St Anne's Community Services

St Anne's Community Services - Rockhaven

Inspection report

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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 completed on 28 March 2018 and was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure the registered manager was available and that people who used the service would be in.

Rockhaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rockhaven provides 24 hour nursing care and support for up to seven people with complex learning disability needs. It is situated in a quiet residential area on the outskirts of Leeds.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with complex learning disability and nursing needs using the service can live as ordinary a life as any citizen.

At the last inspection the service was rated good overall. However, we found improvements were required in the safe domain. There were not at all times, sufficient staff deployed to ensure people's needs were met safely and that people were properly supervised to ensure their safety. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'Safe' to at least good.

At this inspection we found the provider had made the required improvements by adding additional staff in the afternoons to ensure people's needs were met safely.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'St Anne's Community Services – Rockhaven on our website at www.cqc.org.uk'

Our key findings across all the areas we inspected were as follows:

The service 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 and associated Regulations about how the service is run. At this inspection the registered manager was unavailable. However, a manager from another home from the organisation was available to assist with the inspection process.

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and were happy living in the service, liked the staff and did the activities they liked to do.

Medications procedures were in place including protocols for the use of 'as and when required' (PRN) medications. Staff had received training in medication management and policies and procedure were audited in line with the provider's guidance. There was good guidance for staff regarding how people expressed pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. People had access to a good range of health care services and advocacy services actively used for people if they felt health care services were not as responsive as they should be.

Staff were aware of the Mental Capacity Act [MCA] and the Deprivation of Liberty Safeguards [DoLS]. At the time of this inspection the manager (from another service within the organisation) told us most people who used the service had an authorised DoLS in place. This legislation was used to protect people who might not be able to make informed decisions on their own.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers and the rest of their team would act appropriately to safeguard people from abuse.

The support plans we looked at included risk assessments, which identified any risks associated with people's care. They had been devised to help minimise and monitor the risks without placing undue restrictions on people.

People were provided with a clean, comfortable environment to live in and could personalise their own space to their requirements. All servicing and checks including the fire alarm and emergency lighting had been updated to help make the environment safe for people.

There was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

We observed good interactions between staff and people who used the service. People were encouraged to make decisions about meals and involved in menu planning.

People were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities.

Complaints procedures were in place and relatives we spoke with told us that they knew who to contact if they wanted to raise any concerns.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by representatives of the organisation. The reports included any actions required and these were checked each month to determine progress. The registered manager was supported in their role by a representative or the registered provider who visited the service regularly. They oversaw the systems and processes were to the standards expected by the registered provider.

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? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

St Anne's Community Services - Rockhaven

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 28 March 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

The inspection was undertaken by an adult social care inspector. At the time of the visit there were six people using the service and we spoke with three of them. We also spoke with support staff and a registered manager (from another service within the organisation). We observed how staff interacted and gave support to people throughout this visit.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Before the inspection we reviewed the information we held about the service. This included statutory notifications about incidents and events affecting people using the service. The registered manager had completed the Provider Information Return (PIR) and sent it to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's written records, including their plans of their care. We looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement. We telephoned

and spoke with two relatives. They gave us their views about the staff and the care of their family members. We gained the views of an advocate who was visiting on the day of the inspection. An advocate is someone who provides advocacy support when vulnerable people need it. An advocate might help people access information you need or go with you to meetings or interviews, in a supportive role.

Good

Is the service safe?

Our findings

At out last inspection of December 2015, this domain was rated as requires improvement. There were not at all times, sufficient staff deployed to ensure people's needs were met safely and that people were properly supervised to ensure their safety. The registered provider was required to address this issue and sent us an action plan telling us how these would be addressed.

At our inspection of March 2018 we found the registered provider had taken reasonable steps to address the issue and the domain was rated good.

We were told staffing levels had been increased in the afternoon to ensure people received the care and support they needed to meet their needs. We looked at the rotas and saw staffing levels were maintained as planned. However, some staff vacancies were waiting to be filled which meant agency staff were sometimes needed to maintain the agreed levels. We were told when agency staff were used it was always with staff that had regularly worked at the service. This meant they were familiar with people's needs.

The service was mostly staffed by a consistent staff team who had all worked for the provider for a good period of time. Staff worked flexibly to ensure they provided a person centred service to people who used the service. Person-centred care is about ensuring the person is at the centre of everything staff do with and for them. This meant staff took account of people's individual wishes and needs; their life circumstances and health choices.

At the last inspection of the service we found the service had robust recruitment and selection processes which ensured only suitable staff were employed to work with vulnerable people. At this inspection we found this was still the same.

