

St Anne's Community Services

St Anne's Community Services - Glenholme

Inspection report

Glenholme
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15 March 2019

19 March 2019

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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

About the service:

Glenholme is a respite service which provides a mix of planned and emergency short breaks for people with learning disabilities. The service had ten respite beds, three short stay beds and one emergency placement. The service had 30 people who used the service during the year. At the time of the inspection there were five people in the service.

People's experience of using this service:

People felt safe and relatives were happy with staff. Staff knew how to report potential abuse and to take immediate action to protect people. Risk was considered for all aspects of care but not all risk assessments were current. The acting manager agreed to check all risk assessments for relevance and accuracy.

Staffing levels were sufficient to meet people's needs promptly. There were robust medication procedures in place and staff could explain the processes well. The home was clean and although in the middle of some building improvements, was checked regularly to ensure the environment was safe for people.

Staff were supported with regular supervision and had up to date training. Staff had a good understanding of complex needs and were able to respond well. They demonstrated through discussion and observation a sound understanding of seeking people's consent, and how to support people if they lacked capacity to make specific decisions. The service had appropriate Deprivation of Liberty Safeguard authorisations in place but needed to review any conditions more clearly to ensure compliance.

People received support with nutrition and hydration as required, and external health and social care services worked closely with the service to ensure optimum support for people. Communication between such services was appropriate and detailed, and staff took a holistic view of people's needs.

People were happy with care staff and their attitude, describing them as friendly, kind and patient. Staff clearly knew people well, and documentation showed people's choices and preferences were noted. We found positive examples of promoting independence and respecting sexuality. Privacy and dignity was respected and evident in all interactions between staff and people using the service.

Some relatives felt there was a lack of activities for people, but the service did well to balance people's differing needs and requirements. Care was delivered in a person-centred manner and reflected in the records we saw.

The service had not received any complaints but everyone we spoke with knew who to contact and staff felt able to raise any issues. We received much positive feedback from people using the service, their relatives and professionals.

Due to the lack of registered manager the audits were brief, however all aspects of care were reviewed. The

acting manager agreed to ensure any actions taken were logged and recorded as completed.

Rating at last inspection:

Good (Report published 12 July 2016).

Why we inspected:

This was a planned inspection in conjunction with our inspection schedule.

Follow up:

The service will continue to be monitored in line with our inspection programme, and if information of concern is raised, this will be investigated.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

St Anne's Community Services - Glenholme

Detailed findings

Background to this inspection

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

Inspection team:

The inspection team consisted of an adult social care inspector.

Service and service type:

Glenholme provides a respite service for people with learning disabilities. 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.

The service had no manager registered with the Care Quality Commission. However, a new manager had been recruited and was in the process of applying for registration. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service's deputy manager was acting as manager and we met with them during the inspection.

Notice of inspection:

The inspection was unannounced for the site visit. Telephone calls were made to relatives on 15 March 2019.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We found the submitted information was evident during the inspection and everything stated was in place. We checked information held by the local

authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

During the inspection we spoke with three people using the service, and two of their relatives. In addition, we spoke with six staff including care staff, and the acting manager.

We looked at three care records including risk assessments, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

This key question was previously rated requires improvement as there were concerns found at the last inspection in relation to medicines. We found improvements had been made on this inspection.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe. One relative explained where concerns had been identified action was swift and they felt confident the service was safeguarding people appropriately.
- Staff understood how to recognise and report signs of abuse. We saw concerns were reported appropriately.

Assessing risk, safety monitoring and management

- The service often took people at short notice in emergency situations. They demonstrated they had the systems in place and knowledge to manage complex behaviour and assess risk promptly.
- One relative spoke of how well the service adapted to different people's needs.
- Staff told us about different risk assessments in place to support people safely both inside and outside the service, and the actions required to mitigate such risks. If people used equipment such as shower chairs risk assessments were detailed and prescriptive, providing staff with necessary guidance.
- There was also different equipment such as alarms and sensor equipment to alert staff and aid a quick response which reduced risks to people.
- If people had a health incident, such as a seizure, staff were very responsive and incidents were reviewed in depth. Records showed staff took appropriate action and if people's needs changed significantly further support was requested promptly. Staff also had access to debriefs to ensure they were OK and felt supported.
- People had personal emergency evacuation plans and staff had regular fire drills.

