St Anne's Community Services

St Anne's Community Services - The Brambles

Inspection report

28 Silver Street
Dodworth
Barnsley
S75 3NP
Tel: Tel: 01226 242348
Website: www.st-annes.org.uk

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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

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, and to pilot a new process being introduced by CQC which looks at the overall quality of the service.

We last inspected The Brambles on 17 October 2013 and found the service was meeting the requirements of the regulations we reviewed at that time.

The Brambles is a respite unit for people with disabilities. The unit can accommodate six people, each with their own bedroom, and 24 hour nursing care is available.

Summary of findings

There is a dining room, a lounge, a small snoozelum sensory room and a decked seating area outside.There were six people staying at The Brambles at the time of our inspection.

This was an unannounced inspection. During the visit, we spoke with two people using the service, the manager, the deputy manager, a nurse and a support worker. We also spoke via telephone with another person who used the service and twelve relatives of people who used the service

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service had processes in place to minimise risks to people whilst ensuring their independence was promoted. People were kept safe as staff received safeguarding training and were aware of how to identify and report abuse. People had risk assessments in place to promote safety whilst still allowing independence for activities they enjoyed. There were processes in place to ensure the safe handling of medicines.

People's choices were sought and respected by staff and this was confirmed by each relative we spoke with. There were positive interactions between people using the service and staff and it was evident staff knew people well. People were supported and encouraged to participate in activities in the community. All relatives and people who used the service were pleased with the care they or their family member received and the staff who provided this. Relatives of people who used the service said family members made their own decisions and staff respected these.

Staff received training to enable them to perform their roles and the service looked at ways to increase knowledge to ensure people's individual needs were met. Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the management team.

People using the service and their relatives were encouraged to be involved by way of regular coffee mornings, meetings and satisfaction surveys. All relatives found the manager and staff to be approachable and said any prior issues had always been dealt with effectively.

St Anne's Community Services - The Brambles

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection took place on 22 and 23 July 2014. The inspection team on consisted of an adult social care inspector and a specialist advisor in learning disability nursing.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views. We spoke with three external professionals who had knowledge of The Brambles. We asked the provider to complete a provider information return which gave detailed information about the service. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

During the visit we spoke with two people using the service, the manager, the deputy manager, a registered nurse and a support worker. We spoke via telephone with another person who used the service and twelve relatives of people who used the service. We undertook general observations and reviewed relevant records. These included three people's care records, staff files, audits and other pertinent information. We looked round the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

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Good

Is the service safe?

Our findings

People and relatives we spoke with expressed no concerns about their own, or their family members' safety at The Brambles. They told us should they have any worries, they would not hesitate to inform the manager.

We looked at three people's care records. There were individual risk assessments in place for people using the service in relation to their support and care provision. These were reviewed and amended in response to needs. They were designed to ensure that risks were minimised, whilst still allowing independence, to ensure people's safety.

The majority of staff had received training from the local authority in safeguarding vulnerable adults which was refreshed every three years. This training matrix showed that all except two new staff had undertaken this. The registered manager told us these people were booked in for this training in November 2014. They told us that safeguarding was included as part of the induction that all staff completed when they joined the company to ensure they had an awareness of their responsibilities to protect people from harm.

Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make certain decisions for themselves. The legislation is designed to ensure that decisions are made in people's best interests. Where people who lack capacity may be deprived of their liberty, this has to follow a formal process to ensure this is necessary and not overly restrictive. The registered manager and deputy manager were aware of a recent change in DoLS legislation. The deputy manager told us they had recently completed training following this new judgement in the form of a half day course run by the local authority. The registered manager told us that training in MCA and DoLS had been booked for the remainder of staff.

Staff we spoke with understood the principles of the MCA and DoLS. Senior staff were able to explain the role of the supervisory body (Local Authority) and the importance of the assessments of mental capacity and of the person's 'best interests'. The nurse told us that each care plan contained a capacity statement which had been developed from a training update and approved by the local authority. We saw examples of the capacity statement. The nurse was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

In response to a previous safeguarding referral originating from a medicines error, the service had implemented additional security for the storage of medicines. We saw that each person's room had a locked individual medicine cabinet, which included an inner lockable compartment for PRN medicine (medicine to be taken if needed). This separation of people's medicine reduced the possibility of errors. We observed that both soap and alcohol gel were available to ensure hand hygiene during the administration process. We saw that a daily record was kept of the temperature inside each medicine cabinet to ensure that medicines were stored safely.

