St Anne's Community Services

St Anne's Community Services - Creykes Lodge

Inspection report

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Date of inspection visit: 4 December 2014
Date of publication: 29/01/2015

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

The inspection took place on the 4 December 2014. The inspection was unannounced. At the last inspection the service was fully compliant with the regulations and no improvements were required.

Creykes Lodge provides personal care and accommodation for up to six adults with a learning disability. The premises consist of a detached bungalow that is located on the main road in the village of Rawcliffe. The home is on a bus route, close to local amenities, and the towns of Goole and Selby. The home offers only single room accommodation.

We tried to carry out a Short Observational Framework for Inspection (SOFI) during our visit. This is a way of observing the care and interactions people receive to capture their experiences when they may not be able to

Summary of findings

tell us themselves. However it was clear that people were not comfortable being observed in this manner so we used other methods to observe and monitor the care people received.

The service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed.

We observed staff engaging with people in a respectful and supportive manner. We observed staff responding to people quickly and saw that they knew and understood their needs.

Staff understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible. Behaviour management strategies were in place which were regularly reviewed and updated although we discussed how it would be positive to see more input with these from a multi-disciplinary team.

Staffing numbers were in the process of being increased which staff said would be positive for the service. We received positive feedback regarding the staff and we observed warm friendly relationships between people living and working at the home.

Recruitment systems were robust and appropriate checks were completed before people started work.

A range of training was provided for all staff which staff told us supported them in their roles. Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

We saw that meals were social occasions and observed a choice of food was available. People were supported appropriately during mealtimes.

We observed staff treating people with kindness and compassion throughout our visit. Professionals also spoke highly of the service and the way in which people were cared for.

We observed that the registered manager and staff responded to people's needs. Each person had individual care records which focused on them as a person. They received a range of social opportunities and could choose how to spend their time.

People had their health needs monitored and input from other professionals was sought where necessary. Medication systems were well managed with clear records in place.

Professionals and staff spoke highly of the registered manager and there was a strong caring ethos evident throughout our visit.

There were a number of quality monitoring systems in place which focused on reviewing and improving the service on a continual basis. The home had not received any recent complaints; they told us this was because they dealt with any concerns immediately.

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.

Professionals told us that people were safe and we found that risks were appropriately managed.

Medicines were correctly stored and disposed of and records were accurately maintained. People received their medication as prescribed by their doctor.

Staffing numbers were being increased and appropriate recruitment checks were completed before people started work.

Good

Is the service effective?
The service was effective.

Staff received training and development which supported them in delivering high quality care.

The registered manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

People received a choice of food and meal times were a social experience.

Good

Is the service caring?
The service was caring.

We observed warm interactions between the staff and people they supported. People were treated with dignity and respect.

Staff had a good understanding of people's needs and made sure people were comfortable and well cared for.

Good

Is the service responsive?
The service was responsive.

People had detailed care records in place and the staff delivered individualised care to people.

People were involved in a range of activities and had good links with the local community. People spent their time the way they wanted.

Good

Is the service well-led?
The service was well led.

Systems were in place to assess the quality of the service provided in the home.

There was an open and positive culture in the home. Systems were in place to seek people's opinions and to get formal feedback about the service provision.

A registered manager was in post and staff advised us the manager was supportive and approachable.

Good

St Anne's Community Services - Creykes Lodge

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.

The home had a registered manager. 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.

This inspection took place on 4 December and was unannounced. The inspection was carried out by one Adult Social Care inspector from the Care Quality Commission.

Prior to our visit we gathered information about the service. This included notifications we had received from the provider and other information we hold about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with one person living at the home and five staff.

We carried out observations, looked in detail at one person's care records and looked at a selection of quality monitoring documents.

We spoke with two health or social care professionals who gave us their views of the service.

We also contacted Commissioners to seek their views.

Good

Is the service safe?

Our findings

We asked one person if they felt safe. They nodded yes. Other people were unable to answer our questions so we spoke with staff and other professionals who were involved with the home.

The home had appropriate policies and procedures in place to help safeguard vulnerable adults. Information for staff was displayed on the noticeboard in the office. The manager was aware of the importance of reporting any safeguarding incidents to the Care Quality Commission and the Local Authority. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with staff about their understanding of safeguarding vulnerable adults. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff told us they were confident their manager would take any allegations seriously and would investigate. Staff told us they had received safeguarding vulnerable adults training and those spoken with all confirmed that they would feel confident in telling someone should they observe any practice which was inappropriate. We saw staff had signed to say they had read the new thresholds guidance from the local authority which was guidance to help ensure a consistent approach in dealing with and reporting safeguarding matters. One staff member said “I have had safeguarding training and have had experience of making an alert. I would whistle blow (tell someone) definitely.”