Staffing and recruitment

- Staffing levels varied according to occupancy and need. There were always sufficient staff on duty. The service had a seven week rolling rota so staff could plan well in advance. The service did use agency staff but these were always supported with permanent staff.
- Recruitment checks were thorough and all were completed before staff commenced employment.
- Staff spoke positively of their colleagues, and said they worked well together.

Using medicines safely

- Relatives told us there had been no concerns around medicines and were confident their relatives were safe.
- Medicines were stored safely in locked cupboards and administered in line with correct procedure. If

people were able to self-medicate, they had access to locked cupboards in their rooms.

- Staff were able to explain the procedure for administering medicines including checking the time the dose was due, ensuring the person was happy to receive it, how to dispose of unwanted medicine and what records were required. They had had their competency observed.
- They also told us about how any observational changes were recorded such as a person behaving differently to their usual presentation, and how this information would be followed up.

Preventing and controlling infection

- Staff told us, and we observed, correct use of personal protective equipment to prevent the spread of infection.

Learning lessons when things go wrong

- We saw all accidents and incidents were reviewed and any possible learning was shared with staff. Consideration was given to whether any alternative action should have been taken to prevent the incident or during it. People's fluctuating needs including the impact of any medicine changes showing the service took a holistic approach to such analysis.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed as thoroughly as possible on admission but providing an emergency response meant not everything was known at this point. However, this meant staff made even more effort to get to know people quickly to ensure they provided care in line with people's needs and choices.

Staff support: induction, training, skills and experience

- Staff received supportive supervision and appraisals to review their performance. They told us these offered the opportunity to discuss any concerns, consider training needs and reflect on practice. Sessions also included knowledge checks to ensure staff were following current best practice and guidance.
- Staff received regular training and were also offered additional opportunities if they wished to explore specific aspects of care delivery or if people's needs required it. They were also observed supporting people and praise given by line managers for positive interactions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to make their own food and drink wherever possible. One person was asked if they would like to go out for breakfast as it was a pleasant day. There was also a cook on site during the week to provide people's choice of meal. One person said, "I like fish and chips. I enjoyed it."
- People had access to pictorial menus to assist them in making choices. Healthy options were shown to support with overall health.

Staff working with other agencies to provide consistent, effective, timely care

- Relatives told us communication was good. One relative said, "There are always staff to talk to and if there is anything which needs to be sorted, this is raised quickly and addressed."
- Staff told us, and we saw in records, how well they worked together. They felt staff supported each other well. Handovers were attended by all staff where key information was shared.

Adapting service, design, decoration to meet people's needs

- The service was housed in an old building but it was accessible with appropriate adaptations in place to support people to be independent. Rooms were large and airy, and offered a choice of décor. People often chose their preferred room if it was available at the time of their stay. One person said, "My room is nice."
- The building was being adapted to meet fire regulations at the time of the inspection.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external health services as needed. Staff understood the importance of accessing the right help at the right time. We saw records of GP, district nurse and other professionals' visits.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff understood the significance of obtaining consent and that people were presumed to have capacity. They also explained that capacity assessments were in place where people were unable to make more complex decisions, and how these adhered to best interest principles. We saw capacity assessments were completed for significant decisions such as the administration of medicine or for emergency evacuation.
- If people chose to be in a downstairs room they gave consent to being audio-monitored for their safety. Staff told us, and we observed, people were given choices such as whether they preferred a bath or shower.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service had some people with DoLS in place but did not have an overview sheet indicating who had any conditions. We asked the acting manager to complete this as soon as possible to ensure the service was complying with any requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person said, "They're looking after me well." Relatives told us staff were attentive and very caring. One relative said, "[Name] is very well looked after." Another said, "Staff are always helpful."
- Staff were able to explain people's differing cultural needs and how these were met within the service, such as the provision of specific food. People's sexuality was respected as staff supported people to dress and present themselves as they chose.
- We heard one staff member encourage a person new to the service to come and look at the special bath in the service. They were patient and clear in their explanation.

