St Anne's Community Services

St Annes' Community Services - Thornhill Road

Inspection report

22-24 Thornhill Road
Brighouse
West Yorkshire
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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

The inspection was unannounced and took place on 16 August 2016.

Thornhill Road is a care home with nursing owned and managed by St Anne's Community Services in a residential area of Brighouse. The home provides care to a maximum of seven people with learning disabilities and behaviours that challenge. The property is purpose built, comprising of two large adjoining bungalows and is fully accessible for the people living there.

The last inspection was in May 2014 and at that time the provider was meeting all the standards and regulations inspected.

There was 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.

People were safe. Staff knew how to recognise abuse and report any concerns about people's safety and welfare. People's medicines were managed safely.

There were enough staff to meet people's assessed needs. The required checks were done before new staff started work and this helped to reduce the risk of people receiving care and/or support from staff who were unsuitable to work in a care setting.

We found staff were well supported; they had regular one to one supervision, annual appraisals and staff meetings. All new staff received induction training and following induction they received training on safe working practices and subjects related to the specific needs of people living at the home.

We found the home was clean, well maintained and suitably equipped to meet people's needs and support their independence. Risks to people's safety and welfare were identified and managed. There were clear procedures in place for staff to follow in the event of an emergency.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and this helped to make sure people's rights were protected and promoted.

People's dietary needs and preferences were recorded and catered for. When people needed support to eat and drink this was provided with sensitivity and discretion.

People were supported to maintain their health and had access to the full range of NHS services. Staff supported people to be as independent as possible.

People's care records included detailed information about their needs and preferences. We found staff knew people well and were attentive in providing appropriate individualised support. We saw people who used the service actively seeking out the company of staff, which showed us they had formed good relationships with the care workers. We saw staff was kind, caring and compassionate.

People's bedrooms were neat, tidy and personalised and their belongings were looked after properly which demonstrated staff respected people's private space and possessions. There were nominated Dignity Champions and a dignity group held regular events for staff and people who used the service.

The home was committed to providing people with the best possible end of life care and had achieved Gold Standards Framework accreditation.

People were supported to participate in activities in the community and at home. For example, people were supported to walk in the local park, to visit family and friends and to go on holidays.

There was complaints procedure in place and we saw any concerns or complaints were dealt with effectively. The home also kept a record of compliments which included positive feedback from visiting health care professionals.

The home had a relaxed and organised atmosphere. The registered manager led by example interacting in a positive way with people who lived in the home and staff.

People who lived at the home and those acting on their behalf were consulted individually about their care and support and were also given the opportunity to complete annual surveys to share their views of the service.

The provider had systems and processes in place to assess and monitor the quality and safety of the services provided. The provider had recently carried out a full audit of the service which had shown what the service did well and areas where improvements were needed. The areas for improvement were being dealt with.

The provider had a number of external quality awards which included Investors in People – Gold, Mindful Employer and Stonewall Diversity Champions.

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.

People were protected by staff who knew how to recognise and report abuse.

There were enough staff and safe recruitment procedures were in place, which helped to ensure that only staff who were suitable to work with vulnerable adults were employed.

People were supported to take their medicines safely.

The home was clean and well equipped to meet people's needs.

Is the service effective?

Good

The service was effective.

People's rights were protected and promoted by staff who understood their responsibilities under the Mental Capacity Act 2005.

People received care and support from staff who were trained and competent to meet their needs.

People's dietary needs and preferences were catered for.

Is the service caring?

Good

The service was caring.

People experienced care and support which was tailored to their individual needs.

People were treated with dignity, respect and compassion.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their support plans provided detailed information about their individual needs, preferences and abilities.

People were supported to live active lives and take part in leisure activities in the home, in the local community and to go on holidays.

Complaints and concerns were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager was open and enthusiastic and provided strong leadership. The home was well organised and had a homely and welcoming atmosphere. People were supported to live active lives and staff told us they felt supported and enjoyed working at the home.