The nurse we spoke with explained to us the procedure followed in administering medication. This was consistent with the Nursing and Midwifery Council (NMC) guidance 'Standards for medicines management' (2010). We reviewed MAR (medication administration record) sheets for several people. These were current and showed that medicines had been given at breakfast time and lunchtime as appropriate on the day of our visit. There was information available, where applicable, for individual people around PRN medicines and when this should be given. The registered manager and nurse told us stock checks of medicines were carried out by a nurse each night. We reviewed the record of stock checks for a sample of people who used the service and saw that these were up to date.

We checked three different medicines, prescribed for two people, against the stock balance and found the balances were correct. We noted one medicine was a controlled drug for PRN use. It was stored correctly within the inner compartment of the person's medicine cabinet. It was intact with an unbroken seal. Both the deputy manager and nurse, when asked, described the procedure for checking and recording the administration of a controlled drug accurately. A refrigerator was available specifically for storing medicine and was located in a locked area.

There was a current detailed medication policy in place. All nurses had undertaken a key training module on medication in January 2014 which was accredited by the Royal Pharmaceutical Society. Medicines were always checked and administered by a nurse. Some support staff

Good

Is the service safe?

had undergone medicine training, which gave them a greater understanding of types of medicines and possible side-effects. We saw a training matrix which confirmed all nurses had received PRN medicine training within the last 12 months which was refreshed annually.

The registered manager and deputy manager were both registered learning disability nurses. The registered manager said that minimally, a registered nurse and support worker was always on duty and available in any 24 hour period. The registered manager and deputy manager also undertook shifts as the nurse on duty outside of their usual hours. We were told that, in the event of sickness; the, "Staff team tends to cover".

We noted that most nurses and support workers regularly worked a shift of 0730-2200 hours, a period of 14.5 hours. Nursing staff told us that they chose to do these 'long days' and that these shifts would not happen on consecutive days. We looked at rotas covering a two week period which confirmed this. We had concerns that the length of this shift, especially without any specific scheduled rest break, could potentially have an impact on nursing practices due to factors such as tiredness. We fed back these concerns to the registered manager for them to review this arrangement with the provider.

Good

Is the service effective?

Our findings

All staff had an initial induction and undertook mandatory training, including for example, moving and handling and food hygiene with updates where required. A training matrix was in place which detailed training for all staff as well specific training that nursing staff could access, for example 'catheter care'. We reviewed an example of a nurse's professional portfolio. This was well organised and contained evidence of achievement and of competence in practice. Staff told us about additional training courses they had been on and said management would provide information about further training opportunities they could partake in. For example, the registered manager told us there were plans for three nurses to undergo venepuncture training to allow them to take blood for analysis. This showed that staff had opportunities to improve and develop new skills within their roles. It also allowed for people with specific requirements to be cared for by staff who had been suitably trained.

The provider's learning and development department supported the development of good practice by facilitating suitable training. The service also accessed training from other sources including the local authority and the university of Huddersfield. Nursing students had previously had placements at the service and were supervised by nurses who were qualified mentors, having undertaken the mentorship course. Mentors supervised and assessed students in practice.

Staff told us they valued formal supervision meetings which were undertaken frequently and informal support. Performance development review meetings and an annual appraisal were undertaken with each staff member. The registered manager received supervision from the area manager and said they felt fully supported by senior management. They said they were able to seek support informally and from a variety of channels. A recommendation from a previous audit undertaken internally in May 2014 stated that organisational consideration was being given to implementing a clinical lead to assess managers of services who were nurses.

During our observations, we saw that meal times were flexible and individual to each person's preferences. The registered manager told us there was a set menu for tea but this was a guide only and people could have what they wanted whether it was on the menu or not. We observed that people were offered, and received, drinks through the day and where able to, voiced their own opinions of what they wanted to eat. Staff prepared food for people at times to suit the person's wishes. We observed that one person was undecided what they wanted to eat. They were offered several meal suggestions before choosing what they wanted. They then compiled a shopping list of ingredients with support from the manager and discussed preparing this meal later with a staff member. The person went out shopping with a staff member to purchase the ingredients. Relatives we spoke with confirmed their family members had choice with regards to their nutrition. One relative said, "If [name] wants to eat what she wants, when she wants, then it's up to her". This demonstrated that people were encouraged to be independent in all areas of their own meal choices.

