St Anne's Community Services

St Anne's Community Services - Shady Trees

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Shady Trees took place on 29 February 2016 and was unannounced. The service had previously been inspected in October 2014 and found to be requiring improvement in relation to ensuring people were not being deprived of their liberty unlawfully, a lack of consistent auditing and some staff needed refresher training in some areas. We found on this inspection that there had been considerable improvement in all areas.

Shady Trees offers a nursing respite service for up to 25 adults aged 18 and over who have learning disabilities and other complex physical health needs. The service is registered to provide accommodation for people who require personal or nursing care. Up to four people can be accommodated at any one time and there were 18 people registered at the time of inspection to use it. Their respite allocation varied from 24 – 95 days with most people using the service between 50 and 72 days a year.

The service had a registered manager in post who was present on the day of inspection. 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.

People were supported by staff who understood how to identify and act on any possible safeguarding concerns. The service had detailed and specific risk assessments showing how to support people safely with minimal intervention.

The service was able to adapt its staffing levels according to the needs of people in the service and medication was administered and stored appropriately. The service had developed robust protocols to ensure errors were minimised and people received their medication when required.

People were supported by suitably trained and qualified staff who had access to regular line management support. The service was also compliant with the requirements of the Mental Capacity Act (MCA) 2005 with regards to seeking people's consent and ensuring that a Deprivation of Liberty Safeguard was in place where a person's was restricted to ensure their safety.

We saw the service supported people with their nutrition and hydration as per individual need and that external health and social care support was obtained where needed. We did see, however, that pressure relief was not always offered as specified in a person's care record and that verbal handovers between day services was not safe due to the high risk of information being missed or forgotten. The registered manager took immediate action to remedy this.

Staff were spoken of very highly by relatives of people using the service and we saw positive interaction between staff and people returning from day care. Staff spent time with people and worked at their own

pace ensuring they were included in activities. We saw the service actively promoted dignity and respect.

Care records were detailed, identifying a person's support needs and reflecting their usual routine at home. This was important as the service was for respite only and the registered manager was keen to unsettle people as little as possible. Every attempt had been made to look at how people communicated and responded to different situations which helped the service promote their independence.

The service had a positive, open and honest approach, and people were made to feel comfortable on arrival. The registered manager provided clear direction for all staff and was hands on in their approach. It was evident they knew the service and the people who used it very well and was proud of what they had achieved in terms of gaining people's trust who had initially been reluctant to attend. Although there were issues with some of the audits, we appreciated the service was subject to the wider ongoing organisational changes and we were confident that issues raised within this particular service were dealt with promptly and appropriately.

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.

Relatives told us people were safe, and staff knew how to respond to any safeguarding concerns.

Risk assessments were person-specific and detailed. Staffing levels were responsive to the needs of the people in the service.

Medication was stored, administered and recorded in line with guidelines.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received regular supervision and training to ensure they were up to date in their knowledge.

The service was acting in accordance with the requirements of the MCA and its associated DoLS requirements.

People were supported with nutrition and hydration. This was recorded appropriately and people had access to other health and social care services as required. However, we noted handovers were verbal and pressure relief was not always offered.

Is the service caring?

Good

The service was caring.

We saw staff were friendly, attentive and polite and relatives spoke highly of their trustworthiness.

People's input into their care plans was sought as far as possible by spending time looking at information from all the services they used along with family knowledge.

Dignity and respect for people was evident in all interactions we observed.

Is the service responsive?

Good

The service was responsive.

We found that care records were very person-centred and focused on a person's abilities. They provided a clear indication of a person's needs.

The service had not received any formal complaints and minor issues were logged and followed up with staff.

Is the service well-led?

Good

The service was well led.

Relatives spoke highly of the service and how invaluable it was to them. All felt able to approach the registered manager to discuss any concerns.

Leadership was evident as the registered manager was visible, hands on, approachable and knowledgeable.

The service had a developing quality assurance process. The registered manager ensured any areas of concern were discussed with staff on an individual or group basis as soon as possible.

