St Anne's Community Services

St Anne's Community Services - York DCA

Inspection report

Forsyth Business Centre
Tower Court,
Oakdale Road, Clifton Moor
York
YO30 4XL
Tel: 07976414839
Website: www.st-annes.org.uk

Date of inspection visit: 9 and 27 November 2015
Date of publication: 06/01/2016

Ratings

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

Overall summary

The inspection took place on the 9 and 27 November 2015. The inspection was unannounced. The provider was compliant with all of the regulations assessed during our last inspection of the agency which took place in August 2013.

St Anne's Community Services - York provides services to people with a wide range of complex needs, in community settings, such as people's own homes and supported living houses. The service provides domiciliary care and support services from the registered office location, at Clifton Moor on the outskirts of York. At the time of this visit three people received personal care services from the York Domiciliary Care Agency (DCA),

Summary of findings

which included support with bathing, showering or hair washing. Others received social support services, which included social activities for example outings and shopping. All visits were for a minimum of one hour.

During our inspection the registered manager was present. 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 told us that they felt safe and we saw that the agency had systems in place to ensure that risks to people's safety were identified and addressed. Emergency procedures and systems were in place to support people in the event of an emergency.

People spoke positively of the staff and said that there were sufficient staff to care for them. People told us that calls were on time. Appropriate recruitment checks were carried out on staff before they started work. Staff were matched with specific people so that they could build up relations and know and understood how their care should be delivered.

People received support with their medicines where necessary. Appropriate risk assessments were completed and training provided to staff to ensure that they following the agencies policies and procedures.

Staff received appropriate induction, training and supervision to support them in carrying out their roles effectively. This included client specific training so that staff could deliver safe care to people.

Staff received support from their manager and their performance was regularly reviewed to check that care being delivered was of a high standard.

People were asked to consent to any care or treatment. They were involved in discussions regarding their care package and were able to suggest any changes or improvements. Staff had received training in The Mental Capacity Act 2005 and they understood the importance of people being supported to make decisions for themselves.

People received support with eating and drinking. Support was varied dependent on their individual circumstances. Appropriate professional advice was gained where necessary.

People received support to attend appointments and maintain good health. People's health needs were kept under review so that any changes could be quickly identified.

Staff were caring and they knew the people they supported. People were treated with dignity and staff were mindful of this when carrying out their work.

The service was responsive and flexible to people's changing needs. People had detailed person centred care records in place to record how their care should be delivered. They were supported to express their views and opinions and were supported to be as independent as possible.

People knew how to complain and there were policies and procedures in place to support this. Concerns were dealt with immediately which meant that formal complaints were rarely raised.

The registered manager carried out home visits to people and sought their feedback so that the service could be reviewed and improvements made where necessary. Meetings were held to seek the views of people and staff. Surveys were also sent out to gain people's views. There were good management systems in place to support the effective running of the service.

People spoke highly of the manager and said how approachable they were. Staff spoke of a positive culture and said they enjoyed working for the agency.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The agency had policies and procedures in place which helped to protect people from harm. Risks to people using the service were addressed.

The agency had sufficient staff to provide care to people. Staff were recruited safely. People were allocated small teams of staff so that they got to know people well.

People's medicines were managed safely and people were supported to manage their medicines themselves.

Good

Is the service effective?
The service was effective.

Staff received induction, training and supervision which helped them to provide effective care to people.

People were supported with their health and dietary needs and appropriate support was gained where necessary.

Good

Is the service caring?
The service was caring.

People told us that they were well cared for and said that their care was provided in the way which they wanted.

People told us that they were treated with dignity and respect and staff were able to demonstrate how people's dignity was maintained.

Good

Is the service responsive?
The service was responsive.

People told us that staff responded to changes in need and said that they were able to provide a flexible service. People had detailed person centred care records in place to record how they wanted their care to be delivered.

People's views and feedback was sought and people told us that if they raised issues they were dealt with appropriately.

Good

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

People spoke highly of the registered manager and staff.

Staff spoke positively of the culture and said that they enjoyed working at the agency.

Good

Summary of findings

Regular audits and reviews of the service were carried out to seek people's views. This enabled the registered manager to monitor the quality of the service and for people to have their say in how the service was delivered and run.