The registered manager explained that the service supported some people whose nutritional needs required specialist care. A nurse we spoke with had been trained and assessed to assist a person with percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is used where people cannot maintain sufficient nutrition by mouth. This ensured that people were enabled to receive adequate nutrition by way of staff that had skills to facilitate their individual needs.

In the care plans we looked at, we saw each person had a food chart in place to document what they had eaten during their stay. This meant that people's food intake could be monitored to ensure people were consuming sufficient amounts. There were documents in place detailing people's food likes and dislikes and any assistance they may require. Staff told us that they would refer people to the speech and language therapy (SALT) team if they considered this necessary or required advice or support. We spoke with a health professional from the SALT team prior to our inspection who confirmed that the service made referrals. They said that staff were able to give clear detailed information about people's eating and drinking needs and responded appropriately to advice and instructions given. We saw evidence in files where SALT team involvement was documented.

Relatives told us they were kept informed about their family member and would be contacted about any changes to their health. We saw that people were supported by staff to attend health appointments. During our visit, one person was supported by a staff member to

Good

Is the service effective?

attend the hospital for some tests. One relative told us about their family member, “They [staff] took him to two pre-arranged appointments and gave me a detailed report of what had been said. It saved me from having to cancel them.”. Two relatives told of instances where their family members had had to attend hospital and staff stayed with their family member. One relative said, “It was really really helpful as we were away at the time.” This meant people were still able to access services in relation to their health needs when they stayed at The Brambles.

In the care records we viewed, we saw that Health Action Plans were in place for people. A Health Action Plan is a personal plan about what a person with learning disabilities can do to be healthy. It lists any help people might need to do those things. It helps to make sure people get the services and support they need to be healthy. This ensured that there was information about people’s individual health needs for relevant people to refer to.

Good

Is the service caring?

Our findings

The registered manager told us they believed strength of The Brambles was the relationships they and staff had with people who used the service and their families. They felt the whole staff team was approachable and the aim of the service was to enable people to feel valued. They described it as, 'A home from home' for people who used it. People who used the service were described by staff as, "Guests."

During our observations, we saw that staff were kind and caring in their interactions with people, who in turn responded positively to staff. People had good relationships with staff and the manager. Staff demonstrated familiarity and knowledge of people's likes and dislikes. We saw people were able to choose where they spent time. One person in a wheelchair, who needed help from a staff member, was assisted to a quiet area of the service. The person was unable to communicate their preferences verbally. The staff member told us this person didn't like lots of activity and noises as it unsettled them. We saw that this information was reflected in the person's care plan and was also supported by information from their relative. This showed that staff had knowledge about people's preferences and acted upon these.

The service aimed to promote choice for people who used it. People were given options about things they wanted to do, where they wanted to go and what they wanted to eat amongst other things. One relative told us, "They follow [my family member's] choices, it's not regimented or institutionalised". We observed that staff respected people's privacy and dignity when providing support with personal care. We asked two people who were able to speak with us for their views of The Brambles. Both responded positively and said they liked the staff and the service. One person told us that it was, "All right, good" and that, "Staff help".

All relatives we spoke with were very positive about the care their family member received at The Brambles. Comments included, "It's a home from home", "When we picked up our [family member] he didn't want to come home. He does enjoy it when he's there", "Very content with my [family member] staying there", "Used quite a few respite services, this is the best he's been in", "Quite happy with them", "Brilliant service", "It's very very good. [Family member] enjoys it, likes it. I'm very happy for him to go", "Very good. One of the best services we've had. [Family member] enjoys it when she goes there", "Majority of staff are really good" ,"They're aware of all my [family member's] likes and dislikes. I like to know she's looked after. We were both happy straightaway", "It's brilliant, they can do what they want there. There's no set times to things", "We think highly of it. They know my [family member] well, no concerns at all with the care or the staff", "My [family member] loves it, good rapport with [the manager] and staff, she absolutely loves it", "Lovely staff, can have a laugh with them" and "We're happy with everything". No one we spoke with had any concerns with the care their family member received at The Brambles.

People were supported in a number of ways to express their views. For people who could not communicate effectively by speech, staff had been trained in Makaton. Makaton is a language programme using signs and symbols to help people to communicate. The service also promoted intensive interaction which is an approach for teaching communication skills to people who have autism, severe learning difficulties and profound and multiple learning difficulties. This meant that communication was adapted to meet people's needs and preferred styles to allow people to engage and interact meaningfully.

Each person had a named nurse who took the lead in working with the person to review their care plan at each stay.