St Anne's Community Services - Shady Trees

Detailed findings

Background to this inspection

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

This inspection took place on 29 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector and one specialist advisor whose experience was in supporting people with a learning disability, autism and Asperger's. They also had knowledge relating to assessing governance.

We had not asked the provider to complete 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. We did look at notifications we had received and contacted the local authority contracts team for information.

We observed three people using the service and spoke with four of their relatives. People did not have verbal communication skills but we noted their reaction via their body language. We spoke with six staff including three carers, one nurse, the registered manager and the area manager.

We looked at five care records including risk assessments, three staff records, minutes of staff meetings, complaints, safeguarding records, accident logs, and medicine administration records.

Good

Is the service safe?

Our findings

One relative told us "I feel my relation is absolutely safe. They are 100% reliant on the service for all their needs and I wouldn't leave them there if I didn't feel they would be safe." Another relative said "Oh yes, the service is safe. This is because the staff are so attentive. It's nice to know they are safe and well looked after."

Staff were confident in reporting any concerns about people's safety and were aware of safeguarding procedures. One staff member we spoke with felt people were safe. They told us "We know their risks and we know the clients well. We have a good rapport with the clients and are able to use verbal redirection to help manage any challenging or difficult behaviour. We do not use any form of restraint." Another staff member said "I know where the safeguarding file is and I feel that I can report a safeguarding issue if I need to".

We looked at safeguarding records and found incidents were referred appropriately to the local safeguarding authority. We saw the decisions made by the local safeguarding authority were also kept with the incident log. The service recorded details of the incident and what action was taken immediately to make the person safe. There was evidence the service had reviewed risk assessments and care plans following incidents to ensure they were an accurate reflection of the person's needs.

The service had reported incidents and undertook detailed analysis after these to see if they could lessen the likelihood of the situation being repeated. This included assessing whether all necessary action had been taken at the time of the incident and whether anything could have been done to prevent these incidents. This information was shared with all staff at team meetings during the year along with any changes to practice that were identified as a result of this analysis.

We found risk assessments had been completed and were regularly reviewed. These accompanied the care plan which provided clear information to help direct staff to the actions and interventions required to safely support the person. The service had developed risk assessments that identified individual need including fire evacuation, choking, skin integrity and nutrition. We saw in one file the person was prone to putting things in their ears when they had an ear infection. A plan was in place which identified the risk, how this was to be minimised and actions to be taken if such an event occurred. The risk assessment also referred to a person's understanding of the potential likelihood of harm and measures to be taken to limit this.

We saw the service had person-specific manual handling risk assessments which included information about how best to communicate with people. This was especially important as most people did not use verbal communication methods. The manual handling plans considered the person's individual ability to assist in each particular task such as moving from sitting to standing, any specific physical issues such as poor head control and environmental factors such as a restricted space. We noted that the sling size was not always recorded and spoke with the registered manager about this who told us that each person brought their own sling with them as it was a respite service and these were identifiable as they were named.

We saw evidence of completed incident and accident forms which had been reviewed by the area manager ensuring the service was appropriately sharing information and governance monitoring.

We asked relatives if they felt the service was suitably staffed. One relative said "There always seem to be enough staff." Another said "Staff are always around." Staff were of the same opinion, "We are never understaffed and when agency staff are used we tend to have the same people for consistency." The registered manager advised us that the service was able to increase the staffing ratio according to people's needs. As it was a respite service, most people attended day care during the day but occasionally someone stayed who didn't and the service was able to meet their needs as well.

The registered manager highlighted that they sometimes had difficulty recruiting staff due to the split shift pattern. There was always one nurse on duty and a support worker for the night and early morning shift and this was increased to two support workers along with a nurse for the afternoon/early evening to accommodate the busiest time in the service. This staffing ratio increased again during the weekend to reflect that people were around during the day as well. The registered manager told us that the service had a very low sickness record and if they needed to find staff at short notice they had bank staff and regular agency staff they could request.