St Anne's Community Services - York DCA

Detailed findings

Background to this inspection

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

The inspection took place on the 9 and 27 November 2015. The inspection was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Before the inspection we checked the information which we held about the service and the service provider. 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 any improvements they plan to make.

We carried out home visits to two people receiving a service. We spoke with three relatives and two staff.

We asked the local authority for feedback on the service and found that no concerns were raised.

We looked at records which included care records for two people, medication administration records for one person, staff recruitment and training files and records to monitor the running of the service which included audits, meeting minutes and the compliments and complaints file.

Good

Is the service safe?

Our findings

People told us they felt safe. All staff had received training in safeguarding vulnerable adults from abuse. The staff we spoke with were clear of different types of abuse and the importance of reporting any concerns. One staff member said "I have had safeguarding and whistle blowing training. I would tell someone definitely."

We saw that risk assessments were included in care plans. These included risk assessments on lone working, food hygiene, using wheelchair restraints, using a hoist, supporting people with medication and percutaneous endoscopic gastrostomy (PEG) which is a procedure where a flexible feeding tube is placed through the abdominal wall and into the stomach. This enables medication, food and fluids to be put directly into the stomach bypassing the mouth and oesophagus. Risk assessments were detailed and reviewed and updated regularly. This helped to minimise risks to people.

We saw that accidents and incidents were recorded. Any important information from these was shared with staff. The agency had emergency procedures in place and a no response policy so that staff were clear of the action to take if they attended someone's property and there was no answer.

People told us that care was delivered by the same team of staff. This meant that they got to know the carers and enabled them to develop a relationship, which they said was important to them. Staff also confirmed that they attended regular clients. People spoke highly of the staff delivering care; a relative said "There are many excellent staff."

One person said that they would like their rotas to be delivered in a more timely way. They said sometimes they did not receive their rotas until the week had commenced. All calls were for a minimum of one hour; staff said this meant that they had sufficient time to spend with people. Staff also received thirty minutes travel time between each person they provided a service for. People told us that staff were usually on time and staff said that in the event of an emergency if they were running late they would text or telephone the person so that they were kept informed.

We looked at the staff recruitment files for four staff. Information was held centrally at the head office but we saw that the dates references and Disclosure and Barring Services (DBS) checks had been received were recorded. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed. The registered manager told us that staff were unable to commence work until these checks had been completed. A member of staff said "I applied online, had an interview and the agency sought references and a police check before I started work."

We saw that risk assessments were completed for people to see what level of support they required with their medicines. Medication was stored in people's accommodation. We looked at medication administration records (MAR), we saw that these were completed appropriately to evidence when medication had been administered. There was clear guidance for people who were prescribed 'as and when' needed medication. Medication was ordered either by the individual, their relatives or by staff. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in line with current guidance and legislation.

All staff administering medication received medication training. In addition, medication competency assessments were completed annually. These checks helped to make sure that staff were administering medicines safely.

One of the people we spoke with said that staff passed them their medication but that they took it themselves. Another person required staff to order and administer their medication although they were supported to be involved in this task where possible. We saw that medical equipment was available where required for example nebuliser, suction machine and cough assist. Staff had been trained in the use of this equipment.

The agency had infection control policies in place and staff received training in this topic. Staff told us that personal protective equipment (PPE) such as gloves and aprons was available.

Good

Is the service effective?

Our findings

People told us that the service was effective and that staff had the necessary skills and knowledge to support them. Where possible people had the same team of staff providing care to them. One person said "New staff always come with an existing staff member."

The staff we spoke with told us that they received an induction when they began work. They told us that they attended two full days of training and then shadowed people before working on their own. One member of staff said "I did two days training, then did 'meet and greet' (where staff meet potential clients), then I did shadowing shifts." This helped to ensure that people were appropriately matched to people who knew and understood their needs before delivering any care.

All new staff were enrolled on the care certificate which is an identified set of standards that health and social care workers adhere to in their daily working. It assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. In addition, staff were able to access National Vocational Qualifications (NVQ) in care.

We looked at training records for four staff. Training included equality and diversity (during induction), first aid, safeguarding adults from abuse, manual handling, medication, fire safety, health and safety and Mental Capacity and Deprivation of Liberty Safeguards (DoLS).

