Chapter 1 Charity Ltd

St Andrews House Exmouth

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

Overall summary

We undertook an announced inspection of St Andrews House on 6 and 12 November 2014.

At our last inspection 27 November 2013 the service was meeting the regulations inspected.

St Andrews House is a five bedded unit situated on the ground floor of a converted church in central Exmouth. The service provides respite services, planned and emergency, as well as medium term stays for people with mental health issues. Three of these placements were for people who required a short stay of up to two weeks. The other two placements were for people who required a longer period of time. The service provides support so that people can develop skills to enable them to live independently. There were five people living at the service at the time of the inspection.

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 2008 and associated Regulations about how the service is run.

Summary of findings

The registered manager was accessible and approachable. People who used the service and staff felt able to speak with the registered manager and said they were an active part of the team.

People said they felt safe at the service. People were kept safe and free from harm. The staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of a person. They said they would be confident reporting any concerns to the registered manager or provider's representative.

There were safe systems when new staff were recruited. All new staff completed thorough training before working in the service and had the skills and knowledge to meet people's needs. There were appropriate numbers of staff employed to meet people's needs.

People said they had been included in planning and agreeing to the support provided. People had individual support plans, detailing the support they needed and how they wanted this to be provided.

Staff received regular training and were knowledgeable about their roles and responsibilities. The staff knew the people they were supporting well and enabled people to maintain their independence and control over their lives.

People said they enjoyed the choice of meals, snacks and drinks. People had been included in planning menus and their feedback had been listened to and acted on.

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?

Good

The service was safe.

People said they felt safe.

There were enough staff to support people's needs.

There were emergency and safeguarding procedures in place to protect people from harm.

Accidents and incidents were recorded and staff took appropriate action to minimise risks to people.

People received their medicines safely.

There was a robust recruitment procedure in place and new staff had been recruited thoroughly.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge they needed to meet people's needs. Staff were supported in their roles by the management team and received regular supervision and annual appraisals.

People were supported to maintain a balanced diet and were involved in deciding the menu at the service.

People were able to access health care in a timely way and their health needs were well met.

Staff understood the principles of the Mental Capacity Act 2005 and met the requirements of the Deprivation of Liberty Safeguards (DoLs).

Is the service caring?

Good

The service was caring. People were treated with dignity and respect, they were able to express their views and were actively involved in decisions about their care.

Staff built up good supporting relationships with people and maintained people's wellbeing.

Is the service responsive?

Good

The service was responsive.

People using the service were empowered to make choices and have as much control and independence as possible.

There was a good system to receive and handle complaints or concerns. People said they were happy to raise concerns and felt these would be addressed.

People were involved in identifying their needs, preferences and choices, which were recorded in people's individual support records.

The service supported people to carry out person centred activities both in the unit and out in the community.

Summary of findings

Is the service well-led?

Good

The service was well led.

People were requested to give their views and feedback about the service and these were listened to.

There was a positive culture which was open and inclusive.

People, staff and health and social care professionals spoke positively on how approachable and responsive the registered manager was.

The service had quality assurance processes in place to monitor the service and to develop improvements.

St Andrews House Exmouth

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 checked 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 6 and 12 November 2014. The first day of our inspection was unannounced and was carried out by one inspector. On the first day of our visit to St Andrews House we focused on speaking with people who were staying at the unit and their support records and speaking with staff and observing how people were supported. We returned to the home announced on a second day to look in more detail at some areas and to examine staff records and records related to the running of the service.

We spoke with three people who were using the service and observed them being supported in communal areas. We spoke with three senior support staff, the registered manager and a senior manager from the provider's management team. We reviewed four people's support records. We also looked at staff training records, medicine systems, staff rotas, two recruitment records and quality assurance systems. We contacted commissioners of the service and external health and social care professionals to obtain feedback about the support provided and received feedback from six of them.

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. Before our inspection, we reviewed the information included in the PIR along with information we held about the service. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

People said they felt safe at the service. Comments included "It is lovely here, I am lucky to get in" and "I have been coming for years, they know me well here" and "I trust them so much. Coming here is the most stable thing in my life and most supportive."

People were supported to live independently and take everyday risks. We observed people moving freely around the service as they wished. They could go outside unescorted into the local community at any time. One person said, "I go out with the staff for a walk and I can go out on my own if I want to."