We looked at how medication was managed in the service. We saw there were detailed policies and procedures in place, which were being followed in day to day practice. The service had a comprehensive admission procedure each time someone came to stay in the service. This referred staff to each person's medication profile which contained their photograph, GP details and how they preferred to take their medication. It also referenced any PRN (as required) medication including information about signs a person may display, such as when in pain, to indicate they may need such medication.

There was a corresponding shelf in the medication cupboard for each person's medication based on which room they were using minimising the risk of incorrect administration. We saw that Medication Administration Record (MAR) sheets were being completed appropriately and that stock levels were checked daily by the nurse on duty. The service had a system in place if a person refused their medication and emphasis was put on observation that the person had taken all their medication before the sheet was signed. The service had also implemented a documented system for the handover of medication between the service, day care and the family which demonstrated accountability.

One relative we spoke with told us there had been an issue with medication being incorrectly administered by an agency nurse but was satisfied this was dealt with appropriately and swiftly. We saw the corresponding records associated with this incident and found that action had been taken. Another relative told us that when their relation had first started using the service they had brought medication without the boxes detailing the prescription information and the service had been prompt in requesting these and explaining why. This showed the service had a good understanding of the safe administration of medication and was able to explain the significance of certain procedures.

We saw that nursing staff completed annual refresher training and their competency was assessed through observations. The service also conducted monthly audits which ensured polices were being followed.

Requires Improvement

Is the service effective?

Our findings

One relative we spoke with said "Staff are very well trained. I've never had any doubts." Another told us "Staff know what they are doing." A further relative said "I always feel my relation is well looked after." They told us their relative always returned home clean and well presented.

There was evidence that all staff received an induction, including the agency and bank staff. Staff told us that the induction programme was three days followed by a period of shadowing. We were shown copies of a workbook-based training programme which some staff were currently completing and copies of one staff member's file which showed successful completion of their probationary period.

Staff received a minimum of five supervision sessions a year which gave them the opportunity to discuss their performance and any concerns or training needs. We saw that where needed, the registered manager had tackled areas of under-performance. Staff also had an annual appraisal which contained key objectives which their performance was assessed against.

We also looked at training records which showed that all staff had received all necessary training and newly recruited staff were booked on their induction in a timely manner. Staff had been trained in key areas such as moving and handling, epilepsy management, positive behaviour support, emergency aid and nursing staff had also received PEG (percutaneous endoscopic gastrostomy which is a method of receiving nutrition through a tube straight into the stomach) and stoma care training. The service kept records of staff's individual test results and ensured any updates were planned in a timely manner. This showed the service had responded to feedback from the previous inspection and ensured the service only used fully competent staff.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. The registered manager advised us that two people currently had a DoLS in place due to needing continual supervision and another was being reviewed as the person no longer made any effort to leave the service. They were in the process of considering a DoLS for a further person as they were demonstrating more difficult behaviour in the sense of leaving the building unattended.

The service demonstrated an understanding of the importance of assessing capacity, and seeking consent wherever possible. The registered manager was able to tell us that people were able to make unwise

decisions in line with the MCA Code of Practice and they sought to manage these by continually re-evaluating the risk. We saw the service had conducted best interest assessments for example around the use of bed rails, audio monitors and wheelchair straps. This showed they were aware of the need to follow the MCA.

We observed staff supporting one person using the service to eat. They ensured the person was able to complete as much of the task as possible themselves. We saw in one person's care record that they had previously refused food and lost weight. This had been recorded and the situation had been monitored effectively while the person was at the respite service. One relative was keen to tell us "I feel the support for eating and drinking is good as when my relation decided not to eat as they had become too excited at going away, they took them out to a burger bar and this encouraged them to eat." In another person's file it was noted they often pushed their plate away but staff were to keep encouraging and trying with the person to get them to eat. However, if they continually refused this was a sign they had eaten sufficient.

