St Anne's Community Services

Gateshead Supported Living Service 1 and 2

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This was an announced inspection which took place over two days, 24 and 25 March 2015. The last inspection took place on 19 December 2013. At that time, the service was not meeting regulations on record keeping. People were not protected from the risks of unsafe or inappropriate care because accurate and appropriate records were not maintained. The provider submitted an action plan on how it intended to improve the service.

Gateshead Supported Living Service 1 and 2 is made up of 8 houses in total which accommodated up to 38 people with a Learning Disability. The houses were managed by a Landlord, (Bernicia) and the people living there were tenants who received their support from St Anne's Community Services. It is registered to provide personal care. The service has an administrative office which is located centrally, with all the houses being in a ten mile surrounding radius.

Summary of findings

The service had two registered managers to effectively manage the number of houses. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Peoples care was delivered safely and in a way of their choosing. Staff were knowledgeable about the needs of people they supported and had risk assessments in place for activities which balanced their rights against risks. An example being where people were supported to remain in their home as their needs changed and became more complex.

We saw that people's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed as peoples condition changed.

Relatives we spoke with were all complimentary of the service, and were included and felt involved by the staff and registered managers. They told us their relatives could not be supported better anywhere else.

We found the staff were knowledgeable about the needs of the people they worked with and were able to support them as individuals due to training received and care plans being personalised. People were supported to be healthy and access health care services. There was some inconsistency in how people's capacity to make decisions was assessed and how best interest decisions were made. Not all recording was in line with the principles of the Mental Capacity Act 2005 (MCA).

People were supported to maintain a healthy diet and good nutrition, and supported to lose weight if they wished or supported to access professional advice to maintain their health.

Staff were seen to be caring and to have a strong relationship with people. Relatives said the staff team knew how to care and were innovative in finding ways to improve people's quality of life. People told usthe staff team was consistent and knew them well.

One registered manager told us complaints were not common, but we did see that staff sought the views of people and their relatives regularly. Relatives told us they knew who to complain to and felt if they did their concerns would be addressed.

We saw that when people's needs changed staff took action, seeking external professional help and incorporating any changes into their care plans and working practices. Staff worked to support people's long term relationships and keep them involved in activities that mattered to them. Relatives thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The service had two registered managers to cover the number of houses and both were considered approachable and supportive by people, relatives, staff and external professionals. People and their relatives told us the registered managers helped to bring the person led values of the provider into the services through support and mentoring of the staff.

We saw that the registered managers visited the services regularly to seek the views of people, staff and to audit and check records. The area manager also visited services throughout the year and undertook audits and made improvement actions.

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.

Staff knew how to act to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm.

The service had risk assessments and care plans that supported people's choices and decision making and staff were aware of how to protect people from harm and neglect.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Medicines were managed safely and staff were trained to support people to take medicines appropriately.

Is the service effective?

Requires Improvement

The service was not effective.

Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005 (MCA). We found however, that detailed records were not always available to demonstrate that staff had followed the principles outlined in the Act. There were also consent documents used that were completed without following the principles of the MCA.

People were supported to eat and drink, make choices about diet and were supported to make healthy choices.

Arrangements were in place to request health and social care support to help keep people well. External professionals' advice was sought when people's needs changed.

Is the service caring?

Good

The service was caring.

Care was provided with kindness and compassion. People were supported to make choices about how they wanted to be supported and staff listened to what they had to say.

Summary of findings

The staff knew the care and support needs of people well and took an interest in people and worked with their families to provide individual care.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made to respond to requests from people using the service, their families and external professionals.

People who used the service and visitors were supported to take part in recreational activities in the home, at other services and in the community.

The staff supported people to make choices and contribute towards their care experience. Families and significant others advice and input was sought to assist in changes to the service.

Is the service well-led?

Good

The service was well led.

The service had two registered managers. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

Gateshead Supported Living Service 1 and 2

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 March 2015, we gave short advance notice because the location provides a domiciliary care service across a number of locations to people who are often out during the day; we needed to be sure that someone would be in.

The inspection team was made up of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They have experience of caring for a person with a learning disability.

Before the inspection we contacted local commissioners of the service, as well as local adult safeguarding teams. No information of concern was received. We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the visit we spoke with nine staff, including the two registered managers and their area manager. We also spoke with five people and six relatives, three external professionals and an advocate. We visited and carried out observations at two services. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also followed a medicines round at one service and looked at two health records. We looked at seven care plans, five staff supervision and recruitment files. We reviewed the services records relating to safeguarding adults, complaints and health and safety.