Is the service responsive?

Our findings

The registered manager said they or the deputy manager would undertake a home visit when a referral had been received. The purpose of the visit was to meet the person and assess whether the service could meet their needs. The care plan would be developed from this pre-admission information as well as other relevant information. The person would visit informally, for example they would go for tea, prior to their first overnight stay. The registered manager told us that the provider's senior management team were due to approve a new protocol which ensured that a person's needs and staff knowledge and skills were matched. We saw a copy of this protocol which contained step by step guidance for each stage from referral through to admission. There were processes in place to ensure it was established clearly what specific requirements a person had and whether the service could accommodate these. This meant there would be consistent procedures to follow to help ensure care and support for each individual was appropriate.

For people who had already been accepted and were re-using the service, a senior staff member would call the person's family prior to an upcoming stay. They would ask if there had been any changes to the person's needs, for example if they were on new medication. This information was then documented and recorded on a 'booking in' form which would go into people's files. Care plans were updated with the required information. The service also had a 'must read' file which gave important information about changes to people for all staff to be aware of. During our inspection we saw the registered manager making some of these calls and documenting information on the 'booking in' form. All relatives we spoke with confirmed that this process took place and said they received a call from the service to ask about any changes prior to any stay for their family member.

Subsequent to each person's stay, a 'summary of stay' record was completed. Information was provided about several areas which included health issues, medication, behaviour, sleep pattern and activities. We saw these present in the three care records we viewed for each person's previous stays. Each relative we spoke with confirmed they received a summary of stay for their family member. They said, "It's very detailed" and "It's in depth".

Relatives we spoke with felt the service endeavoured to meet their family member's needs. One relative told us how their family member liked a certain drink provided in a specific way. Staff were not initially aware of this and the relative said when they had made staff aware, they now took this into account. They said, "It's a learning curve, they'll put that in her notes now." They also told us there had been a few issues when their family member first started to use the service. Due to this, staff had been out to see their family member, "To see her in her own environment and to adapt this to when she stays at The Brambles." This demonstrated that care was planned to ensure it responded to people's needs.

During both of our visits some people attended day centres which allowed them to maintain continuity of services they accessed whilst at home. Two people went out separately with a staff member to undertake activities outside in the community. Relatives told us their family members could take personal items into the Brambles so they could continue enjoyment of these such as DVDs and music CDs. Staff told us it was people's individual choice what they wanted to do. This ranged from people spending time listening to music to trips out to local cafes, pubs and shopping excursions.

Each person had a care file in place, as well as a 'working file' which was used for recording information during their stay. There was also a 'quick reference' guide which contained a one page guide about each person who used the service. Although staff demonstrated knowledge about people, they said this guide was useful for new or agency staff to refer to for important information about the person, prior to reading their care records. We looked at three people's care records and saw people's individual needs had been assessed and reviewed following each stay. The review process had recently been amended so that there was more clarity as to what was being reviewed. Each nurse had to sign to confirm that they had reviewed a number of areas of the care plan and made any changes where required.

We saw that care plans were person-centred and contained signed evidence of regular review with a rationale for changes or remaining the same. Daily notes were detailed and appropriate. However, it was not always clear from records that documentation about people's likes, dislikes and preferred activities had been reviewed at reasonable periods. For example, one person's mealtime information

Is the service responsive?

preference sheet was dated 5 August 2010. Although staff assured us they had regular discussions about people's likes, and our observations and discussions evidenced that people were included and asked their preference, this was not always reflected in their care records.

The registered manager told us there had been no formal complaints within the last 12 months. The service had a complaints, compliments and comments file in place which we looked at. There were a number of positive compliments and comments recorded, a selection of which were displayed on notice boards for people to see. There was a box in the entrance area where people could leave feedback if they wished to. Various leaflets with service information were displayed in the entrance area including a 'compliments, complaints and suggestions' pamphlet. This gave clear information about how to complaint, who to with guidance of time frames. There was information about what procedures to follow should a person be dissatisfied with the outcome. This meant there were clear instructions available for people to follow in order to register any complaints they had.

Every relative we spoke with told us they would have no problems with speaking to the registered manager if they wished to raise a complaint. Where people told us of any issues they had historically, all said these had been dealt with quickly and to their satisfaction. One relative told us, "I've only had one hiccup but it was dealt with straightaway." They described a situation involving their family member where specific information was not documented. They said it was not clear whether The Brambles or another service their family used was responsible for the lack of information. They told us when the registered manager was made aware of this, they implemented a specific communication book with the other service so that all information was documented. The relative said the registered manager had acted immediately and the relative was now confident the same situation would not happen again. This demonstrated that people's concerns were acted upon and measures implemented to make improvements.