People's specific dietary requirements were noted such as the need for halal food or soft consistency of food. In one person's care record we saw it noted that "[Name] is able to eat independently when sat at the table. Due to their visual impairment staff are to tell them exactly what is happening and to place a spoon in their hand and place their other hand on the edge of the plate so they know where it is. Food is to be served on a lipped plate with a non-slip mat….The food is to be served at a temperature to eat straightaway as [name] will eat as soon as they know it is in front of them." There was a corresponding risk assessment in regards to choking to show the service had also considered this possibility. This level of detail showed the service was keen to promote people's independence as far as possible and to support staff to do this by directing them to best meet people's needs.

We saw the service had appropriately used information from external agencies such as the Speech and Language service in ensuring people had the right consistency of food or were supported correctly in the use of their percutaneous endoscopic gastrostomy (PEG) feed. One person had an ileostomy and it was observed that there was specific information available to staff for the care and management of the ileostomy. There was also extensive published guidance available.

One relative told us "Shady Trees only phones if they have to as they respect this is our chance to have rest. They have only phoned me once when they had called out the GP as my relation had a cough and they wanted to prescribe some antibiotics my relation had not had before." Another relative told us the service had responded promptly to their relation becoming unwell with a high temperature. This demonstrated the service was aware of the importance of responding in a timely manner when needed and at an appropriate level.

One staff member said "The challenge for us is being part of a multi-agency team and getting consistency as we are a small part of the care pathway and this is sometimes frustrating". However, we noted the service referred on to other services where needed such as each of the four different day care services utilised by people using the respite service, the physiotherapy team, Cloverleaf, the local advocacy service, and the social work community assessment team.

As the service offered respite care it was crucial they had the current information about each person's specific health and social care support needs. We saw the service had a varied handover system. Internally there were written records for the nurse in charge to complete at the end of each shift which enabled key information to be passed between staff. Due to the split shift pattern support workers and the nurse had time to read each person's records prior to them arriving at the service. The registered manager had also developed a 'must read' file and a communications book to ensure all staff had access to any relevant key

changes.

However, for the day care services on the same site the handover was verbal. We observed in the afternoon some rather complex information being passed on and the support worker writing this on their hand. This was not sufficient given the detail required and we spoke with the registered manager about this as there was a risk information could be missed or forgotten. They accepted that this was not satisfactory and took immediate steps in conjunction with the manager of the day services to consider a more reliable and secure system of handing over key information. This was especially important given that some people accessed the respite service directly from day care rather than via their usual carer and therefore day care would have all the pertinent information relating to that individual.

We observed one person who had been assisted to spend time having some bed rest. The person used a moulded chair for pressure relief as identified following a skin integrity assessment, as they were at significant risk of developing a pressure ulcer. A robust support plan was in situ detailing specific support which must be given to this person. However, upon observation it was noted that the support plan was not being followed which put the person at increased risk of developing a pressure ulcer. A pillow was not placed between their knees whilst on bed rest although this was stipulated in the support plan to keep bony prominences (areas where bones are close to the skin surface) free of pressure. The registered manager remedied this with immediate effect.

The environment was very clean and tidy. However, there were areas that needed redecoration as bits of plaster had come away from door frames in places. While we were there we saw some of the maintenance team inspecting the outside grounds to make improvements to the flagstones which were uneven limiting access to the garden for people. There was also a lack of signage to show who was on duty or any photographs of staff to help people orientate themselves. We did discuss this with the registered manager but were told they had had to remove some pictures from the walls as one of people using the service liked to destroy them. The service had a nice collage of photographs of people who used the service in the entrance hall.

Good

Is the service caring?

Our findings

All relatives we spoke with were highly complimentary about the service and its staff. One relative said "I trust all the staff. They are all very good. They are all very friendly and know everyone by name." Another relative said "My relation is always happy to go even though they live with me the rest of the time. This must mean the service is good. Staff all seem really nice and take good care of my relative. They always seem very attentive." A further relative told us "Staff are polite, caring and friendly" and another just said "Staff are amazing."