There were arrangements in place to monitor and assess the safety and quality of the services provided.

People who used the service, their relatives and others were asked to share their views of the service and make suggestions for improvements.

St Annes' Community Services - Thornhill 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 inspection took place on 16 August 2016 and was unannounced.

The inspection was carried out by two inspectors. We spoke with the registered manager, the clinical lead nurse, one nurse, three support workers and a student nurse. We observed people being supported in the communal rooms using the Short Observational Framework for Inspection (SOFI). SOFI helps us to gain an understanding of people's experiences when we are not able to communicate with them in other ways. Following the inspection visit we spoke with a relative of one person who lived at the home by telephone.

We looked at three peoples care records which included support plans and risk assessments. We looked at medication records, staff files, training records and other records related to the day to day management of the service such as maintenance reports, meeting notes and surveys. We looked around the home at the communal areas and a selection of people's bedrooms.

Before the inspection we reviewed the information we held about the service. We contacted the local authority and CCG (Clinical Commissioning Group) to seek their views of the service. On this occasion we did not ask 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.

Good

Is the service safe?

Our findings

We spoke with three members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. They were able to tell us about different types of abuse and said they would not hesitate to report any concerns to the registered manager. The provider had recently updated their safeguarding policies and procedures. As part of this update staff had been given a pocket sized guide to help make sure they had easy access to information about safeguarding.

The usual staffing levels were one nurse and four support workers during the day. In addition, some people who lived at the home had extra hours allocated for one to one support. Overnight there was one nurse and one support worker. The registered manager was not included in the staff numbers. The registered manager was supported by a clinical lead nurse. The registered manager explained staffing numbers and skill mix were reviewed at least once a year and in response to any changes in people's needs.

The home employed a cleaner who worked two days a week, for the remainder of the week support staff were responsible for cleaning. Support staff were also responsible for doing the laundry and cooking. Maintenance and gardening services were organised by the providers head office. The home was in the process of recruiting staff at the time of the inspection. The registered manager told us agency staff were used when necessary to cover shortfalls. They said they tried to use the same agency whenever possible to maintain continuity of care.

Outside of office hours staff were able to access management support by way of an advice line. The registered manager told us they had also identified staff who lived locally and were willing to come in at short notice. For example, if someone needed an escort to go to hospital.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and two written references were obtained before new employees started work. In the case of nursing staff the NMC (Nursing and Midwifery Council) register was checked to make sure they were registered to practice. The registered manager told us candidates who had been shortlisted for interview were invited to the home before their interview. This gave people who used the service the opportunity to meet them. At the time of the inspection there was only one person living in the home who was able to say what they thought about the prospective employees. However, the registered manager told us they observed how the candidates interacted with people and how people responded to them and this information was fed into the selection process.

The provider had disciplinary procedures in place. There was one disciplinary investigation in progress at the time of the inspection. The registered manager explained why the disciplinary process had been started and the actions that had been taken. This provided assurance appropriate action was taken when people were put at risk due to shortfalls in staff working practices.

We looked around and saw the home was clean, well maintained and suitably equipped to meet people's

needs. For example, ceiling track hoists were fitted and there was a fully assisted high/low bath and a wet shower room. Personal protective equipment such as gloves and aprons were available and used by staff. The service was inspected in November 2015 by the local authority environmental health department and given a score of 5, (very good), for food safety and hygiene.

We looked at a selection of maintenance records and they showed the checks on equipment and installations were up to date. This included water, gas, electricity, fire equipment, hoists and slings. A fire risk assessment had been done and there were individual Personal Emergency Evacuation Plans (PEEPs) in place. The PEEPs provided detailed information about the support people who lived at the home would need in the event of an emergency.

The service carried out fire drills at least twice a year. However the registered manager told us and the records confirmed the service had been doing more frequent drills to ensure all staff were familiar with what to do in the event of a fire or emergency evacuation.