All staff received training in behaviour management and de-escalation and restraint. Staff told us that restraint was rarely used as in the majority of situations de-escalation and diversion was used. De-escalation and diversion is a method used to reduce the intensity of conflict or a potentially violent situation. We saw from incident records that where restraint had been used detailed records were held. This helped to safeguard people.

Risks to individuals were identified and recorded within their care records. Those seen contained risk assessments which recorded what the potential risks were and how they could be minimised. Behaviour management protocols were in place to guide staff. However, as this changed on a daily basis it provided staff with suggestions rather than clear direction for managing behaviour. Further development of these plans may be beneficial so that any current strategies in use have been agreed by a multi-disciplinary team. All of the staff we spoke with were clear about the individual needs of the people they supported. One staff member said “People are treated as individuals. Support which works for one person may not be suitable for another.”

A range of health professionals provided support to the service when required. This included psychologists, community psychiatric nurses and community nurses. This enabled appropriate guidance and support to be accessed when needed. Professionals told us that they felt the home managed to support people appropriately stating “Behaviour issues have been managed well. They contact professionals as and when needed. My client is safe, happy and settled” and “The home is fair and clear in terms of behaviour management.”

Incident and accident analysis was completed each month so that any trends or themes could be captured. This also enabled the manager to put in place further risk management where necessary. We asked about emergency arrangements. We were told that staff would support people if they needed to attend hospital in an emergency. There was an out of hours support line so that support and guidance could be continually offered to staff.

We asked to look at staff recruitment records. We saw that two references and Disclosure and Barring Service (DBS) check were always sought before new employee’s commenced work. These checks were renewed every three years. This helped to ensure that staff employed were safe to work with vulnerable adults. We were shown emails for a new member of staff confirming that these checks had been completed.

We discussed staffing levels at the home. Staffing numbers ranged from two to six people on duty. The manager was in the process of recruiting additional staff to work at the home. We were told that this would increase the weekly staffing hours from 537 to 578. Adverts had gone out and interviews were booked in December. Staff saw this as positive as they told us that when there were only two staff on duty this was not always sufficient although they also confirmed that they were able to ring either the manager or staff if they were experiencing difficulties during their shift. The registered manager told us that staff allocation was flexible and based around the needs of the service.

Good

Is the service safe?

We looked at the medication records for two people living at the home. We observed staff giving people their medicines. Medicines were stored, administered and disposed of safely in line with current and relevant regulations and guidance. Medication administration records were signed correctly with any refusal recorded. There were good systems in place to manage medicines and regular audits and stock checks were completed. People who lived at the home had not been prescribed controlled drugs. Regular medication reviews were held so that any medicines no longer required were discontinued. 'As and when required' (PRN) medication was recorded clearly and included descriptors for when it should be given. Care records included information regarding people's medicines. For example; 'Can indicate pain' and 'Understands what medication is for.'

The manager told us she was part of a clinical governance team who were currently reviewing and updating the policy on medication to fit with recent changes to NICE guidance.

Good

Is the service effective?

Our findings

People received a full care needs assessment prior to moving into the home to check that the service was right for them, although many people had lived at the service for a number of years.

We looked in detail at one person's care records. They contained detailed information about the person and how they should be cared for. They were person centred and focused on the likes and dislikes of the person. Care plans were reviewed each month by staff. A health professional told us "I find the staff very informative and keen to ensure their paperwork is updated at all times. They always provided an in-depth report at every review."

We asked to look at the staff training plan and record. We also spoke with five staff and asked them about the training they had received. Staff told us they received training in a variety of topics, examples included; manual handling, behaviour intervention, medication, The Mental Capacity Act (2005) and safeguarding vulnerable adults. In addition to the core training provided, service specific training was also provided. This included training in topics such as autism and epilepsy. All staff confirmed that they received regular training. They also told us that they could suggest training if they thought it would be of benefit to people living at the home. One member of staff said "We need to understand people's behaviours, our training supports this."