The service was not fully operational until late afternoon when people returned from their day care provision. However, we saw staff were attentive and knowledgeable and engaged with them in a pleasant and jovial manner, asking them if they had enjoyed their day. People responded with smiles and stroked staff's hands showing they were happy.

We asked people if they felt they were involved as much as they could be in making decisions. One relative told us "They always respect my relation's decisions. They are never forced to do anything they don't want." Another said "My relations are involved as much as they can be in decisions relating to their care." This was reflected in people's care records where it was evident that the planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to show people, who used the service, or their relatives where appropriate, had been involved in making decisions about the way care and support was being delivered.

In one person's file it was noted "[Name] likes to stay in bed at weekends. However, they should be encouraged to get up by 10am if they haven't by then." We saw this had been actioned in this person's daily notes. In the same file it was noted that this person would get up and walk if they did not like a particular activity and suggestions were given as to how best to engage with them.

The service had begun to introduce the Picture Exchange Communication system (PECs) for one person. This is a system which helps people to communicate in a social setting. The registered manager was keen to explore this further within the service. However, they were also aware of the importance of following systems people were used to at home or in the other services they accessed such as day care. This was to limit confusion for the person using the service and to encourage familiarity. The registered manager reported that a number of the staff had been trained in Makaton.

The service sought to promote people's dignity. We observed care provided in a dignified way when one person was moved from their wheelchair to the reclining chair. Staff ensured the person's comfort and safety and reassured them through the procedure. One relative said "Staff are amazing. My relations are always treated with dignity and respect." The service had a large wall display in the main corridor with a 'dignitree' on it. This displayed flowers which indicated what the service was doing well and had leaves which were areas identified as needing further development. Alongside this was information about local advocacy services and a pictorial guide to the ten expected standards of behaviour such as being respectful, offering choice and listening to people.

Good

Is the service responsive?

Our findings

One relative said "My relation likes routine and the service tries to follow this as much as possible. They need to have bed rest but are always asked if they want to go to their room for this."

We looked at care records and saw that each file had the person's photograph and key details at the front. Baseline observations had been recorded on a form but these had not been signed or dated and therefore this invalidated the purpose of the baseline observation. We showed this to the registered manager who agreed to remedy this immediately. Each person's record had a 'Get to know me' sheet which focused on specific areas such as their preferred name, family information, communication skills and likes and dislikes.

Records were kept of family contacts and people's routines. These were recorded in detail and focused on that specific individual. In one person's records we saw it noted "Please give medication about ten minutes before [name] goes to bed as it makes them drowsy and unsteady on their feet." The service had also recorded how someone's home environment was to enable this to be mirrored as far as possible in the service by the positioning of their bed within the room to reduce the risk of accidents. This showed the service had thought in detail about the impact of someone coming in for a short time while promoting their independence. One person whose first language was not English had key terms they used for everyday objects recorded in their file to ensure staff could interpret their requests.

Tasks were recorded in a way that a person was encouraged to do as much for themselves as possible. We read "[Name] is able to dress/undress with minimal support. Staff should explain what's happening and allow as much independence as possible. Staff will wash their hair if in the bath but if using the shower, get a cloth and will wash themselves." Every aspect of a person's care needs were recorded and risk assessments were in place where this was indicated.

Daily records were person-centred and very detailed. There was evidence of interventions from other services such as a physiotherapist and a person's mood was also noted. We saw that sections of the care records were reviewed on a monthly basis to ensure they continued to reflect a person's needs. The service had made a conscious decision to not conduct their large care plan reviews as this would negate the benefit of the service for family members. The service was respite and so they wanted to ensure families had the rest while the person used the service. To combat this lack of direct input, the registered manager ensured they attended people's reviews that were scheduled at day care or with the local clinical commissioning group where scheduled to ensure they were able to share and learn key aspects of the person's care journey thus limiting the input families were required to have.