Good

Is the service well-led?

Our findings

All of the people using the service and relatives we spoke with knew the registered manager by name and said they found them to be very approachable. Comments included, "I've always found the manager approachable and helpful and staff very nice", "[Manager] is definitely approachable, would feel comfortable raising any issues", "He's lovely", "Really supportive, he's supported our family", "He's approachable as is the majority of the staff" and "He's very good, on the ball, very friendly and speaks to you as a person, not just a parent." None of the relatives we spoke said anything negative about the registered manager and rest of the staff.

Staff we spoke with told us they felt well supported by the management team and found them to be approachable. They were aware of senior staff above the registered manager in the organisation and their designation and felt supported by these also.

One of the three professionals we spoke with they said that the deputy manager was, "Very good" and "Reliable" with responding to issues. Another stakeholder said they felt the service was the, "Best in the area" for using initiative and seeking advice about issues they were unsure about. They said the service put advice and information given into practice.

Staff told us they received annual questionnaires where they were able to put forward their views about the service and the provider. This information was obtained by an external organisation the provider used in order to maintain independence and staff said they received feedback about this.

Satisfaction questionnaires were sent out by the service annually to people who used the service, relatives and stakeholders. We saw a sample of completed questionnaires from 2013 and all of the ratings and the majority of comments were positive. We spoke with the area manager who told us the responses were returned to them, collated and analysed alongside other services in the organisation. Any specific issue, such as a negative comment that required follow up was fed back to the service manager to deal with. The rest of the information was used by management teams to look at service improvement in general. The findings were not made available for respondents to see. This meant people had no information about what the results of the questionnaire had been and how their views had been taken into account. The area manager acknowledged this and told us the provider was looking at ways of making this information accessible to people.

The registered manager undertook various audits such as health and safety, equipment and fire checks. They said that people's care plans were discussed as part of their named nurses PDRs which meant the manager had an overview of these in order to identify areas that required attention. The area manager undertook a monthly audit visit to sample aspects of the service to monitor its quality. We saw the audits for the previous three months which covered a number of areas and evidenced discussions with people who used the service and staff. There had been no actions identified that the service was required to act upon.

Prior to our inspection, we had received a copy of a 'random audit' that had been undertaken in May 2014 following a prior safeguarding case. This had been undertaken by a regional operation manager from another area of the organisation. This audit identified a number of recommendations for the service to improve specific areas, in particular with the referral process. We saw that the majority of these had been actioned or were in progress which demonstrated the service had acted upon the information to implement improvements.

The registered manager told us about regular coffee mornings and meetings that took place for people and relatives. Relatives we spoke with confirmed these occurred and some said whilst they may not always attend, they would be kept updated about relevant information. They said they were able to have input into decisions affecting the service. One relative gave an example of when chairs in the dining room were being changed, peoples and relatives views were sought about this decision. This demonstrated they had opportunities to influence areas of the service.

The manager told us team meetings regularly took place. Staff spoken with and records seen confirmed this. One staff member said they could discuss, "Anything and everything" in the meetings. They said that each person would be asked to feedback key points about any recent training they had undertaken to share best practice and knowledge. Minutes of the last meetings we saw were

Good

Is the service well-led?

comprehensive and covered a number of areas with evident input from staff. Actions were identified and the person(s) responsible for completing these documented so that issues could be progressed and followed up.

The registered manager told us procedures were in place for incident and accident recording and they had oversight of the forms. These were then reviewed at a senior level in the organisation. We viewed a sample of these which were split into months. We saw where actions had been taken, such as care plans updated and risk assessments reviewed. The area manager signed each form and we were told information would be monitored to look for recurring themes. The local authority safeguarding team and the Care Quality Commission were notified of incidents as appropriate and staff had access to independent support arranged by the provider.

During both of our visits, the IT system was not working at the service which meant some information had to be sent to us electronically at a later date. Important information, including policies and procedures, and documentation used for recording was stored electronically. Management and staff told us that this did cause problems, especially at night time when IT support teams were not working. All said that this was a regular occurrence. This meant there was a risk that important information may not be accessible for significant periods of time which could potentially have an impact on the running of the service.