All staff received regular supervision and an annual appraisal. Supervision and appraisal are one to one meetings held between the individual and a senior staff member to discuss their role and responsibilities. All of the staff we spoke with confirmed that they received good support from their manager and colleagues. The manager told us that as a team they challenged each other so that they could continually improve ways of working.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. The registered manager and staff we spoke with understood the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

The registered manager and staff confirmed that recent applications had been made. They were clear about the process to follow and understood the importance of involving Independent Mental Capacity Advocates (IMCAs) who were currently involved with three people living at Creykes Lodge. Five people had current restrictions in place as this was deemed in their best interest to keep them safe.

Behaviour management protocols were in place. These recorded how staff should respond to people's behaviour and the protocols for diffusing and managing behaviours including restraint, which was only ever used as a last resort. We spent time discussing these with the manager and staff as the challenge to the service was the continual changes in behaviour which could be affected simply by having a change in staff or a visitor to the home. Although written strategies were in place they were at times too vague as they focused on general situations. There was little evidence that they had been developed using a multi-disciplinary approach. The manager confirmed that other health professionals were invited to review meetings but that at times it was difficult to get them to sign their agreement to these protocols. It was hoped that future planned training in positive behaviour support would assist the service in improving their recording in this area.

We saw that where possible staff encouraged and supported people to make decisions and give their consent to their care or treatment. We observed staff explaining what they were doing; for example when giving medication. People were encouraged as far as possible to make choices and decisions about all aspects of their daily lives. This could be choosing what to wear, when to get up or how they wanted to spend their time. People walked around freely. Staff obviously knew and understood their non-verbal communication as they were effective in responding to people knowing when to put music or the television on and when to offer diversion.

We observed the meal time experience. Staff confirmed that people were offered choice wherever possible and said that they often cooked a number of different meals dependent on peoples likes and dislikes. We observed a selection of finger foods being offered at lunch time so people could choose what they wanted. We also observed people being offered drinks, fruit and snacks throughout our visit. We asked staff how they offered people choice with their food. Staff told us that they knew peoples individual preferences and they catered for this. One staff

Good

Is the service effective?

member said “We may end up doing four different meals at night. “ One person was able to verbally tell staff what they wanted. However for others a choice was offered visually. Staff told us that if someone did not eat what was offered then an alternative would be made. We saw that nutritional assessments were completed and support obtained where concerns in people’s weight were identified.

We saw that information regarding people health needs was recorded in their care files. People had access to a range of health professionals. We saw from care records that people’s health was monitored so that any concerns could be quickly addressed and advice from professionals accessed where necessary. One person was able to tell us how staff helped them to calm down if they were anxious and told us “When I had tonsillitis they (the staff) looked after me. Each person had a yearly health check book (Health Action Plan) as part of their care and support planning process and an annual health check which was carried out by their doctor.

People had hospital passports in place. The aim of the hospital passport is to provide hospital staff with important information about the individual and their health when they are admitted to hospital. They are particularly useful for people with learning disabilities as they are written by people who know and understand them.

Good

Is the service caring?

Our findings

Feedback from professionals included; “Staff are exceptionally caring. They are good at listening and responding accordingly”, “Very service user led” and “People are always immaculately dressed and clean.”

We observed warm, positive caring interactions between staff and those living at the home throughout our visit. It was clear that staff knew and understood the needs of those they supported and this was echoed in feedback from professionals who we spoke with.

Some people living at the home were unable to communicate their needs verbally. Staff were very astute in reacting to peoples body language or other non-verbal prompts. We saw from care records that information regarding how people communicated their needs was recorded. This included detailed information regarding people’s non-verbal communication methods. A variety of communication formats were available to support people at the home including easy read formats. This helped people to express greater control and choice regarding the care and support they received.

We spent time talking with staff asking them how they offered people choice and how they supported people to make decisions. Comments included “We treat people as individuals based on their own needs” and “We know and understand people’s preferences, we look at what works for them.” The discussions we had with staff demonstrated that they knew and understood the people they cared for. They were able to clearly tell us how risks were minimised and to discuss different strategies used to support people.

All staff were involved in the recording of records and they were able to tell us about the information recorded in people’s care plans. Care plans are written documents which set out the way people want to be cared for, the support they require and any goals or objectives that they would like to achieve as well as things which are important to them. People’s care plans were personalised and showed that an effort had been made to understand the individual, and their personality. Staff told us they were involved in discussions and reviews of people’s care. Review meetings were also attended by the individuals, their relatives (where appropriate) and other important people; for example day care staff. The manager confirmed that invites were also sent to other professionals involved.