The provider had a system in place to make sure safety alerts about medical equipment and/or medicines were cascaded to the home and where necessary action was taken to deal with the risk.

Care records, for people using the service, contained identified areas of risk. Risk assessments were in place for any risks which had been identified, including, manual handling, nutrition and tissue viability. We saw where risks had been identified action had been taken to mitigate the risk. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress in place and were having barrier creams applied to particular high risk areas. This meant staff were identifying risks to individuals and taking action to reduce those risks.

We also saw from the care plans some of the people who lived at Thornhill Road could display behaviours which challenged the service. Risk assessments had been completed and there was clear guidance for staff to follow. We spoke with a student nurse who was completing a placement at the home who told us they had learnt a lot about how to de-escalate potentially difficult situations. They were able to tell us about the technique used with one individual and we saw this used to good effect by various staff during our visit. When we spoke with one of the nurses they told us this strategy had worked very well and had resulted in the person requiring less medication for agitation. This showed us care workers were using consistent strategies to reduce this person's anxiety.

Accidents and incidents were monitored and analysed to identify trends and/or patterns. This information was used to help reduce the risk of the same thing happening again. The incident/accident forms were checked and signed off by the area manager every month. This was to make sure any actions needed following accidents and/or incidents had been completed.

The nurses were responsible for administering medicines. They had all received training and told us their competency was checked on an annual basis. We observed people being given their medicines and saw they were supported with patience and kindness. One person did not want their medicines so the nurse took them away and went back a little later to try again.

We saw one person was due a fortified drink, however, the nurse saw part of the pharmacist label had been crossed out. The drink was not given until checks had been made with the pharmacist. This showed us staff were making thorough checks before administering prescribed medicines.

One person had been prescribed eye drops, but staff found they were difficult for the person to tolerate.

They contacted the doctor and eye ointment was prescribed instead, which was found to be more effective for the person. This showed us nurses were making sure people received the treatment they needed.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered. This showed us people only received these medicines when they needed them.

We looked at the systems in place for the receipt, storage and administration of medicines in the home. Medicines were stored appropriately and there were rigorous systems in place to check medicines had been given as prescribed and balances of medicines held were correct.

We looked at three peoples medication administration records (MARS) and found these were well completed. We saw there was information about how people liked to take their medicines.

Good

Is the service effective?

Our findings

Staff we spoke with told us they felt supported and confirmed they received supervision and an annual appraisal. One person said, "I look forward to coming to work." This was confirmed by the records.

All new staff received induction training and staff who were new to care work or did not have relevant qualifications were required to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was designed to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

In the staff files we saw new staff were supported during their induction by regular review meetings which monitored their progress. There was a mandatory training matrix which provided details of all the training staff were required to undertake. This included moving and handling, fire safety, infection control, safeguarding, emergency aid and equality and diversity. The matrix showed the majority of staff were up to date with mandatory training

In addition to training on safe working practices, staff received training on topics such as positive behaviour support, autism, dementia and epilepsy.

There was a planned programme of staff supervision and appraisal. Appraisals were done annually and staff then had a minimum of five one to one supervisions between appraisals. The registered manager told us nursing staff were supported with the NMC (Nursing and Midwifery Council) revalidation process. This is a process whereby nurses provide evidence to show they are keeping up to date with good practice and is a condition of NMC registration.

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 so that they can 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).

All of the people living at Thornhill Road were subject to DoLS. We looked in detail at two of the authorised DoLS. We saw one person had a condition attached to the authorisation about visiting their family and we saw from the care plan staff made sure this happened.

We saw when decisions had to be made about people's care and treatment 'best interest' meetings were being held. For example, one person required dental treatment and the registered manager, clinical lead, two independent mental health advocates and the dentist were all involved in discussing the required

treatment and making the decision about whether or not this was in the person's best interest. This showed us staff understood their responsibilities under the Mental Capacity Act.