In the two services we visited we met some of the people who lived there. We spent time in their home looking at the environment as well as how the service was delivered and, when invited, viewed their bedrooms. Some of the people who lived in the services we visited were not able to speak with us, so we observed their behaviour, how their care was delivered and spoke to family members who knew them well to gain their views.

Good

Is the service safe?

Our findings

A relatives we spoke with told us "I have no concerns; they contact me with any issues". Another told us "Its X's home, the staff work for them and care for them. I don't have any concerns". Family members we spoke with also agreed that their relatives were safe and they had confidence in the staff to meet their needs.

The service regularly raised safeguarding (and other) notifications with the CQC. The nature of these usually related to incidents between people. The service had a clear approach to people's safety and responded quickly. In some cases medical and psychological advice was sought as required. From the behaviour observed and comments from people using the service we could see they were at ease in their homes and staff were able to tell us how they would respond to any concerns.

Staff at both services we visited had attended safeguarding training and knew when to raise any issues. Staff were clear of the process to raise concerns. One said "I would speak with the manager or on call, and if things don't happen then we can contact the local authority". All staff we met knew how to whistleblow if they felt issues were not addressed, but all felt their managers would respond. The local safeguarding adult's team felt they made appropriate referrals for advice and support.

Given the complex needs of the people in the services, and their need for support throughout the day, the provider staffed the service based on dependency levels. At the two services we visited there were adequate staff for people to remain in the house and to attend external activities. Some attended day services and some remained in the home, but were still encouraged to take part in external activities. All the relatives we spoke with felt there were enough staff to support people to access the community safely. They felt the staff had the skills and knowledge of their relatives needs to support them effectively.

Each service had its own emergency plan which included details about care needs and people to contact for support in emergencies. These were detailed and unique to each person.

The two registered managers visited each of their services regularly and reviewed any incidents or accidents, as well as talking to people and staff. Records were reviewed which showed that any actions arising from visits were either resolved locally or via the area manager. One person's diagnosis of a dementia had led to a review in the service to ensure that equipment or adaptations that would be needed were sourced in order that they remain safe in their own home. One staff member commented "This is their home and if we can help them remain here then we should try every option out".

Both services visited had fire safety equipment and any dangerous products were stored safely to protect people from harm. Both services were clean and tidy, whilst bedrooms remained personalised.

Staff we spoke with had all gone through a consistent recruitment process and the necessary police check and reference checks had been carried out. One recently appointed staff member told us "I had three days formal induction and then was supported by the service manager over the first six months". The staff also told us that they attended training and refresher updates, some of which was face to face training which they found helpful, although most training was now on-line or distance learning. The external professionals all felt that staff seemed well trained and took an active role in learning about people's diagnosis and changing health and medicines.

A medicines round was observed and medicines records for two people were reviewed. These were all robust with staff being trained and mentored into the role. Audits were undertaken by the registered managers to ensure that staff remained consistent. There was evidence seen of liaison with external professionals, such as psychiatry and GP's for advice about medicines. Where advice had been given by these professionals this was reflected quickly into the care plans. This meant that people received their medicines at the appropriate times and that advice was sought promptly by staff if they had any concerns.

Requires Improvement

Is the service effective?

Our findings

The service is working towards always offering effective care based on supporting people in their preferred ways. One relative told us "The care staff do 100% of what my relative wants. They know them very well". Another family member told us "Staff know what they are doing as they know (X) very well now".

All staff went through a three day induction training programme followed by ongoing mentoring and support from a senior staff member with additional on-line training and workbooks. Mandatory training was up to date, and a schedule of staff refreshers was maintained. Staff were regularly supervised by senior staff and records were kept to show what had been discussed including any issues that affected people using the service. Staff had an annual appraisal which included reviewing their work performance and their training development needs. Staff were encouraged to self-identify additional training based on the changing needs of people.

Minutes of staff meetings were available which showed discussion and group learning took place about peoples changing needs. For example, a person who was receiving end of life care also received support from district nursing staff. Staff discussed how best to support this person to remain in their own home, sharing information about their changing needs and contingency plans for the future.

Some of the people had limited verbal communication and staff were aware of their individual behaviours and needs. One staff member told us how they knew which people could get their own drinks, and others who would need support and prompting to maintain their fluid levels.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom.

Where it is felt that people lack the mental capacity to make certain decisions then peoples capacity needs to be assessed. If they are assessed as lacking mental capacity then a recognised process is used to make a best interest decision on their behalf. Some examples were seen in people's files of best interest decisions being made, and the involvement of advocates and applications to the court of protection. For example, the change of the service to a tenancy from residential care and the involvement of the local authority and courts in approving the tenancies. However there were consent forms on care plans which were signed by family members who did not have the legal authority to consent, and there was no evidence seen that the person's capacity to consent had been assessed first. These related to the use of key safes, personal money, use of photographs and use of house phones. When asked the registered managers advised these had been put in place recently, but recognised these were not in line with the requirements of the Mental Capacity Act and would address them.

