

St Anne's Community Services

St Anne's Community Services - Boroughbridge Road

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

St Anne's Community Services - Boroughbridge Road is a residential care home and provides support for three people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is provided in a large Victorian style house and located in a residential road close to a range of community amenities and facilities in Knaresborough. At the time of our inspection there were three people living there. A registered manager was in post.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People had risk assessments in place that identified any potential hazards to their well-being. Accidents and incidents were analysed to reduce the risk of reoccurrence. Medicines were stored and administered safely and the premises were well maintained to keep people safe. There were enough staff to meet people's needs and safe recruitment practices helped to prevent unsuitable staff from working at the service.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. They were confident the registered manager would address any concerns.

Staff were kind and caring and respected people's privacy and dignity. Care was person centred and people were provided with choice. Staff included people, listened to how they liked to be supported and knew what their preferences were. Staff knew people well and promoted their independence. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were provided with sufficient food and drink to maintain their health and wellbeing. Staff supported people to access healthcare professionals and services. They also supported people to follow their interests and take an active part in the wider community. There were individual activity plans in place for each person based on their preferences and needs. Staff were aware of people's individual communication needs and used the most accessible means to share information about their support with them.

The registered manager and provider monitored the quality of service provided to ensure that people received a safe and effective service which met their needs.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Anne's Community Services - Boroughbridge Road

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 comprehensive inspection took place on 23 July 2018 and was announced. The inspection was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that they would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority safeguarding team and commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

Due to the complex needs of the people living at the home 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.

During the inspection, we spoke with the registered manager and four staff. We spoke with two relative's and two social care professionals by telephone to gather their feedback about the service.

We looked at a range of documents and records related to people's care and the management of the service. We looked at two care plans, two staff recruitment records, training records, quality assurance audits, minutes of staff meetings, complaints records, policies and procedures.

Is the service safe?

Our findings

We observed that people were relaxed, calm and happy in the presence of staff.

People were protected from the risk of abuse and harm. Staff had received safeguarding training and understood about the types and signs of abuse. They could explain the action they would take if they suspected or witnessed abuse. Staff told us, "It is important that people we look after feel comfortable and safe" and "I would certainly take any concerns to the manager and action would be taken."

Staff showed a good understanding about promoting people's rights and choices while keeping them safe. For example, one person was initially unsettled by our presence in their home and moved quickly from room to room. Staff ensured this person was safe whilst they moved through the rooms and hallway, but gave them the space and time they needed to decide where they wanted to go and what they wanted to do. This person soon relaxed and then calmly interacted with us.

Risks to people's health and safety had been assessed by staff and records of these assessments had been reviewed. Risks assessments included areas such as the environment within and outside the home and eating and drinking. Assessments identified triggers for staff to look for, such as if a person was constipated to ensure people remained safe. This gave staff the guidance they needed to help people remain safe.

Arrangements were in place for the safe management, storage, recording and administration of people's medicines. People were supported to take their medicines by staff who were trained and had their competency assessed. Audits were undertaken by the provider and the registered manager to ensure medicines were administered safely.

At the time of our inspection we saw there were sufficient staff available to meet people's needs. The registered manager established how many care staff were needed on each shift based on the care each person required. The registered manager explained that no agency staff were used and the team worked well and flexibly to ensure all shifts were covered.

Staff were recruited safely and were suitable to work with vulnerable people. Disclosure and Barring Service (DBS) checks were carried out before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with people who may be vulnerable. The provider ensured previous employer references had been obtained and a full work history was provided within the application form.

Incidents and accidents were recorded by staff. The registered manager and provider reviewed these to look for trends and record lessons learned. We looked at an incident record where a person who had slipped in the hallway. Although they had not fallen on an item temporarily stored in the hallway, this was removed and staff were reminded to be aware of this person's movements around the home.

Procedures were in place to protect people in the event of an emergency, such as a fire. We saw how regular

checks and routine maintenance of the home environment and equipment ensured people were kept safe. People had personal emergency evacuation plans (PEEPs) in place. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. The service was clean and hygienic and people were protected from risks of infection.

Is the service effective?

Our findings

People's needs were assessed, including their physical and emotional needs, and care and support was delivered effectively. Relatives and social care professionals told us people received effective care from staff who knew them very well. Comments included, "[Name] has lived there for 20 years. I have always been satisfied with the care" and "Whenever I visit, it feels homely. People are happy and are happy to live there."

People received care from staff who had the skills and knowledge to support them. Records confirmed supervision and appraisals took place regularly and staff received training in topics which included, safeguarding, equality and diversity, food hygiene and positive behaviour support. Staff were complimentary about the quality of supervision and training they received.

Staff attended health appointments with people to help explain about any health issues and treatment options. Information was shared with other staff following appointments to ensure people had consistent support to maintain their health. Records evidenced people accessed their GP, dentists and other specialist health services and health matters were followed through. People had a 'Health Passport' which contained important information to help healthcare professionals understand more about their health, social and communication needs.

People were supported with their nutritional needs and provided with home cooked meals. We observed people clearly enjoyed their food and meal times were relaxed and calm. People were given food choices and staff had a good understanding of people's preferences and dietary requirements.

Arrangements were in place to ensure people had access around the home. The decoration and signage in the premises supported people's needs and enabled easy navigation. This helped promote people's independence. People's bedrooms had been personalised with their own pictures, furniture and belongings. Areas of the service also contained art work they had contributed to.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the provider had followed the requirements of the DoLS and submitted applications where necessary. Staff had a good understanding of DoLS and the MCA. We saw appropriate documentation was in place to consent to specific decisions for people who lacked capacity and staff understood the importance of gaining consent before offering support.