None of the relatives we spoke with had ever had cause to complain. The only issue was that sometimes clothes didn't always come back with the person as they were still in the wash so they had to chase this. This was reflected by another relative as well but they did stress the situation was usually resolved quickly. The registered manager was fully aware of this and had regular reminders for staff about the importance of checking someone's belongings before someone left the service.

The service had not had any formal complaints but minor issues were logged and discussed with all staff. However, the recording of this information was minimal without reference to the details of the complainant, the investigation, recording, feedback or link to wider organisational governance. The registered manager agreed to consider this area further.

Good

Is the service well-led?

Our findings

One relative said "We are encouraged to talk to staff." Another said "Yes, there are regular meetings where we are encouraged to raise any issues. We are always able to talk to staff." A further relative said "I feel my relative is happy. There's a lovely feeling and nice atmosphere. We get to know other families that use the service as well so that's good support."

Relatives were positive about the registered manager. One relative said "The manager is very approachable and I have 100% confidence in the place." Another said "The manager is very helpful and willing to accommodate our date requests as far as possible. If I leave a message they always get back to me quickly." A further relative told us "The manager has always been OK. I feel they know the service well and will meet our needs as far as possible."

Staff told us they felt well supported by the registered manager and were confident to approach them with any concerns, should the need arise. One staff member told us "I feel that I am listened to." We asked the registered manager what their views of the service were and they told us "to work at the pace of the person using the service, promoting their independence and choice." However, they were also mindful of the position of the service with regards to a person's overall support package and how they tried to ensure people were not unduly upset by a change in routine.

We asked the registered manager if they felt supported. They said "The area manager is fantastic. I have meetings once a month to discuss my progress and they also visit the service regularly. They ring me at least once a week to see how things are going." We saw the minutes of these monthly meetings where key aspects of the service were discussed. Observations of staff interaction with people using the service also took place and staff were checked for specific areas of their knowledge around different elements of the service by the area manager on their monthly visits. This shows the organisation was aware of the importance of effective support and guidance.

We asked the registered manager what they felt the service had achieved. They told us "That one person no longer needs a DoLS in place to ensure their safety is great. We have been able to work with them and reduce their anxiety at being away from home to such an extent that they no longer get anxious about coming here. They are actually now considering moving into more independent living." They were also proud of the stable staff team and the high number of compliments which were reflected in the comments we received from families using the service.

The registered manager was fully aware of the building improvements which needed to happen and showed where these concerns had been logged regularly.

We asked relatives if their views of the service were requested. One relative said "We are sent an annual questionnaire asking our opinion of the service where we have to rate different elements from 1 to 5." Another told us "I attend meetings where speakers attend as well to discuss various issues so they're really good." A further relative said "I do feel it's fantastic and a smashing service. The service is brilliant."

We asked relatives why they felt this and one told us "My relation has no verbal communication so uses their fingers to let me count how many days they have to wait until they go again. That's a good endorsement." Another relative told us "My relation is always happy to go and I'm always happy to let them go. It is nice to know they are safe and well looked after, clean and happy."

Staff attended regular team meetings who signed the minutes to show they had read them. These covered a range of topics including care, operational, governance and safeguarding issues. The organisation had offered various awards for team and individual performance and the registered manager was looking into using these more. Information was also shared with staff through the 'must read' file where staff had to sign and date to show what they had read. We saw this in use by staff at the start of the afternoon shift.

A number of audits were reviewed, but there were some gaps in data recording. The audits were not comprehensive and lacked detail. They were predominantly checklists and the information collected was quantitative rather than qualitative in nature. There were no action plans generated as a result of audits and it was unclear how the audits linked to a wider governance strategy. This was discussed with the registered manager and area manager who explained the organisation as a whole was currently reviewing its audit process and this was part of their own quality review. They would be implementing the new system once the wider organisation had agreed the process.

We saw that all servicing reports were available for the testing of equipment and provided good evidence of monitoring, health & safety and governance responsibility.