We were only able to speak with a small number of people during this inspection because of the complexity of their needs. We spent time observing staff communicating and interacting with people who used the service. It was clear from our observations that people were happy in the company of staff and they engaged using their preferred way to communicate. Those people we were able to speak with said they felt safe and were happy in their environment. Relatives we spoke with gave praise for the staff and said they trusted the staff to keep their family member safe.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We asked staff about protecting people from abuse or the risk of abuse. Staff understood how to identify abuse and report it. They told us they had received training in keeping people safe from abuse. Staff told us they would have no concern in reporting abuse and were confident the manager would act on their concerns.

A safeguarding adult's policy was available for staff to refer to if needed. We looked at information we held on the provider and found there were no on-going safeguarding investigations. We discussed previous alerts with the manager who told us they had carried out investigations and taken appropriate actions. They told

us lessons had been learned and actions taken to prevent the re-occurrence of similar issues happening again.

Support and nursing staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's support plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

There were emergency plans (PEEPS) in place to ensure people's safety in the event of a fire. These were stored in the person's support plan and a copy was also stored in the fire safety document in the entrance to the service.

Staff had clear protocols and guidance to manage people who had regular seizures. Emergency medication was available and nursing staff were trained to administer the medication. Medicines storage was neat and tidy which made it easy to find people's medicines. We saw records were kept of medicines received and disposed of. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security.

Nursing staff administered all medications. Their competency was re-assessed annually, in order to make sure they adhered to good practice. There were clear protocols for staff to follow when people were prescribed 'as and when' medicines, known as PRN medicines. Staff used a medication administration record (MAR) to confirm they had given people's medicines as prescribed. We checked a sample of these and found they had been completed appropriately. Nursing staff undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence timely action was taken to address any issues identified for improvement.

The home was clean and well maintained. The manager told us a domestic was employed to work during the day and support staff were responsible for general housekeeping. Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, water and fire safety. Risk assessments were in place to cover any maintenance work at the home. Cleaning records were maintained for all areas and this included deep cleans where appropriate. The spread of infection within the building was minimised with appropriate cleaning schedules. There were procedures and equipment to deal with any spillages.

Good

Is the service effective?

Our findings

Some people were unable to communicate verbally to us, although staff assisted with this process as they knew people they were supporting very well. One person needed staff to give time for them to respond to questions and this enabled the person to express their wishes. This was done in a very respectful way. We spoke with an advocate who told us they visited regularly to support people with making some decisions about their care. They told us that the service was extremely good at enabling people to live the life they had chosen. They said "I have been supporting people that live here for a number of years and the staff are kind, caring and compassionate. They know the people very well and always enable people to make life choices and respect their wishes." Relatives we spoke with told us they were always invited to reviews and we kept up to date with any changes to their family members care.

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 authorisation procedures for this in care homes 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 told us that most people who lived at the service had authorised DoLS in place. Throughout the support plan we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

People's support plans showed that their day to day health needs were being met. People had access to their own GP and additionally community psychiatric nurses (CPN), speech and language therapists (SALT) and dieticians. Records showed that people were supported to also access other specialist services such as chiropody and dental services.

Support plans clearly highlighted the amount of support and the type of support that people needed to ensure they had sufficient to meet their nutritional and hydration needs. We saw food and fluid charts were in place for some individuals which were reviewed and monitored by the nurses.

We spoke with the cook who about how menus were devised. She told us that she knew people's likes and

dislikes and was very familiar with the dietary requirements of them. We noted that a small number of people were given nutrition through percutaneous endoscopic gastrostomy (PEG) feed. The nurses were responsible to ensure only appropriately trained staff had responsibility for this. We observed lunch being served. Staff were respectful and discreet when they were supporting people. People were given a choice of meals including sandwiches and soup followed a hot pudding and custard. The cook told us that the main meal was served as the evening meal. Snack and hot and cold drinks were provided throughout the day.

Detailed plans were in place for people who displayed behaviour which challenged the service. The service took a positive approach in this area ensuring the safety of the person and of others in the service. For example, We saw a consistent approach was implemented for one person who wanted to show affection in a particular way which could cause distress to others. People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff we spoke with told us about how this was put into practise in the home. For example, understanding when some people needed to spend time away from other people that lived in the home as they could not tolerate a noise.

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people with complex needs. It was clear from our observations that the training staff received was fully integrated into the way people were supported. Relatives we spoke with told us that the staff really understood how to treat people as an individual. One relative said, "We were really worried about [family member] staying at the service but our fears were unfounded. Staff really understand what was important for [family member] to meet their complex needs."

The registered manager was aware that staff employed without prior experience would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Staff we spoke with told us that the registered manager was very supportive and always available if needed for guidance and advice.

Good

Is the service caring?

Our findings

We observed good relationships between people and staff. Interaction with people was caring and friendly. Some people were unable to respond to our questions. People we spoke with told us they liked living at Rockhaven and the staff were kind and caring. One relative we spoke with said, "They [staff] do a great job they look after my [family member] and when we visit they always treat us like being part of their family." Another relative described the service as homely and welcoming.

The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time with family and friends. The plans also told us how they needed support with hospital and other health appointments.

