

St Anne's Community Services

St Anne's Community Services - York DCA

Inspection report

Regus Business Centre, Tower Court
Oakdale Road, Clifton Moor
York
North Yorkshire
YO30 4XL

Tel: 07976414839

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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

St Anne's Community Services York – DCA provides personal care to people living in their own homes; providing assistance and support to people to help them maintain and improve their independence. The service provides care and support to people who have a learning disability or mental health difficulties. At the time of this inspection, the service was providing support to 41 people. Three of whom were in receipt of personal care.

Not everyone using St Anne's Community Services York – DCA receives regulated activity. CQC only inspects the service being received by people provided with 'personal care' in their own home; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service was providing personal care to three people in their own homes.

At our last inspection we rated the service good. At this inspection we found the service had remained good.

People were overwhelmingly positive about the support they received and the relationships they had developed with support staff and the management team. They consistently described a service which was person centred. People, relatives and supporting professionals were encouraged to give feedback about the service and spoke highly about the care provided.

There was a focus on people's strengths and a positive joint approach to risk management. People were encouraged to focus on what they wanted to achieve from their support. They were placed at the centre by their support staff, management team and the wider organisation.

People were supported to engage in activities which were of importance to them and to form links with their local communities in order to promote their emotional well-being. Two people were being supported on holiday which was important to them.

Staff were provided with a high level of support to enable them to do their jobs to a high standard. They described feeling well supported by the management team.

People trusted their support staff and were provided with safe care and support. There were sufficient staff to meet people's needs. Staff were safely recruited. Staff understood how to recognise abuse and to report this.

When people's needs changed the service was able to respond flexibly. For people with deteriorating health conditions the planning of future care, and in some cases, their end of life care was considered with warmth, compassion and kindness.

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

Quality assurance systems were well developed and embedded in practice.

There was a commitment to ongoing service improvement and a culture of continuous development across all levels of the organisation. Staff were highly motivated and committed to providing an excellent standard of care and support.

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 remains Good

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 remains Good

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.

This inspection took place on 2, 4 and 15 May 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed the service to arrange some visits to people in their own homes.

On 2 May 2018 one inspector visited a person receiving support in their own home. The office visit and a further home visit to a person in receipt of the service took place on the 4 May 2018. Telephone calls to relatives and staff took place on 15 May 2018.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority, and notifications we had received from the provider. Notifications are documents that the provider submits to the CQC to inform us of important events that happen in the service. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning and contracts team who provided us with a copy of their last quality monitoring visit. All of this information was used to plan the inspection.

During the inspection we visited two people who used the service in their own homes and spoke with two people's relatives. We spoke with three members of staff, the registered manager and deputy manager. We reviewed in detail two people's support plans and associated care records. We also looked at records related to the running of the service and three staff files.

Is the service safe?

Our findings

People told us they felt safe and trusted the staff supporting them. One person told us the support staff were, "Very good. I do not know what I would do without them." A relative said, "The support provided is absolutely wonderful. It's a lifeline for [Name]."

Staff knew how to safeguard people from avoidable harm. They had received training from the provider and a number of staff had also attended more in depth training delivered by the local safeguarding authority. The PIR stated, 'Staff have been provided with pocket sized safeguarding booklets or leaflets with relevant contact details. Clients have access to easy read safeguarding material where applicable.' The registered manager had made appropriate safeguarding referrals as needed and had notified the CQC.

Risk assessments were completed and reviewed regularly. The document was called a 'client positive risk assessment form' and it assessed the level of risk and how this had been calculated, the person's understanding of the risk and what measures were required to reduce the risk. The risk assessments were detailed and focused on ensuring people were supported to be as independent as possible as safely as possible.

The service had sufficient staff to meet people's needs. People had a core staff team who they knew well. They received their rota in advance so they knew who would be supporting them and when. One person told us they would like to receive their rota electronically. We spoke with the registered manager who told us they would arrange for this to be emailed to the person in future.

Support calls were a minimum of one hour and staff told us they had time to spend with people and did not feel rushed. A member of staff told us, "We have plenty of time with people and we have thirty minutes of travel time included in the rota after each support visit. This gives us plenty of time to get to the next person without rushing."