Is the service caring?

Our findings

Throughout our visit, we observed staff treated people in a kind and caring manner. They routinely enquired about people's welfare and checked how they were feeling. A relative said, "The staff are always kind. They bring [Name] to see me. They are so settled when they are with the staff."

Where necessary, staff used accessible ways to communicate with people to help reduce any barriers for them and ensure they were involved in their care. For example, staff used less complex language and shorter sentences. Staff listened and talked to people in a relaxed, friendly and caring manner. They were patient and waited for people to talk or respond in their own time and did not answer for them. This helped make sure people and staff understood each other.

All the people at the service had lived there for many years. One member of staff explained they had supported the people at their previous home which was over 20 years ago. They showed us how they were developing people's life histories to include memories they had of them. The staff member told us, "I have grown up with the people here and know them very well." Care records detailed people's needs and preferences. Staff told us they respected people's cultural and spiritual needs and had a calendar in the office which gave them useful information about differing faiths and their celebrations. One staff member said, "People we support are all different and not stuck with the same glue."

Staff respected people's privacy and dignity and gave us examples of how this was maintained. Staff told us they knocked on people's doors before entering and ensured curtains and doors were closed to give people privacy when supporting with personal care. Staff told us they promoted choice. For example, one staff member explained they would hold up a selection of clothes so a person could decide for themselves what to wear.

Staff understood the importance of maintaining people's confidentiality. Data protection policies were in place that the registered manager and staff adhered to. This meant personal information was correctly stored, used and shared.

People were encouraged to remain as independent as possible and to do as much as they could for themselves. We observed people helped staff to clear the tables after a meal and were encouraged to tidy their bedrooms and help with some basic household tasks.

People had access to an independent advocate who visited them on a regular basis. An advocate is a person who supports the person to understand their rights and express their wishes and views, if they need independent support with this.

Is the service responsive?

Our findings

People received a service that was person centred and responsive to their needs. A social care professional told us, "Staff are attentive, aware of people's needs and very accommodating." A relative we spoke with said, "The staff phone me, they keep me informed to let me know how [Name] is and what they are up to."

In their PIR, the provider told us that each person had a key worker who reviewed care plans monthly. We looked at the monthly review records which were detailed and evidenced people were involved in their reviews and supported to make decisions about their care and any activities they wanted to do. The registered manager ensured information was available for people with a disability or sensory loss related communication need as outlined in the principles of the Accessible Information Standard (AIS). This standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We could see that pictures or symbols were used to help people make choices.

A range of personalised activities were available to people within and outside the home. These included, trips to local places of interest, shopping, activity clubs, crafts and baking. Staff we spoke with told us they had the time to support people with their activities and looked at ways to ensure these were meaningful. For example, one person had entered a painting competition organised by the provider. On the day of our inspection the person was supported to go to the head office to hand it in and we could see that this person was proud of their work. A staff member told us about another person who had enjoyed horse riding, but due to their mobility difficulties was no longer able to do this. As they loved being around horses staff had organised for them to go carriage riding instead.

People were supported to maintain relationships with their families. For example, one relative told us they had difficulty getting to the home so staff ensured they took the person to see them. Another relative explained how staff had gone out of their way to trace them as they had been estranged from the person who used the service for many years. They now received regular letters and telephone calls from the service and it was hoped that they can visit them in the future. They said, "[Name] has a better social life than I do and I get postcards from all over."

No complaints had been received by the service, but arrangements were in place to respond and review any that were raised. Staff we spoke with were strong advocates for people they supported and told us they would not accept any forms of discrimination. One said, "I would tell my manager and take it further if I needed to."

At the time of the inspection, nobody was receiving end of life care. The registered manager told us they would ensure people were looked after with support from healthcare professionals when this level of care was needed.

Is the service well-led?

Our findings

Since the last inspection in December 2015, a new registered manager was in post. They also managed another small residential home and an outreach service. A deputy manager was employed in June 2018 to assist the registered manager.

Staff were complimentary about the support they received from the registered manager. Comments included, "They are the best manager I have had" and "They help me develop my skills. They are brilliant." The registered manager said that they 'led by example' so that they could act as a role model.

The home was well managed and staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. We could see that the staff team worked well together and contributed to the development of the service. One staff member said, "I can put forward my ideas and feel listened to. I am really happy in my job and love working here."

The registered manager was committed to providing person centred care. They had developed personal action plans to ensure people's goals and their desired outcomes were clearly recorded and the actions needed to achieve them. Due to the complex needs of the people living at the service, it was difficult for them to contribute fully on how the service could develop and improve. The registered manager and staff thought of ways to do this. For example, staff showed pictures of food and meals to people who chose what they wanted, which assisted with menu planning each week. This meant people who lived at the service were involved as much as possible.

A range of audits were completed by the registered manager and provider to monitor the quality of the service and the care provided. These included medicines audits, care records and health and safety checks. The registered manager submitted regular data to the provider on how the service was delivering care and clear targets and actions were identified. The registered manager attended meetings with other service managers to review quality, safety and shared learning. This meant that they could share ideas and best practice to drive improvements.

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and incidences of abuse.

There were positive working relations with other professionals which promoted and supported people's needs. One social care professional told us, "Staff were always available, supported people to attend appointments and communication was very good."