People and their relatives told us they were treated with dignity and respect. We observed staff speaking discreetly with people who used the service to prevent others from hearing about their personal care needs. Staff ensured doors were closed before assisting people in their bedrooms.

People were given information about advocates and other services to support them with making choices and understanding their care and treatment needs. We spoke with a visiting advocate who told us that staff always acted appropriately when discussing people's care. They said, "Staff never discuss anything in front of people. We always go into the manager's office to talk privately."

People chose what they wanted to do to keep themselves active, what to eat, drink and wear. We observed this in practice. People were supported to be as independent as possible. We saw people moving about the service independently although staff were always near-by where people were a little unsteady on their feet.

People benefited from staff that had a caring approach to their work and were totally committed to providing high quality care. All the staff spoken with were enthusiastic about their work. We observed staff supporting people in a positive encouraging way. People were asked what they wanted to do during their spare time and there was lots of encouragement given to people to undertake household tasks. For example, people were helping to decorate biscuits which they later ate with cups of tea and coffee.

Communication between staff was very good. Regular discussions about how people had presented during each of the shifts took place. This included handovers at the start of each shift so that important information was not missed. We spoke with the 'dignity champion' who was keen to ensure staff acted appropriately at all times. They said their role was to demonstrate good practice and challenge any bad practice with regards to respecting people's dignity at all times.

People and their relatives told us they were involved in decisions and discussions about care and support and their views were always taken into account. One relative told us they had attended reviews which gave them an opportunity to discuss their family members care and treatment. They said they felt listened to and staff would act on any concerns they raised.

People were encouraged to choose the décor of their bedroom; we noted each bedroom reflected the tastes and choices of the person. People could also access a main lounge and small sitting area if they wanted to be on their own or with other people who used the service. People were encouraged to make decisions about when they got up in the morning and when they retired to bed. We saw one person chose to get up late and have a bath before joining others in the lounge areas. Another person was very particular how they wanted their things surrounding them. This showed a person centred approach to people to help promote and maintain the person's wellbeing.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to support in the service. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate person centred care. Health action plans, which included information medical staff should know if the person became ill and needed hospital attention, were in place.

They provided information to guide staff on people's care and support needs. They also gave guidance to staff about how the risks to people should be managed. They included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes. These had been kept under review.

A one page profile was kept at the front of each person's file which gave staff a snap short of the person, including their likes and dislikes and people who were important to them such as parents and siblings.

Staff we spoke with told us they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events, bowling and going for meals were arranged around people who used the service. Staff told us that private hire vehicles and public transport were used to facilitate leisure activities.

The nurse told us that staff and people living at the home had been support to deal with end of life situations and this had helped when two people had sadly passed away. We saw support plans had been completed which described the persons wishes if they became ill or at the end of their life. People and their relatives were supported and given a choice about completing this aspect of care. Staff recognised for some people it was a difficult and sensitive subject to talk about. In those cases the records stated they did not want to discuss the subject.

The advocate that we spoke with told us that the staff showed excellent care and compassion when caring for the people prior to their death. She said, "Staff treated people with the upmost dignity and respect during a difficult period for everyone at the home."

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. Records showed there had been no formal complaints in the last 12 months.

We were told by the registered manager the staff team worked very closely with people and their families so that comments and minor issues were dealt with before they became a concern or complaint. People who used the service and their relatives were encouraged to discuss any concerns during review meetings, during day to day discussions with staff and management this helped increase their confidence and awareness of making complaints.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had registered with the Care Quality Commission when the service was registered in August 2016. There was a clear management structure in place and staff were aware of their roles and responsibilities. All the staff we spoke with said they felt comfortable to approach any of the members of the nursing team and the registered manager.

We observed the atmosphere was calm and relaxed and we found the support staff were well organised. They spoke positively about providing a high standard of service for people. Records showed the turnover of staff to be relatively low, with a good percentage of the team having worked at the home for a number of years.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home.

The manager and her line manager ensured there were effective and robust systems in place to monitor and improve the quality of the service provided. The monitoring included gaining the views of people living at the home and their family members.

We saw clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication, infection control and a home manager audit. The audit documents in place clearly recorded the actions required to meet any identified shortfalls together with timescales. We saw examples where issues had been identified from audits and actions put into place. Our review of these records showed there was an effective quality monitoring system to analyse, identify and reduce risk.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. We were shown copies of records that demonstrated how accidents or incidents had been analysed to improve the safety of people who used the service. The registered manager as before confirmed they were aware of the type of notifications that should be reported to the Care Quality Commission (CQC).These included reporting safeguarding alerts. These had been sent to CQC in a timely way and the manager was able to demonstrate how lessons had been learned from the last alert raised.

Records were stored securely. People's care files containing personal information about them were stored in locked filing cabinets. Staff files and other records were securely locked in cabinets within the manager's office to ensure that they were only accessible to those authorised to view them.