In addition client specific training had been provided by the nutricia nurse on Percutaneous endoscopic gastrostomy (PEG). A nutricia nurse is someone who can support staff with PEG feeds. They are able to provide training and support to staff.

The registered manager told us that other service specific training was available and included topics such as mental health, autism, epilepsy and personality disorder. They told us that client specific training was kept under review. Training updates were provided to all staff bi-annually. This meant that their knowledge and skills were kept up to date. Competency assessments were also carried out to ensure that staff were delivering care and support safely.

Staff told us that they received a personal development review (PDR) every three months and we were shown records of these. In addition each staff member received an annual appraisal. One member of staff said "I have regular PDR meetings where we discuss my performance and any training needs." Staff told us that they were able to highlight any training which would support them in their roles.

We saw that people were supported to communicate with staff. One person had a communication aid and we observed staff supporting them to use this to communicate. Staff told us that some people were able to use Makaton or had picture books to help them communicate their needs. Makaton is a language programme which uses signs and symbols to help people communicate.

We saw these in use during our visit. Staff told us they had received training in this.

The staff we spoke with said that the people they supported had capacity to make decisions for themselves. They were clear of the importance of enabling people to make choices. A member of staff said "We respect people's choice." Staff had received training in The Mental Capacity Act 2005 (MCA). The 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. When we carried out our inspection, there were no restrictions in place.

People were supported at mealtimes to access food and drink of their choice. The support people received varied dependent on their individual circumstances. Some people required support with cooking their meals. Where people required support with their meals this was recorded within their care plan.

Some people received more complex support with eating and drinking. We saw that detailed care plans were in place and access to dietary and nutritional specialists was sought where necessary. This helped to ensure that people gained sufficient support with eating and drinking.

People told us that their health needs were supported. We saw from care files that people had detailed information recorded regarding their health. A staff member said "I have

Good

Is the service effective?

a client who attends hospital. I accompany them to these appointments." We saw that other professionals were involved in people's care for example their GP, social worker, psychiatrist or dietician.

People's health needs were kept under review. Staff supported some people in attending health appointments.

They were trained to use specialist equipment; for example nebulisers and suction machines. A suction machine can be used to remove fluid or mucus from airways. This equipment is used to help maintain people's health.

Good

Is the service caring?

Our findings

People spoke positively of the care provided. Comments included "[name] (staff member) does my care, they understand my needs" and "I can tell staff if I need more or less support." We observed kind and compassionate staff when carrying out home visits.

Staff told us they could be flexible in terms of the care provision. They told us people were well cared for. One staff member said; "I deliver personal care to one person, others receive social or shopping calls. I have the same clients."

Equality and diversity was included within the induction for all new staff and they confirmed this during discussions. We also saw that equality and diversity was included within people's care records. Staff were knowledgeable regarding people's diverse needs.

It was clear from discussions and the home visits we completed that staff knew and understood people's individual needs well. Staff were able to tell us about people's individual preferences. For example the specific way in which an individual wanted their hair washing. People told us that they were well cared for and said that staff listened to them.

People were supported to express their views and to be involved in decisions about the care and support they received. People were involved as far as possible in agreeing to the level of support required. One person told us "They (the staff) are respectful of my needs. I am able to have a say about how I would like my care to be delivered and the service is flexible."

The care and support plans viewed during our visit focused on people's involvement. Care records were held in people's homes. People signed their agreement to their care records and staff told us that they had time to read people's care plans so that they knew how people wanted to be cared for.

The registered manager had contact with people both by telephone and in person which meant that they understood people's preferences and were able to respond to any changes required.

Care workers understood the importance of promoting independence. They supported people to do as much for themselves as possible. Staff gave examples of how they did this. This included supporting someone with showering; they told us how they would encourage people to wash the areas they could reach. They told us that they would do as little or as much as was needed and that they were led by the person receiving care.

We saw that care plans included ways of supporting people's privacy and dignity. For example the importance of keeping someone covered when carrying out personal care or when hoisting someone. A member of staff said "I have had training in privacy and dignity. I know how important this is." Another told us "We take dignity into consideration at all times" they went on to give examples of ways which this was carried out in every day routines. Staff were mindful that they were going into people's homes and were respectful of this.

The agency had a 'Dignity at Work' champion who had just taken on responsibility for checking that staff were supporting people in a dignified way. One person said "Some individual workers are very thoughtful, respectful of dignity."