There were people living in the services who, due to the level of restriction in their care, would meet the criteria to be deprived of their liberty. This was either for their own safety, or to receive necessary care and support. The registered managers had raised these with the responsible authority.

People living in the services were supported to shop and prepare as much of their own food as possible. One staff member told us people were supported to go food shopping every weekend and would buy fruit and vegetables from the local greengrocers. People were encouraged to make healthy choices and where they did have capacity any choices were respected. There were also people who needed fortified food following advice from a dietician and this was reflected in their care plans. We saw evidence of people's weight charts and action had been taken where people's weight was a cause for concern. One external professional did feel that one of the services specific kitchen layout meant it was hard to support six people to prepare their own food, and recognised this meant staff sometimes did the majority of the cooking.

Care plans showed evidence of regular referral and consultation with external health care professionals. We spoke with one district nurse who supported a person twice daily. They told us "It's lovely, you can tell when you come in the door. The home runs smoothly, residents are happy". They also felt that the service worked well with the local GP's, seeking advice promptly and if anything was required staff responded straight away. Records also showed that people were supported to access other health care such as chiropody, optician and dentists. Some people needed support in advance to attend these appointments and staff had carefully planned to avoid any

Requires Improvement

Is the service effective?

behaviour that challenges. One example we saw was a decision about breast screening for a person. After discussion it was agreed to support them to attend these appointments and the staff worked to de-sensitise the visit, but recognised if they did not wish to attend they had to respect that choice. Another told us about assisting a person to get used to going to the dentist through a slow process of induction until they were now able to attend, meaning they now had regular dental check-ups. Something that had not been possible previously.

Both services we visited were large family houses, having been adapted to suit the needs of people living there, for example, with a lift and walk in showers. The landlord had responsibility for maintaining the houses and we saw evidence of liaison between the provider and landlord about repairs and issues within the services. One service had an ongoing leak in a bathroom and staff advised us they were looking at different solutions to resolve the problem permanently. Both services had large communal areas and enough room for staff and people without feeling crowded or lacking in privacy.

We recommend that the provider reviews the guidance for consent to care and treatment in the Mental Capacity Act 2005.

Good

Is the service caring?

Our findings

One registered manager told us the service ethos was "About being client led, not just person centred". Staff we spoke with all said similar things such as, "It's their home and I work with them and their wishes" and "Looking after them is like looking after a family member". Relatives we spoke with all agreed that the ethos and values of the staff were consistent. One told us, "The staff couldn't be happier to be at work looking after (X), and we feel the same". Relatives all felt staff were caring and courteous and worked to keep family contacts going. One service team sent family members a monthly letter, telling them what they had been doing in the last month, keeping them informed and involved. An advocate reported to us that the service had changed since moving from residential care to a tenancy. They commented "The house and staff are more progressive now; it was at a standstill before". They felt the change had afforded caring staff the opportunity to be more person centred in their thinking and afford people more choices that may not have been available under a residential model of care.

All the relatives and one person's advocate (a person who supports unbefriended people), we spoke with said the staff were caring and sensitive towards people. One commented, "The new staff are fantastic, they couldn't be any better" and that their family member now had their "own home and their own staff team". An example was given to us where one registered manager had supported a family member to maintain contact when they were unwell, and that demonstrated them going beyond their normal duties.

Care plans and reviews showed evidence of people's involvement and their family's views and advice being sought. People who had recently moved into the service were able to continue important activities in their lives and were able to make choices and changes to the service. The houses had a family atmosphere with existing people developing new relationships with new people; the staff supported this progress and encouraged positive relationships.

We saw evidence of house meetings where staff and people's views were obtained. The registered managers and their area manager, as part of their audit process, spoke with as many people as possible when they visited each service.

A staff member spoke with us about ensuring that people were supported to choose clothes which enabled them to have dignity.

We saw that staff used picture boards in one service to show which staff were on duty, what activities would be happening that day as well as plans for meals. Staff also discussed those plans for the day with people.

Staff had a good knowledge of the people they cared for. They informed us that one person had a diagnosis of obsessive compulsive disorder (OCD). We observed their support worker assisting them to change their bed covers. The person became distressed on several occasions, and we observed the staff member reassure them effectively.

In one service a person receiving end of life care was supported to remain in their own home and the registered manager had taken steps to source additional external support to help that happen. The staff we met in the service all agreed their key objective was to support that person's wish to remain in their own home and had made significant changes to support that decision. We could see in their care plan details of how best to support this person and their wish to remain in their own home.