One person was in the process of looking at increasing their support hours and was awaiting a reassessment from the local authority. In the meantime the service had worked as flexibly as they could to make sure the person's increased support needs were met.

The provider ensured staff were recruited safely. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Service (DBS). This service enables the provider to check that candidates are suitable for employment with vulnerable people.

Accidents and incidents were analysed by the registered manager and the provider. This meant the service learnt from incidents and made changes required to improve the safety of the service.

At the time of our inspection the service was not supporting anyone with medicines. However, staff had received up to date training to ensure they had the required skills and competency should someone require

this support.

Staff had access to gloves and aprons which were used when providing support with personal care to reduce the risk of the spread of infection. Staff received infection control and prevention training.

Is the service effective?

Our findings

People and their relatives, where appropriate, were involved in the assessment of their support needs and staff were provided with the guidance and support they required to deliver effective care and support.

Staff accessed a comprehensive induction programme before they started to support people. The registered manager explained that, "New support workers would be introduced to the person using the service. They then shadow a more experienced support worker to ensure they understand how to support people well. The support worker and the person [using the service] would then be asked if they felt comfortable."

There was a range of training the service considered mandatory available to the staff team and this was updated in line with the organisation's policies. In addition to this staff were encouraged to access more specific training based on the needs of the people they supported. Staff attended positive behaviour support training. Positive behavioural support (PBS) is a method of learning about a person and why they may become anxious or distressed. Once staff understand why, they can work to remove triggers and/or support people better to prevent anxiety. Staff confirmed they had access to a range of support and that they would discuss with the registered manager if they felt more specific training was required.

The service provided a high level of support and high challenge to staff. The registered and deputy manager were able to do this based on the effectiveness of the relationships they had developed with their staff team.

The registered manager explained the staff team were provided with supervision every six to eight weeks. They told us this was essential to ensure staff felt supported due to the complexity of the support they provided to people and the emotional impact this could have on them personally. The service considered and supported the emotional wellbeing of their staff team. It was evident that staff felt really well supported which enabled them to deliver highly effective care. Staff comments included, "We have regular one to ones with our manager, they check on your wellbeing and mental health too," "We pop into the office anytime to talk to [name of registered and deputy manager]" and "We're a good team we support one another and the managers are great. They are always there to help us through things."

The management team completed an annual observation of the support workers practice. This ensured that staff were providing effective support and meant any areas for development could be identified. One record we read stated, "[Name of staff member] was very calm and respectful to the person at all times." Annual appraisals took place which focused on the individual staff members strengths and areas for future development. This support meant staff felt valued.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA. Staff and the management team had completed training to aid their understanding of the legislation. They understood the importance of the MCA in protecting people and the importance of involving people in making

decisions. At the time of our inspection all of the people who received support had the ability to consent to this. There were clear records of people signing to say they agreed to their support plans.

People's health support needs were documented in their support plans. Contact details of health professionals involved in people's care were recorded. Support to health appointments was provided if this was needed. One person had a deteriorating health condition and their support worker had developed a good working relationship with the specialist nurse and contacted them for advice and support on the person's behalf. It was clear support staff had the skills and confidence to advocate for people in respect of their health care needs.

People nutritional needs were met. People were encouraged to eat and drink by staff who provided support.

Is the service caring?

Our findings

Everyone we spoke with gave positive feedback about the care and support provided by the service. Comments included, "I have nothing but positive things to say, the team as a whole cannot be faulted", "Highly satisfied does not come close" and "They [staff] are brilliant."

The service supported staff to be highly motivated. All of the staff we spoke with demonstrated a commitment to delivering a high standard of care in a compassionate and person centred way. One member of staff said, "I am myself with everyone. We respect people's choices and work with them and their families." Another said, "We work well together as a team and offer a high standard of care and support."

We saw people had positive relationships with staff which were based on trust and mutual respect. People described how having a small team of core staff supporting them meant they got to know staff well. This meant they were able to form relationships based on trust and respect for one another. One person told us their needs had changed over the time they had been supported and they now required assistance with more personal care. They explained that because they knew their support staff and trusted them this did not feel like an intrusion of their privacy and that staff always provided care with kindness, compassion and respected their dignity.