People were protected because risks for each person were identified and managed. Risk assessments had been completed for each person. These took into account people's support needs and individual social interaction requirements. They included information about action to be taken to minimise the chance of harm occurring. For example, risk assessments had been reviewed for a person who had returned to the service which included their medicines and any changes since their last admission. Another person had been assessed because they were at risk of non-compliance with taking their medicines. This showed there were procedures in place for managing risk and staff understood and followed them to protect people.

There was an up to date safeguarding policy which was reviewed annually. The registered manager and staff confirmed there was an adult safeguarding lead person who they could approach if they required additional guidance. When people were admitted to the service they were given leaflets that detailed how to recognise bullying and harassment and how to report it. Staff were aware of the whistleblowing policy and procedure and they felt confident to raise concerns to the registered manager or to relevant outside bodies which included CQC. All staff had completed their safeguarding training and had refresher training each year. Staff were confident they knew how to recognise signs of possible abuse. Staff felt any reported signs of suspected abuse would be taken seriously and investigated thoroughly. One staff member said; "I would report it to my manager first and if they didn't deal with it I am quite happy to go to outside agencies".

Appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) and two references had been requested. These checks were applied for and obtained prior to new staff commencing their employment with the service. All staff were required to complete an induction programme which included the provider's compulsory core training. Each new member of staff completed a learning journal, which set out all the objectives they had to achieve in order to successfully complete their six month probationary. They had regular supervision during their induction to address any areas of concern and if necessary further support and training was offered.

Response plans for emergencies such as fire, flood, and shortages of staff or power failure were in place. Each person had a personal evacuation plan. Out of hours emergency support was in place and staff were aware of this.

Staffing was maintained at safe levels. When the service received emergency referrals the registered manager and management team considered the impact of the potential admission on the other people staying at the service. They also decided if there were adequate staff to meet people's needs before the referral was agreed. Staff confirmed people's needs were met promptly and felt there were sufficient staffing numbers. A health professional said "I am really impressed by the manager and the way they put extra support into place when it was needed."

Agency staff were used when there was staff sickness so safe staffing levels had been maintained. The registered manager had worked with a local care agency to ensure agency support workers were familiar to the service and had the relevant training to meet people's needs. If more staff were required staffing levels were increased. For example, a person being admitted in December had made it known they would like to go on an excursion; the registered manager said "we will facilitate this and bring in an extra member of staff."

People had been assessed as being able to administer their own medicines, with the exception of one person who required the staff to prompt them. There were effective systems in place to ensure people received their medicines safely. Each person had a locked medicine cabinet in their room. When people arrived at the service a list of their medicines was completed and placed in people's care files.

Good

Is the service safe?

There was an additional medicine cabinet for people who required their medicines to be locked away more securely. Staff were appropriately trained and understood the importance of safe administration.

Learning from incidents and investigations took place and appropriate changes were implemented. There was an effective reporting system and actions had been taken in line with the organisation's policies and procedures. For example, A GP had been contacted to review a person's care and treatment following an incident. This demonstrated the service was both responsive and proactive in dealing with incidents.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. People said "You can't better it here, it is lovely." All staff had completed mandatory training identified by the provider which included fire training, food safety and medicines management. Staff spoke with knowledge and confidence about people's needs and how people wanted to be supported. For example, staff said how they were supporting somebody with their dietary needs. Staff were experienced in working with people who self-harmed and had received specialised training about working with them. Staff said they had also received training in dealing with people who were at risk from bullying and harassment, which had helped them support people more effectively.

The registered manager and staff engaged with health and social care agencies and were responsive to their recommendations and guidance. A health professional said they had been impressed by St Andrews House, by how adaptable the service was and how well the staff had worked with a person they supported. Their comments included "They have been working to find a way to work through issues and provide a safe place to be which is crucial for my client who has complex needs." Another social care professional said "They (staff) are proactive and ask for help and advice."

Staff received regular supervision and appraisal from their line manager. Staff had one to one meetings to discuss their performance and identify any further training they required. One member of staff said they had requested an additional meeting and received the time and support they needed.

People were happy with the food and menu choices. Comments included, "The food is very good, we discuss the meals at the beginning of the week, we can have anything we want" and "They are very good at accommodating particular things I like to eat." On Mondays staff sat down with people and discussed the menu for the week ahead. If somebody had a specific dietary requirement they would accommodate this, for example a vegetarian diet. One person said "Each evening we are asked if we are happy with the meal and any changes we would like to see on that week's menu" and "I am really pleased they are really diligent here with labelling things in the fridge, so I am happy to eat it."

