

St Anne's Community Services

St Anne's Community Services- Doncaster

Inspection report

Unit 3
Shaw Wood Way
Doncaster
South Yorkshire
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Tel: 01302384070

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27 March 2018

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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 took place on 27 March 2018. The inspection was unannounced.

This service provides care and support to people living in 35 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service is divided into five separate geographical teams. Each geographical area has 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.

The service can support a maximum of 80 people. On the day of our inspection 75 people were receiving support from St Anne's Doncaster.

At the last inspection in January 2017 the service was rated Requires Improvement. We found the service had improved in the areas of medicines, care planning and quality assurance. However, these improvements needed to be continued and sustained. At this inspection, we found the service had sustained the improvements and embedded them into everyday practice. We have rated the service as Good.

Processes were in place to keep people safe and free from harm. Staff were knowledgeable in safeguarding adults' procedures and any concerns were discussed with the registered manager and local authority safeguarding team. Plans were in place to manage and mitigate risks to people. The registered manager regularly reviewed any incidents that occurred. There were sufficient staff to meet people's needs. People received their medicines as prescribed. Infection control procedures were adhered to.

People were supported by staff that had the knowledge and skills to undertake their duties. Staff completed a programme of training and received regular supervision. Staff supported people to eat and drink sufficient amounts and met their dietary requirements. Healthcare professionals were liaised with by staff and visited the service as required to ensure people had their health needs met. Staff adhered to the Mental Capacity Act 2005 and conditions specified in people's Deprivation of Liberty Safeguards authorisations.

Kind and respectful relationships had been developed at the service. Staff were polite and friendly when engaging people. Staff supported people to make choices and communicated with people in a way they understood. People's privacy and dignity was maintained.

People's care and support needs were met. Care plans were regularly reviewed and held sufficient and

appropriate detail about how people were to be supported. A full activities programme was in place, this included individual and group activities. People said they would be comfortable to make a complaint and were confident action would be taken to address their concerns. The registered managers and provider treated complaints as an opportunity to learn and improve.

Staff felt well supported by the registered managers and area manager and felt they were approachable. Staff and people's feedback was obtained through informal conversations, organised meetings and regular surveys. A programme of audits was in place to review and monitor the quality of service delivery. The registered manager adhered to the requirements of the CQC registration and submitted notifications about key events that occurred at the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to safeguard people from the risk of harm and staff had a good understanding of these processes.

Incidents and accidents were appropriately reported and recorded.

The provider had a robust recruitment procedure.

There were sufficient members of staff on duty at all times.

Risks to people had been assessed and reviewed regularly.

People's medicines were managed safely and stored appropriately.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff had opportunities to contribute their views about the service.

Staff worked effectively as a team and received good support from the registered manager.

Staff communicated important information about people's needs effectively.

There were effective systems in place to monitor and improve the quality of the service.

St Anne's Community Services- Doncaster

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 27 March 2018 and was unannounced. The inspection was undertaken by two adult social care inspectors.

Before the inspection the provider completed 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 received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We spoke with six people who lived at the service to gain their views and experience of the service provided. Some people living in the service were not always able to articulate their views or had a poor memory. We also spoke to the registered managers, the area manager and five staff.

We spent time in communal areas observing the care and support provided and the interaction between staff and people. We looked at nine people's care files, medicine administration records, four staff recruitment records as well as staff training and supervision records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

Is the service safe?

Our findings

At our last inspection in January 2017 we found the service had made improvements following our inspection in May 2016. However, we needed to see the improvements had been sustained. At this inspection we found that improvements had been sustained and embedded into everyday practice. We have rated this domain as good.

The provider had a policy and procedure in place to safeguard people from abuse. Staff we spoke with had good knowledge on how to recognise, respond and report various types of abuse. Training records we looked at confirmed that staff had received training in safeguarding. The registered managers kept detailed records of all safeguarding incidents that had been reported. People we spoke with told us that they felt safe and their support workers promoted their safety. One person said, "I feel very safe and I like my support workers, they're brilliant at looking out for me." A second person said "I feel safe living here and I have staff who care about me and I can discuss anything with them." The registered managers were aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC. Information received before our inspection showed that incidents had been reported as required, and staff had taken appropriate action to protect people and reduce risks to them. Staff were aware of the Whistleblowing procedure. They said, "I know how to whistle blow and wouldn't hesitate to if I had concerns."