A social care professional had provided the service with the following feedback, "I feel it is important to register my sincere thanks and admiration for the dedication, care and attitude shown by all of the support staff. Your staff have consistently offered [Name] their ongoing support and have shown genuine concern for their well-being."

People were supported to be as independent as possible. Staff had supported one person to move home. This had been a significant transition for the person. Staff had provided practical and emotional support to help the person adjust and settle into their new home. When we visited the person they were sat in the communal lounge area of the complex where they lived. The person's relative told us staff encouraged the person to spend time in the communal areas to make links with other people living there to build new friendships. They said, "Staff accompanied [Name] to the lounge and the dining room for meals. This has meant they now have the confidence to enjoy the social activities on offer." After our visit the person accompanied us out and said they going to the communal lounge to see what was going on. We saw the relative had provided feedback to the service which read, "[Name] is hugely enjoying being part of the community and it is becoming very much a central pillar of their 'comfort zone'."

One relative spoke about the reassurance the service offered them as they lived some distance away. They said, "Life is a lot different now we have their support, they help me enormously. I am confident they have a real handle on [Name's] support needs. They are attuned to [Name's] needs which is a lifeline for us.[Name] loves the support and is very fond of staff. And so are we in terms of the service they deliver."

The service supported people to take part in the national dignity action day in February 2018. The registered manager explained that it had been agreed with people they would go bowling to celebrate the day. During

the celebration people and the staff team discussed the importance of treating people with respect and how each of us should expect to be treated respectfully. A discussion took place about individuals values and how these are all different but are equally important to people and should be respected. This was an inventive way of supporting people to understand about the importance of dignity in care and our wider lives.

People, relatives and professionals were encouraged to give regular feedback about the service. The last survey results contained the following comment from a person who used the service, "I think all St Anne's staff are very, very nice you can have a good laugh and a joke with them. They support all of my needs and always go the extra mile." A social care professional wrote, "The team are competent and caring and well-led by [name of registered and deputy manager]. The service is excellent."

Is the service responsive?

Our findings

People told us they received a responsive service which was flexible and based around their outcomes. One person said, "I can ring the office or speak to a support worker about using my hours flexibly. They are always very obliging."

Before starting the service people's needs were assessed and a support plan was developed. One person spoke positively about the initial process taken by the service to understand their relatives support needs. They said, "We had lots of meetings and talked through [Name's] needs. It was a hard time for [Name] but St Anne's were very good at helping [Name] to feel happy and secure." People told us they were involved in the planning and reviews of their support. One person said, "The carers are very nice, they know me well. They help me do the things I want to be able to do." Another said, "All of the support workers know me well. For example they know what is important to me as well as how I like my coffee."

All of the staff and people we spoke with said that the management team arranged for staff to be introduced to the person before they started to provide support. A member of staff said, "If I was receiving support I would like that bit of an ice breaker." The registered manager explained they worked hard to match people and their support workers based on their interests and personality traits. They acknowledged that staff would be spending a significant amount of time with people and it was important they had a good connection.

Support plans were developed with a focus on peoples strengths. For example one person's communication support plan read, "[Name] communicates well with people they are comfortable with" it went on to detail how the support worker could enable the person to communicate as effectively as possible. They gave a real sense of what was important to the person and it was evident that people and their relatives had been involved in developing and reviewing these plans.

There was a focus on supporting people to achieve their outcomes. For example one person had identified a wish to go on holiday and support staff worked with the person to plan this. Another person was supported to be able to lock their own front door. The registered manager explained staff had supported the person to learn this skill during their visits and then left pictures next to the door to prompt them. This had been successful and the person was now independently able to secure their own home which was very important to them and their family.

People were provided with a booklet about how to make suggestions or raise concerns. This was kept in their support plan and was easy to read. The service had not received any formal complaints since our last inspection. People and their relatives knew how to raise concerns. One relative said, "Recently there has been a minor problem [not related to the care from St Anne's]. We liaised about the situation together and resolved it."

People were supported to access local community resources and to engage in activities they were interested in. A relative said, "They're brilliant. [Name] recently had a weekend away and had a lovely time."