Good

Is the service responsive?

Our findings

People told us that they were involved in discussions regarding their care. People and relatives confirmed that the care delivered was responsive to their changing needs. They told us that the manager carried out shifts so they knew and understood the care needs of people; this meant that they were able to pick up on any required changes quickly.

Each person had an assessment to identify their care and support needs and care plans were then developed which recorded how their needs should be met. We looked at two peoples care records. Care records were detailed and included key contacts, personal information and personal support plans which gave information about health and communication needs, daily routines, medication, nutritional needs, emotional and psychological needs and risk assessments. Care plans were person centred which meant they were focused on the individual.

We saw from care records that people's care needs were regularly reviewed. People signed their agreement to their care records. People were involved in their reviews so that they could share their views and opinions about what mattered to them.

People received personalised care which took into account their individual needs and preferences. People told us that the agency provided flexible support so that they could accommodate particular social opportunities or health appointments. One person told us that they were allocated set hours of social support each week. They told us that these could be offered flexibly so that they were able to participate in social activities of their choosing. Staff also confirmed this. Care workers were knowledgeable about the people they supported. They were aware of their interests and personal preferences as well as their care and support needs. A lot of people supported by the agency required no personal care and their calls were in relation to social support in the local community, this helped to minimise the risk of them being socially isolated or lonely.

People were encouraged to offer feedback, share their experiences or raise any concerns. The agency had a complaints procedure in place and staff we spoke with were clear of the importance of reporting and recording any complaints. One member of staff told us "I would report any complaints direct to my manager." The agency had not received any formal complaints in the twelve months prior to our inspection. The registered manager said that minor issues were dealt with straight away. They told us that by carrying out regular home visits to people any issues could be fed back quickly to the team.

One person told us that they had raised issues previously with the manager and said that they had been dealt with straight away to their satisfaction.

The agency worked with other partner agencies including health and social care professionals who were involved in people's care. This helped to ensure that people received consistent co-ordinated care.

Good

Is the service well-led?

Our findings

The agency had a registered manager. People spoke highly of the registered manager and staff and told us they found them approachable. Staff described the culture as open and positive. All of the staff we spoke with told us they would feel confident in raising any issues with the registered manager. One person said "I can raise issues with the manager and she actions them."

One person told us that the registered manager also carried out care shifts. They told us how important this was as it meant that the registered manager understood their care needs and preferences. They told us their views were sought saying "[name] (the manager) emails and texts me. I have also completed a survey." They told us how approachable the registered manager was.

This was reiterated by staff who made the following comments "The manager has an open door policy. All management are lovely", "Management are supportive, very approachable" and "The culture is very open." Staff were motivated and enthusiastic.

We were told that regular staff meetings took place. We saw that a range of topics were discussed which included equality and diversity, policies and procedures, vehicle checks, The Care Act, and Care Quality Commission information. This increased staff knowledge and led to improved care practice.

The registered manager said that they accessed information for best practice. They told us they had looked at 'Transforming care for people with learning disabilities – Next Steps from NHS England'. This looks to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with mental health conditions to enable more people to live in the community with support. In addition the registered manager had looked at 'The Care Act 2015' and had disseminated this information for staff. This helped staff to be aware of legislation and best practice so that it could be encompassed in their everyday working.

We were told that the area manager carried out monthly audits of the agency and any areas for improvement were included in an action plan. Surveys had been sent out to people which focused on the five key questions which CQC asks people, these were then rated by the organisation. We did not see a copy of this but people did confirm that they had completed surveys.

The registered manager carried out visits to people in their homes and fed back any issues to staff during team meetings. They also gained feedback via email and phone calls so that people's views could be sought and acted upon.

The registered manager told us that they accessed support from other professionals; for example the nutricia nurses to make sure that staff were appropriately skilled and knowledgeable. The service had a staff development plan which stated 'This will ensure that regulatory, contractual and organisational requirements are met and that a high quality service is provided.'

Staff told us that they liked working for the agency. They told us that they had a good work/life balance and said that staff got on well together. One staff member said "I absolutely love my job here. Everything is good." Another member of staff said "Management are very approachable, very supportive. Staff morale is alright. Communication occasionally could be improved but overall everything is good."