People were encouraged to take part in the planning and preparation of their meals. One person had prepared their own lunch. They said "I had one of my favourites; bread and cheese. There is always plenty of food here when I come in." People said they chose where to have their meals and what they would like to eat. One person commented "I usually have my meals in my room but today I chose to go to the dining room for my lunch."

People had access to a coffee room where they could make hot drinks and each person had a fridge in their rooms so they could store their food safely. People said "At night there is always fruit in the lounge and I can make a hot drink" and "I have a reminder on my phone to get what I need as the kitchen is locked at 10pm." A staff member told us in response to the comments they were going to discuss the evening routine at the next staff meeting.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. There had been no requirement to undertake any best interest decisions for the people staying at the service.The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Staff had been trained to understand when and how an application to deprive someone of their liberty should be made. The registered manager was aware of recent developments around changes to the deprivation of liberty safeguards. At the time of our inspection no one using the service was deprived of their liberty. Staff were scheduled to undertake further update training in MCA and deprivation of liberties.

Good

Is the service caring?

Our findings

People said, “Staff are brilliant, there are no faults with any of them at all” and “Staff are lovely, they are very caring, they stay with you if you need it and when you meet them in the town they always make a point of speaking” and “A number of staff really do care as human beings not just as staff members.”

We received positive feedback from social care and health professionals. Comments included, “My client went through a crisis. They (the staff) worked really hard supporting them” and “We had asked that staff take the time to build a relationship with the client. I found staff at St Andrews were excellent at doing that.”

Staff were respectful of people’s privacy and maintained their independence. When asked “Did staff treat them with respect and dignity?” people said they did and comments included “Yes they are excellent. It is my life, they respect that, they are lovely here.” One member of staff said “We enable people who come here to be able to take time to reflect, talk to staff and empower them to go home.”

All of the people staying at the service had different support needs. The staff were very caring in their approach and treated people with dignity and respectfully and recognised their diverse needs. One person said they were able to visit the local church and had arrangements in place at the service to undertake individual prayer sessions each day.

All of the people staying at the service had capacity to make their own decisions at the time of our inspection. They said they were involved in developing their care and support plans and identifying what support they required from the service and how this was to be carried out. A person using the service said, “We looked at my care plan when I came in and looked at the risk assessments” and “I am happy everyone is on the same page, I have a copy of my care plan, and it is perfect”.

People met daily with their designated staff link workers to discuss their support plans and goals. People were given the opportunity to express their worries and hopes by staff who had effective communication skills and were able to support the people to make decisions about their future goals. One person said “This time there have been times when there has been nobody I know to talk to, they have been alright, we used to get a named person which was great.” “I can really chat to the one’s (staff) I know. They understand me and help me.” The registered manager said they still had designated staff but because of a short period of unprecedented staff sickness they had not always been able to maintain the continuity.

The service had links to local advocacy services. The registered manager and staff had enabled people to access support from the advocacy service to help people with their finances. This was confirmed by an advocate who said they had been impressed by how the staff arranged for them to meet people in private and supported them to sort out their benefits.

Good

Is the service responsive?

Our findings

Each person had care records held on the service's computer database and a folder in the main office. These contained detailed information about people's health and social care needs. They reflected how each person wished to receive their care and support. The support plans gave guidance to staff on how best to support people. People returning to the service for return visits had their support plans and risk assessments reviewed to respond to any changes since their last visit. For example, there was detailed information of how staff should support somebody with an eating disorder, to monitor them regularly and recognise signs of deterioration. The registered manager and staff had involved this person to decide how they wished to be supported and were working with them to help them move on to living independently in the community.

People's individual needs were regularly assessed. Care was planned to provide people with the support they needed, but also ensured people still had elements of control and independence. The PIR informed us the service's aims were to support people with improving their independent living skills in areas such as, health and nutrition, managing medicines and budgeting. Each person had a scheduled support session for an hour each day with staff to discuss what was important for them and their future. The staff worked with them to achieve their goals. One person said the sessions were very important because the staff knew them well and they listened. Their comments included "Some days I just need a chat and other days I need to go and do something with them and have their support."

People were supported to follow their interests and take part in social activities in the community. For example, one person said "I asked for paints when I came here. They were very good, they got me some. I feel if we make realistic requests they will help us to achieve them." Another person showed us the results of crafts they had undertaken during their stay. People's daily notes recorded they had attended local community groups, these included "Man and Shed", "Rethink" and an art group. One person said "There is a coffee morning on a Tuesday. I choose not to go. You can do what you want to here. I take part in a few things; it is about me making an effort not the unit."