We saw people's care plans contained detailed information about their dietary needs and preferences. We saw one person required a very specific diet and had their own three week cycle of menu's for staff to follow. Their condition required regular blood tests to be carried out. We saw a letter stating the last result had been 'excellent.' This showed us staff were effectively supporting this person with their diet.

We saw another person had been nutritionally at risk when they had moved into Thornhill Road and at that time had low body weight. They had since put on two stones in weight and now had a healthy Body Mass Index (BMI). Staff had also made a referral to the speech and language therapy team to reassess the need for them to continue with a soft diet.

We saw some people needed full support with their meals and drinks. We saw staff who supported them did so with patience and were attentive to their needs. Food and fluid charts were maintained so the nursing staff could check people were having enough to eat and drink.

In the three care records we looked at we saw people had been seen by a range of health care professionals, including GPs, psychiatrists, dentists and opticians. This meant people's health care needs were being met. Each person who lived at the home had a 'hospital pack'. The packs were used to make sure the right information was readily available when people needed to go into hospital. By providing this information to the hospital staff the service was helping to make sure people received the right care and support in hospital.

Good

Is the service caring?

Our findings

We looked at three peoples care records and found they all contained information about people's lives, interests and personal preferences.

Staff knew people well and were attentive in providing appropriate individualised support. Staff freely offered information about the peoples' likes and dislikes, for example, "[Name] loves being pampered and enjoys going out to the beauty salon and hairdressers." "It's bacon, chips and peas for lunch, which is [names] favourite." As they did this they included people in the conversations.

We found there was a relaxed, friendly and homely atmosphere. We saw people who used the service actively seeking out the company of staff, which showed us they had formed good relationships with the care workers.

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Care plans contained information about how people wanted to be supported with their personal hygiene needs, for example, "I like to look smart and smell nice." We saw people looked well cared for and had been supported with their personal hygiene needs. People were well dressed, their hair had been brushed or combed and the men had been supported to shave.

When people did not have family or other close relatives to support them we saw they had access to independent advocates.

We saw people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people's belongings.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive and good humoured way. We saw staff were kind, caring and compassionate.

All of the staff we spoke with told us people who used the service received good care and support from staff who respected them. One person told us, "All of the staff have different personalities and this gives service users opportunities to build relationships." Another member of staff said, "If anyone thinks things are not being done correctly they will challenge to make sure care is right for the individual."

Staff supported people to be as independent as possible. For example, one person had not been able to walk when they moved in, but was now able to walk short distances with support from staff.

The service had Dignity Champions and the registered manager ran a Dignity group for all the providers' services in Calderdale. The group organised social events and meetings for people who used the services and the focus was on valuing people and developing and maintaining relationships. The events were varied and included a tea party, a music therapy session, a sports day, a fancy dress disco and a BBQ. The

registered manager had also organised a dignity audit which had been done in all the providers Calderdale services. They were in the process of collating the results but said the initial findings had not shown any major shortfalls. One suggestion had been for 'do not disturb' signs which people who used the services could display when they wanted some private time.

The service was committed to providing people with the best possible end of life care. They had achieved 'commend' status Gold Standards Framework accreditation. To achieve 'commend' status they had to show innovation and established good practice in at least six of the 20 standards assessed.

Good

Is the service responsive?

Our findings

The registered manager assessed anyone who was thinking of moving into Thornhill Road to make sure staff would be able to meet their needs, taking into consideration the needs of the people already living there. If they considered they could offer a service the individual was usually invited to visit. However, they explained a visit had not been possible for one of the people who had moved in because they had needed to be discharged quickly from hospital.

We looked at three peoples care records and found these were sectioned into a logical order. We viewed in detail peoples support plans. These were documents created with people to inform staff how to effectively support them. Support records were written in a person centred way and gave specific details which were important to each individual. For example, records recognised people that were important in each individual's life, important events in their life and their personal preferences, such as, "[Name] doesn't like water on their face, so use a face cloth or towel to cover their face when washing their hair." "Doesn't like busy places, likes the park and open spaces."