Supporting people to express their views and be involved in making decisions about their care

- People with little or no verbal communication ability were supported with pictures to aid their decision-making. One person had a talking care plan providing an outline of the usual daily routine and to assist staff in supporting them effectively. Another person was supported to discuss their needs with Makaton, using signs and symbols to communicate.
- We also saw in staff supervision records where managers checked staff's understanding of people's communication needs.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff knew when to prompt people to change clothes or undertake their laundry. One relative said the service was good at promoting life skills. We were told about one person who was now able to make their lunch with support who previously had been unable to.
- Staff were very aware of respecting people's private space and would not access anyone's room without express permission. People had keys wherever possible for their rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Some people accessed external day support services but if these were not available for any reason, Glenholme ensured people had access to activities. However, one relative also felt there needed to be better access to activities at weekends. The service did have an arts and crafts room but the acting manager said there was little appetite by people using the service to use the space.
- Staff told us different events were planned, depending on who was staying in the service, but they also needed to have enough flexibility to support people's different tastes. They said the service was extremely adaptable and could offer quiet time and space as much as things to do.
- Care records were person centred, had pictorial prompts and provided clear information about people's needs including their preferred name. Records provided information about all aspects of health care including weight and wellbeing.
- They were detailed about each aspect of support offered and indicated how independent a person was with each task, such as checking the water temperature. Equally, records showed where staff support was necessary. Records evidenced how well staff knew people who came to the service.
- People had achievable goals to enable them to see how much they progressed. Daily notes showed how much people did for themselves and their mood while undertaking different activities.
- Records were reviewed but not out of date information was removed from files when the concern had ended. We spoke with the acting manager about this and they agreed to address this promptly.

Improving care quality in response to complaints or concerns

- Relatives told us they had had no cause to complain. One said the service was very helpful if respite dates needed to be changed and they would try and accommodate wherever possible.
- We read one compliment which said, "We felt confident leaving [name] with you and knew they would be well looked after."

End of life care and support

- The service did not provide end of life support as it was a respite service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives felt the service was very person-focused. Their opinion, along with people who used the service, was sought on an annual basis by the provider.
- Staff told us the service was approachable and everyone liked to come there. It was well organised and people got to participate in as much or as little as they chose.
- Staff said there had been a few challenges supporting people with more complex needs recently but the service had responded well and everyone had a 'can do' attitude.
- We saw staff were supported with regular, informative staff meetings which provided guidance and an opportunity to review people's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the time of inspection as they had retired in December 2018. A new manager had been appointed and was due to start in May 2019.
- The acting manager had a sound knowledge of people's needs and what support was being offered both within the service and externally. They showed good insight into people's current needs and how they anticipated future care pathways would be developed for people. They were extremely responsive to feedback from people, staff and external agencies.
- Staff spoke positively of the acting manager saying they were very approachable and would follow up any issues.
- There were monthly visits from the area manager who provided scrutiny over the service.
- Equipment checks and other audits were in place but not all actions were recorded as completed. The acting manager agreed to ensure this was done.
- The ratings from the previous inspection was on display in the home and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they were sent an annual survey to complete about their views of the service. We asked if they felt anything could be improved and we were told not.

Continuous learning and improving care

- All staff we spoke with said they enjoyed working at the service. One staff member said, "It's very

welcoming. We try and make it like a family."

- Staff felt there sometimes needed to be more for people to do but this was not always possible due to who was in the service and how the service was funded.

Working in partnership with others

- The service showed through its records and conversations with people there was regular contact with other services, especially where people came to stay and were not their usual self.