comments included; 'The worker I have goes out of their way to help me', 'St Anne's have supported me a lot to make my life better and happier' and 'I think he really enjoys going out with carers or staying in with them.' Three out of sixteen people had made comments about staff lateness and not knowing which staff were coming to support them. The registered manager said they had responded to this by sending out a copy of the rota to people who used the service. The registered manager said there was no formal system in place to give people who used the service feedback on the survey results. They said they would respond to individual concerns. The registered manager agreed to look at introducing a system such as a newsletter to ensure they did this in the future.

The registered manager told us there was a system of a continuous audit in place, which included care records and medication records. The registered manager told us that they visited people who used the service with staff regularly and that this was to monitor service delivery and to talk to

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the people who used the service and identify any concerns or issues. We saw staff 'spot check' records included feedback from people who used the service and a check of care records and medication records if applicable.

The area manager for the agency also completed a monthly audit of the service. Records showed that this included feedback from people who used the service and staff. We saw any issues identified were put in an action plan, addressed and checked for completion at the next audit to ensure continuous improvement.

Any accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. The registered manager had recently identified a possible issue of under reporting of accidents/incidents and told us they had discussed this with the staff team. They said, "Following this meeting with

staff, there has been an increase in accident/incident reporting, many for minor things but I prefer to know everything that is happening." They also told us the action they had taken when it was identified that most incidents reported related to incidents occurring during epileptic seizures. They said they had introduced more training to increase staff's confidence in this area.

The registered manager told us they held regular coffee mornings and seasonal events such as Christmas and Halloween themed gatherings at the agency office. They said this was a good opportunity to meet with people who used the service and staff in a less formal setting. People who used the service confirmed they attended these and it was a good opportunity to meet others who used the service and the staff and management team.