Staff told us there was a focus on supporting people to participate in activities in the community and at home. On the day of our visit one person went out for a long walk with staff in the morning, which was part of their daily routine. Another person was going to go to hydrotherapy, but decided to go to the park instead and a third person was going out for their tea.

One of the nurses told us staff were very good at looking for meaningful activities for people to try and if they were not enjoyed they would look for alternatives.

Staff also supported people who used the service to go on holiday. On member of staff told us they had recently supported one person to go to Centre Parcs. They explained the person had gone with staff who knew them well and had been very relaxed and the holiday had been a positive experience for them. They explained holiday destinations were selected following 'best interest' meetings to ensure the break would be beneficial to the individual.

Staff told us how much one person had enjoyed their birthday party and wanted another. In order to recreate a party feeling they were going to organise a garden party.

Staff were also pro-active in supporting people to maintain relationships and go out to visit their families.

There was a complaints procedure in place. The service kept records of complaints and compliments. We saw the service had received one complaint and it had been dealt with promptly and resolved. In the compliments record we saw comments from visiting health care professionals. One had complimented the home on the quality of the information in people's support plans. Another had complimented them on their communication, saying they were always kept fully informed about any issues with people living in the home.

Good

Is the service well-led?

Our findings

Staff told us they felt well supported. One said, "[Name of registered manager] is really supportive and the three away days has had a positive effect on the team. They are really client focussed."

The home had a relaxed and organised atmosphere. We observed people living in the home were at ease and comfortable with staff and sought staff out. The registered manager led by example and interacted positively with people who lived in the home and staff.

There were monthly staff meetings to help keep staff up to date and give them the opportunity to share ideas and suggestions for improvements. The registered manager told us they had done a lot of work on team building and this had included a staff away day during which they had developed and signed up to a charter'. They said this had been benefitted staff by ensuring everyone knew what was expected of them. In turn this had benefitted people living in the home because staff were clear about their roles and responsibilities.

The service did not have 'house meetings' for people living in the home. People were consulted on an individual bases and had a formal review of their care and support package at least once a year. The provider sent annual surveys to people's relatives and other stakeholders such as health care professionals. They were last sent in November 2015. The response rate had been low, however, most of the feedback had been positive. One person had raised a specific concern in relation to their relatives care and this had been dealt with.

The registered manager explained the various checks and audits they carried out to assess the safety and quality of the services provided. These included health and safety checks of the premises, vehicle checks and checks on people's care records and money held on their behalf. The records of these checks were up to date. In addition, accidents and/or incidents were checked to make sure any actions needed had been completed. Where necessary the Commission was notified of accidents and incidents.

The registered manager completed a monthly report for the local authority and used this format to help them monitor and audit the service. The areas covered included staffing, agency use, staff supervision and appraisal, disciplinary actions, team meetings, accidents and incidents and actions taken and complaints and the outcome.

The provider had recently introduced a quality and safety audit based on the five CQC domains of safe, effective, caring, responsive and well led. The provider's quality audit team carried out a full audit at Thornhill in July 2016. The service had performed very well achieving the highest possible rating in some areas. In addition, they had been commended for areas of good practice such as the 'hospital packs' which were used to make sure the right information was readily available when people needed to go into hospital. The audit team had made some recommendations for improvements and these were being addressed.

The area manager visited the service at least once a month and carried out checks on different aspects of

the service. We saw action plans were completed following these visits; however, it wasn't clear how long actions could remain outstanding before they were escalated within the organisation. For example, the communal areas were due to be re painted but the registered manager did not know when this would be done or how long it would remain outstanding before it was escalated.

The provider had a number of external quality awards which included Investors in People – Gold, Mindful Employer and Stonewall Diversity Champions.