We saw that staff maintained people’s privacy and dignity. They were sensitive in explaining what they were doing when offering support to people. Personal care was always carried out in private and staff gave us a number of examples of ways in which they maintained people’s dignity.

We observed staff knocking on doors before entering people’s rooms, speaking to people in a polite way and supporting people in a kind and dignified manner.

Good

Is the service responsive?

Our findings

The professionals we spoke with told us that the home was responsive in providing care for people. They told us that they had seen people progress since living at the service. We observed people were comfortable with staff and saw staff responding positively towards them.

All of the staff we spoke with told us that they used a person centred approach which was continually reviewed to care for people. The provider told us in their provider information return that 'clients have person centred support plans following a detailed assessment fully underpinned with positive enabling risk assessments.' Where possible people signed their agreement to their support plans. However where people lacked capacity other professionals or family members were involved.

Each person living at this home had a care and support plan which was stored securely within the office. The care and support plans detailed the holistic needs of people including their physical, social and psychological needs. Care records focused on promoting people's independence. These were evaluated regularly to see how far people had progressed. This demonstrated that staff were responsive to people's needs as they provided care which was individualised.

We saw that people were offered a range of social opportunities. The service had to be flexible as often what was planned had to be reconsidered and alternatives offered. On the day of our visit a games day was planned. Some people declined to participate and we saw that trips out in the car, a disco, and music and films were all offered as alternatives to people. Some people attended day services. One person told us how much they enjoyed their day service.

Staff tried hard to enable people to experience different social opportunities including holidays. Staff told us that sometimes these didn't work but that opportunities were always given and if needed people could return home early. Staff were clear about the importance of offering people different opportunities to enable them to have as much choice and participation as possible.

We saw people were supported to maintain contact with their family and friends. The manager told us relatives and friends were welcome to visit at any time and that they maintained contact with families wherever possible. One person confirmed that they had seen their family recently.

We asked to look at the complaints record for the home. There was a complaints and compliments file in place and people were encouraged to express any concerns they may have. We saw that the home responded appropriately to any complaints. We saw a large number of compliments had been recorded expressing peoples satisfaction with the service. Both the professionals spoken with told us that they would be able to raise any issue of concern with the manager or staff.

The home also had a 'job' book for staff to record any work which was required. We saw that when work had been actioned this was recorded. This demonstrated that the home responded and bought about improvements for people living at the home.

Relatives and other health and social care professionals were encouraged to feedback their views of the care provided and the professionals we spoke with confirmed that this was acted upon.

Good

Is the service well-led?

Our findings

The home has a manager who is registered with the Care Quality Commission. The registered manager had been in post for a number of years.

All of the people we spoke with said that the registered manager was approachable and was open to ideas and suggestions for improving the service. A professional told us "The staff and manager are approachable."

The manager told us that the organisation was responsive in updating policies and procedures in line with any changes to legislation or guidance. The registered manager was involved in many working groups within the organisation and said that other work streams were in place which meant they were kept up to date following any changes in legislation. The manager had good systems in place to share information with staff. This included a daily handover, a 'read me' file (which contained important day to day information) and an updated policy file which was shared with staff who signed to say they had read it.

All staff said they felt well supported and able to raise any concerns they might have in an open way. One member of staff told us "It's a good team and we all get along. We get really good support, supervision, appraisal and competencies (which were checks to make sure they were doing their jobs properly)." Another staff member told us that morale within the staff team was very good.

The registered manager and staff worked closely together as a team on a daily basis. They said they felt confident in challenging each other's practice and learning from each other.

Records viewed during our visit were detailed, organised and stored appropriately. This included staff files, staff training records and people's care and support records.

Regular meetings were held at the service for staff. However for people living at the home more informal systems were used. As meetings and surveys for people living at the home were not appropriate, the manager told us that they measured how positive the service was against the progression of the clients living at the home. Examples given were a decrease in medication or behaviour. This was reiterated by professionals we spoke with.

Surveys were sent out to seek the views of health professionals, relatives and others involved with the service. We were shown a copy of the summary of responses. The responses were all positive so no improvements had been suggested.

We asked staff if they felt any improvements could be made to the service. Some suggested improvements to the environment and said these had been discussed. Others said the increase in staffing numbers would make a positive difference but confirmed that the manager was actioning this.

The manager had systems in place which supported the smooth running of the service.

We saw that audits were being completed. These included weekly audits on medication and monthly audits of care records. Audits were then used to inform action plans to bring about improvements to the service. This helped the service to continually improve.