The service had ensured risks to people had been assessed, reviewed and updated. This included risk assessments associated with moving and handling, choking and risks that may arise in the environment of people's homes. People who were vulnerable as a result of specific medical conditions such as epilepsy, had clear plans in place guiding care workers to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Support workers told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Records showed that the service's recruitment procedures were robust and systems were in place to check that support workers were of good character and were suitable to care for the people who used the service. We saw that staff were checked for suitability before being allowed to work with people. Staff files included all required recruitment information. For example, a full employment history, proof of identity, evidence of conduct in previous employment and criminal record checks. We also spoke with staff who confirmed they had to wait for the checks to be returned prior to them starting their new role. Staff told us that they completed an induction when they commenced work for the registered provider. This included training and working alongside experienced staff while they got to know people who used the service.

There were suitable numbers of staff on shift to meet people's needs. We reviewed staff rotas for the four weeks prior to our inspection and found that staffing levels were consistently maintained, using occasional agency staff where required. Staff told us that there was always someone from management around for them to get hold of should they need to. When there was sickness or annual leave, staff were offered overtime to cover the shifts so that people were supported by staff that knew them well. Staff members told us that there were enough staff available and "they tried to cover shifts between them rather than use

agency."

There were effective systems in place to ensure the safe management of people's medicines. We saw medicines were stored safely in people's bedrooms and temperatures were taken. We saw records being kept to show that temperatures were maintained in line with storing prescribed medicines. The service had appropriate arrangements in place for storing controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We checked the stock of these medicines and found them to be correct.

People who had been prescribed medicines, had a medication administration record sheet (MAR's) in place to record when medicines had been taken. However, we found one administration error on one person's MAR but this was quickly investigated by the manager and found to be a recording error. People who had been prescribed medicines on an as and when required basis (PRN) had a protocol in place, however some protocols needed to give more details to instruct staff how soon to seek medical advice when the PRN was not effective. People were supported to self-administer their medication where this was appropriate.

We saw that there were arrangements in place for infection prevention and control. We visited three homes and all were found to be clean and tidy and met people's needs. Regular health and safety checks took place and where there were gaps the manager took action to address them.

Is the service effective?

Our findings

People continued to receive a service that was effective.

People's needs and choices were fully assessed and recorded in their care plans, which were regularly reviewed and updated. Updates on people's needs were also shared in staff handovers. People's care plans contained a document titled, 'Things I am good at doing' which detailed people's abilities, likes and dislikes.

Staff received induction, supervision and training. We reviewed the provider's training matrix and this showed that staff completed an appropriate range of training. A small number of staff had some gaps in their training but there were plans in place to address this.

People were supported to maintain a healthy diet. Staff encouraged people to make healthy meal choices whilst respecting their preferences. Fresh fruit was readily available for people to eat whenever they wished to. Foods were stored and prepared safely in the kitchen. Whilst nobody had any food allergies the registered provider was in the process of identifying any allergens which may be present in the meals produced.

Staff told us they worked in partnership with professionals such as social workers to support people's needs. This was confirmed in records that we reviewed. Staff told us people were supported to access appointments with healthcare professionals in a timely way when needed. Records confirmed that healthcare professionals such as district nurses visited the home to support people's healthcare needs.

The homes we visited were clean and decorated according to the tastes of the people who lived there. People had been supported to choose the colours of their rooms and there were personal objects and photos in each person's room. There were open, appealing communal spaces for people to relax in.

People's rights to make their own decisions were protected. We saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. 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 make 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). However, if a person is living in their own home, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection were necessary. Where applicable, they had contacted the people's funding authority to have appropriate assessments carried out.

Is the service caring?

Our findings

People continued to receive a service that was caring.

During our inspection we observed staff treating people in a kind, respectful way. They maintained eye contact with people and used language that people could understand and laughed and joked with them. Staff had developed bonds with people and knew them well. One staff member told us, "It's a privilege to work with the people here."

Staff approach was person centred and people were treated as an individual. We observed staff encouraging people to do things for themselves where possible, in order to maintain their independence, but offered appropriate assistance where this was required.

People were treated with dignity and their privacy was respected. Staff were able to describe how they maintained people's privacy and dignity when providing personal care. One person told us "I wouldn't go into my housemates bedroom because it's their own space, it would be rude to just go in."

Staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in people's care plans and the staff we spoke with knew the needs of each person well. For example, they were able to describe one's personal religious preferences and how they supported them to access church and faith groups. All staff completed equality and diversity training.

People were offered choice about day to day decisions, such as what to wear, what to eat and do. They were also encouraged to be involved in decision making about other aspects of their care where possible, via individual review meetings. There was opportunity for people to attend house meetings to discuss the service and give feedback.

Is the service responsive?

Our findings

People continued to receive a service that was responsive.

People received care that was personalised to their individual needs. A person-centred plan had been developed for each person in an accessible format which contained information for staff about how to meet people's individual needs in a variety of areas, including communication, eating and drinking, personal care and mobility. There was information about the person's life history, hopes and dreams, preferences and activities they enjoyed so that staff could support people to meet their wishes. We found care plans were reviewed regularly, to ensure that information was reflective of people's current needs. We saw that people had been involved in writing their own plans where possible and people had received annual person centred reviews where they had been able to plan what outcomes they wanted to achieve for the coming year. We saw that one person had achieved some of their outcomes by going to Disney Land and going to see Kylie Minogue in concert.

People took part in a range of activities. Records showed that daily activities were consistently planned and completed. One person had baked a cake and was also spending time knitting. Both of these interests were documented in the persons care plan. One member of staff told us, "Each person has individual activities but also has access to group events." We saw photographs and articles in the registered provider's 'good news stories' publication showing; theatre trips, holidays to Spain, pantomime trips and garden parties.

People told us they didn't have any complaints and felt happy to discuss anything with either staff or the registered manager, whilst we were there one person shared a concern with the registered manager who talked to them about how best to deal with it and made an agreement on how to address it. The person was happy with the action that the registered manager had taken and said she knew she would be listened to.

People were consulted about their wishes for care when they approached the end of their lives. With people's consent, individual plans had been devised with relevant healthcare professionals about how each person should be cared for at the end of their life. Staff had undertaken specialist training to prepare for delivering end of life care to people in the home when needed. Specific events had been arranged for people regarding end of life arrangements. We saw how staff had assisted one person to undergo a matrimonial ceremony prior to passing away.

Is the service well-led?

Our findings

At our last inspection in January 2017 we found the service had made improvements following our inspection in May 2016. However, we needed to see the improvements had been sustained. At this inspection we found that improvements had been sustained and embedded into everyday practice. We have rated this domain as good.

The service has five geographical areas, each with 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.

The registered managers we spoke with demonstrated a clear vision to deliver care which supported people's independence, helped them to enjoy their lives, make their own choices and keep them safe. This vision was shared by staff. Relatives of people who lived in the home had commented positively via surveys, on how people were cared for in an inclusive and supportive way which promoted their independence and encouraged them to express their views.

Staff told us there was an open culture at the service and they felt able to approach senior members of staff or the registered managers. One member of staff told us, "Everyone is accessible for advice and guidance if we need it." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued. Staff were committed to the people living at the service.

There were quality assurance systems in place. We found that there were a range of audits and systems put in place by the organisation to monitor the quality of the service which the registered managers reported upon on a regular basis. Audits completed covered a range of areas, including incidents and accidents, health and safety, medicines and an audit of care plans. Any issues in these audits were recorded as an action. This demonstrated how the registered managers used the audit process to monitor the service and ensure that action was taken when identified as required.

The registered managers continually involved people who used the service in developments through completing regular questionnaires and holding meetings and events. This included a 'coffee, questions and cake' meeting for people who lived at the service to understand the function of CQC, the areas of the service which would be inspected and the role people would play as part of an inspection.

Records showed that the provider used robust systems to continuously learn and improve. The PIR stated, "Senior management team (SMT) meet monthly and there is a board meeting seven times yearly where many internal controls are discussed. Risks identified include: governance risk, operational risk, financial risk, external risks and compliance with laws and regulations. Senior management offer many forms of communication including emails, link up news and an annual report Staff are invited to a SMT road show where business strategies, goals, new implementation of strategies and gives us an opportunity to share best practice around the organisation." We saw evidence of this with the 'policy group'. This was an initiative

where staff were involved in reviewing, amending and implementing policies.

Records showed and staff confirmed that the registered managers worked in partnership with a number of health and social care professionals such as GPs, nurses and social workers, to ensure that people's health and wellbeing were maintained.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and on the organisations website.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths without delay. Notifications had been received by CQC about important events that had occurred since the last inspection.