Staff didn't have to do that. There's lots going on and staff make the most of the resources available to them." Another person explained their support worker was accompanying them on a short break to the seaside and it was clear from our discussion they were both really looking forward to this.

Where appropriate support staff worked closely with people to plan their end of life care. One member of staff we spoke with was supporting someone to visit the local hospice to dispel any myths they had about what it was like. Whilst the person was not receiving personal care at this stage it demonstrated a commitment to compassionate and considerate care. A support worker explained they had recently started to support another person to think about planning their funeral. The person had asked the member of staff to be there when the funeral director visited to help them prepare and plan the funeral they wanted. They had talked about the music they wanted and what kind of service they wanted it to be.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 1 November 2017. We saw that people's communication needs were recorded within their support plans. In addition to this the provider had developed an easy read guide which gave people information about this new standard. This approach helped to ensure people's communication needs were met.

Is the service well-led?

Our findings

People described a service which was well-led. All of the people we spoke with and their relatives gave positive feedback about the management team. One relative said, "The service and especially [name of deputy manager] are able to take a step back and look analytically about [Name's] needs. As well as being caring, kind and compassionate."

The service had 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.

Staff described feeling well supported by the management team and spoke about a high degree of job satisfaction. One member of staff said, "No two days are ever the same, we have autonomy but I know that if I need advice I can ring them [management team]." Staff told us they felt part of the running of the service. One member of staff said, "We have regular team meetings and our suggestions are taken on board." Another staff member told us, "The managers know the job inside and out, we can have a laugh with them but when it needs to be it is serious."

The registered and deputy manager provided support visits to people to ensure they remained connected with the needs of the people who used the service. The registered manager said, "This ensures we continue to understand people's needs and provide a high standard of care."

People, relatives and supporting professionals were given the opportunity to provide feedback about the quality of the service provided. This was done on an annual basis and the registered manager showed us examples of improvements which had been made based on individuals suggestions.

A newsletter had recently been developed to support people using the service to understand what was happening within the wider organisation and to keep up to date with information related to their service.

In addition to this regular audits were undertaken by the management team and the provider. These ensured that the service worked towards continuous improvement. For example we reviewed support plans and found them to be of a high standard but the provider had suggested changes to improve them further. The registered manager told us they felt well supported by the provider. This demonstrated that the high support and high challenge provided to the staff team was also provided at a senior level within the organisation.

There were effective systems in place to ensure important information was communicated to people receiving support and the staff team. For example the PIR provided the following information, 'The provider has a Safeguarding Assurance Group, which meet regularly: The group works to: Ensure the organisation is up to date on legislation, guidance and best practice around safeguarding. Where necessary updating our procedures, and advising about training needs. Learn about and share best practice happening in the

organisation and in the areas we work. Look at and aim to understand trends from safeguarding across the organisation and to ensure we are taking any actions we need to take to keep people safe.'

The registered manager explained that learning across the organisation was then shared with staff at their team meetings. In addition to this the registered manager explained every quarter there was a 'get together' with people who used the service. There had been the dignity in action day in February and in the summer there was a planned trip to the coast. The registered manager explained these sessions were also used to share important messages with people. So on the trip in the summer the registered manager told us they would discuss how to keep safe and what safeguarding means. They said, "It's a way to talk informally and support people to understand things. As well as staff being trained in safeguarding it is important to make sure people know how to safeguard themselves and we try to do this in a safe way." This demonstrated a commitment to ongoing learning and development across the organisation with people who used the service at the centre of it.

The provider had a regular quality and safety briefing which was shared with the management team. The purpose was to, 'share good practice and ideas across the organisation together with important national themes and guidance.' The registered manager explained this briefing was shared at the team meeting and each month there was a different definition. At the time of our inspection visit the definition was 'governance' and the registered manager explained they would then hold a brief training session for staff on the dedicated subject.

Throughout the inspection we found the management team and staff were committed to providing a high standard of care with each individual at the centre of the service they received. This care was underpinned by effective leadership and continuous learning and service improvement. The comments we received from people and their relatives suggested to us that people received a high standard of support.