Good

Is the service responsive?

Our findings

We reviewed people's care plans which showed that people were involved as much as possible in the formation of their plans, or that family or friends support was obtained as required. Relatives told us that staff knew their family members needs and wishes well. One commented that "New and old staff are consistent in working with X". Another relative said, "Staff always ask (X) what they want and give them choices, including things they haven't tried before. They try and get them to do as much as they can for themselves".

Care files we reviewed contained details about person's choices and interests, about their care needs and reflected the input of professionals. These included, 'This is me', an at a glance description of how best to support the person, as well as detailed health and well-being care plans. There were risk assessments that covered critical areas such as hoisting, showering and other areas where support was required. The plans seen were detailed and indicated where staff should encourage people to self-care, and where they should provide support. Not all of the signing sheets had been completed by all staff to say they had read and understood the plans. The registered manager advised these had recently changed and she would ensure all staff read and signed the care plans.

People had 'hospital passports' designed to go with them on any admission to hospital. These gave details of how best to support the person, with critical information about dietary needs, medication and key people to contact for further information. They also gave information about the person's condition and could be used by staff who were not familiar with the person's needs.

Review records were examined which showed that changes were made over time and that plans were updated. Relatives told us they were invited to reviews and consulted in between about any changes. One relative told us "They ring me about anything and keep me involved, I don't have to ask them to do anything as they have already thought of it."

One staff member told us how they had co-ordinated between families and social services to arrange for the people to lease a vehicle. They sought advice and input from professionals and families and offered them options about how best to source a suitable vehicle in the most cost effective way, reaching agreement and organising it all. This meant the people in that service had access to their own vehicle which could be used for essential travel as well as social and recreational trips out.

The registered managers told us that complaints were not common as if issues arose they would contact the person or their family quickly to discuss the situation, and would apologise if there had been any shortcomings. This was supported by one family member who told us, "If there is anything they tell me about it, even if it's trivial".

Some people used local day services, but others had retired, due to ill health or other reasons. The services still offered regular activity and had timetables within the home and outside to avoid social isolation. People told us about their plans for their summer holidays, trips to the local theatre as well as meals out. Some of the routines in the service were limited, but relatives told us this is what the people themselves would choose and that staff did offer alternatives. One relative commented "They make sure they get out every day for some exercise". Another commented "They get to the shops and are always planning holidays; the staff help support them to try new things". Some of the people newer to the service had continued with previous activities and were supported to do these by staff. One room had been turned into a sensory room and additional work was planned to improve this further for a person who was unable to go out frequently due to ill health. One person we met was being supported to attend a healthy eating group and was enjoying the activity and meeting new people. A number of staff were also attending this group and it was quite a social activity for all involved.

Good

Is the service well-led?

Our findings

The service was well led; there were two registered managers in place who were long standing. People we spoke with, relatives and external professionals all told us they felt the service was well led. An external professional commented "The manager is progressive and has changed the house over the years into a home X loves to live in". Another external professional commented that "The manager has always gone beyond their formal role and made the service part of an extended family". From our discussions with staff, people and our observations we found that the client centred focus the registered managers told us about was commonly held throughout the services we visited; and in the records we saw. There were details in care plans about people's choices and aspirations, and we saw evidence of the service changing to meet the needs of clients with long term health conditions.

In our discussions with the provider's area manager they told us about the challenges the provider faced with the transition from residential to a domiciliary model. They recognised that previously the services did not have many community links and that people had not been empowered to make choices. Gradual changes in culture had been made to support people to make more choices and increase autonomy. We were able to see these changes with people recently using the service for the first time maintaining activities. Care plans and feedback from their families supported these changes to a more empowering culture. One external professional said, "The staff and management are approachable and willing to change". A relative told us, "The staff and manager promote my relative's choices and then do something to make it happen".

In records we saw an increasing number of activities that were in the community rather than traditional learning disabled services, with trips to the cinema, meals out and using local shops.

The registered managers were both able to explain the transition the service had taken to a domiciliary model and how this had changed their management style. They felt being based in an office rather than the services themselves had an impact, but they had compensated for this by regular visits to and audits in the services they had responsibility for.

The registered managers carried out a number of regular audits, which included review of documentation and risk assessments and also included time spent with people and their relatives to get feedback. Review documentation also showed that other services, such as the day services people used, were consulted with regularly by the registered managers.

These audits in one service, which was not inspected, had brought up issues about a lack of person centred thinking in care plans and limited choices for the people living there. As a result of these audits and checks the area manager put an action plan in place. The provider worked with the local commissioners to review this action plan and had made progress quickly.