People were supported to have as much choice and control as possible. For example, on the first day of our visit the registered manager had been requested to accompany a person to see their GP. The person said on their return to the service, they were really grateful for the support they had received; it had given them the opportunity to speak to the GP frankly about their concerns. Another person said they had requested to extend their stay at the service because they were having a crisis and were not ready to return home. This had been possible.

A comment on an exit respite interview form from a person who had used the service recorded, "It was unsatisfactory. The kitchen is locked at night." The registered manager said they had undertaken a risk assessment and had made a judgement in the interest of people's safety the kitchen would be locked at 10pm at night.

The provider had a policy and procedure in place for dealing with any complaints which was displayed in the main reception area. When people arrived at the service they were given complaint and compliment postcards which explained the complaints process. People knew who to contact if they needed to raise a concern or make a complaint. People, who had raised concerns, confirmed the issues were dealt with to their satisfaction without delay. One person said "I have had no reason to complain but if I did I would speak with the manager and I am confident they would sort it out." Another person said, "I have made a few suggestions and they have been actioned, for example I mentioned the ventilation in the unit and they have sorted this out."

A complaint received by the service had been responded to in a timely manner and investigated in line with the provider's policy. The complainant had met with the registered manager and the complaint had been resolved with a positive outcome.

Good

Is the service well-led?

Our findings

There was a registered manager in post supported by a team of operational management staff. They were all aware of their roles and responsibilities. The service is required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check appropriate action had been taken.

People said they knew who was in charge and said the registered manager was very approachable. They felt able to raise any concerns and were confident these would be dealt with. One person said "(The manager) is brilliant, any little issues are resolved quickly." People and staff said the registered manager was always visible at the service and worked alongside the staff team and was very hands on which was confirmed during our visit.

Staff felt supported by the registered manager. Staff said "(The manager) is one of the better managers, if I have a concern she deals with it" and "Best manager we have had here for a long time." Social care and health professionals said they found the registered manager approachable. Comments included "The manager is very approachable, we have a good working relationship with the service."

The registered manager and staff had a welcoming approach and created a calm relaxing atmosphere at the service. They respected people as individuals and worked in a non-judgemental manner embracing people's diverse needs. They worked well as a team with staff sharing information appropriately. Visiting social care and health professionals said "Very impressed how adaptable they have been, the staff are really good." One member of staff said "We have a good team work structure here at St Andrews which works well."

People and staff were able to give feedback about the service at staff and residents' meetings. Each Tuesday a coffee morning was held which gave people the opportunity to discuss the service and any concerns or ideas they might have. Issues raised at these meetings were discussed at staff meetings which were held once a fortnight. Staff said "The meetings are generally useful; we get a chance to get together and discuss concerns and risks." When people left the service they had been asked to complete exit questionnaires to give their feedback about the service and any concerns or ideas for improvements. Most of the comments in the completed questionnaires were positive. The registered manager said the responses received were discussed at staff meetings and any actions or improvements were implemented and any improvements made were fed back to the people on their next visit.

The registered manager said people had been sent service specific questionnaires in September 2014 which covered all areas of support the service offered. They had not received the results at the time of our visit but once the results of the questionnaire had been obtained the staff team would work closely with people to draw up an action plan to address any required improvements. Results of the June 2014 survey were positive with 91% responding to the overall service being good and above. People were informed of the outcome of the survey in a pamphlet available in the main entrance.

There were a range of systems to monitor the quality of the service provided to people. The provider requested regular performance information from the registered manager which included occupancy, accidents and incidents. They also accessed the computer database to audit and monitor the performance and quality of the service. The senior management team carried out an annual service review which involved visiting and reviewing all areas of the service. An action plan was given to the registered manager to implement the required actions. The registered manager regularly met with their line manager, staff and people who use the service to review the progress of the action plan.

There was evidence of an effective accident and incident reporting system. The registered manager monitored all accidents and incidents reported and they entered the information on the service's computer database. The provider's operation manager said they also monitored all accident and incidents recorded on the database. Appropriate investigations of all accidents and incidents were undertaken by the registered manager which included learning lessons and identifying any themes or trends. The registered manager said, "I look at all incidents and decide what action we need to take and I make sure all staff are aware."

As part of the service's continuing development the registered manager and the provider's operation manager

Good

Is the service well-led?

met four times a year with local authority commissioners at a stakeholder meeting. They discussed the outcomes of people using the service and areas for staff development were agreed.