St. Anthony Of Padua Community Association

St Anthony of Padua Care Services

Inspection report

St Anthomy of Padua Community Centre
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Date of inspection visit: 20 and 25 November 2015
Date of publication: 27/01/2016

Ratings

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

Overall summary

We carried out an inspection of St Anthony of Padua Care Services on 20 and 25 November 2015. The inspection was announced. This was to ensure there would be someone present to assist us. We last inspected St Anthony of Padua Care Services in November 2013 and found the service was meeting the legal requirements in force at that time.

St Anthony of Padua Care Services is a domiciliary care agency that provides care and support to people in their own homes. Personal care is also offered to people in supported tenancies in Assisi House; also developed by St Anthony of Padua Community Association. The Association is a charity based within the East End of

Summary of findings

Newcastle. At the time of the inspection there were 288 people in receipt of a service. Personal care was provided to people in the East side of Newcastle either by contract with the local authority or private arrangement.

The service did not have a registered manager in post, however the manager had applied to be registered as a fit and proper person. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. The nine alerts we received during the past year had been dealt with appropriately, which helped to keep people safe.

We were told staff provided care safely and we found staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe.

Staff obtained people's consent before providing care. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests.

Staff had completed relevant training for their role and they were well supported by the management team. Training included care and safety related topics and further topics were planned.

Staff were aware of people's nutritional needs and made sure they were supported with meal preparation and food shopping where necessary. People's health needs were identified and where appropriate staff worked with other professionals to ensure these were addressed.

People had opportunities to participate in activities and in accessing their local communities. People and their relatives spoke of staffs kind and caring approach. Staff explained clearly how people's privacy and dignity were maintained.

Staff understood the needs of people and we saw care assessments were received from the local authority before packages of care were developed. Staff developed care plans with sufficient detail to guide care practice. They were person centred. People's and their relatives spoke highly about the care provided.

People's views were sought and acted upon, through annual surveys, care review arrangements and the complaints process.

People receiving a service and staff expressed confidence in the manager, supervisory staff and the executive team. They felt there was good leadership and there was a clear, values based ethos underpinning the service. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care. Senior managers were observed to act as excellent role model's, actively seeking and acting on the views of others. They were actively implementing plans to improve engagement with people using the service and enhance staffs working terms and conditions.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe and secure with the service they received. We found a robust recruitment procedure for new staff had been followed.

Staffing levels were sufficient to meet people's needs safely and staff were deployed flexibly.

There were systems in place to manage risks, respond to safeguarding matters and ensure medicines were appropriately handled.

Good

Is the service effective?
The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

Staff ensured they obtained people's consent to care. Support was provided to help people shop for food and prepare their meals, where this was needed.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Good

Is the service caring?
The service was caring.

People made consistently positive comments about the caring attitude of staff. People were cared for by consistent teams of staff who they were comfortable and familiar with.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Good

Is the service responsive?
The service was responsive.

People were satisfied with the care provided. Activities and access to community facilities were supported where necessary.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Good

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

Good

Summary of findings

The service had a manager in post who had applied to become formally registered with the Care Quality Commission. People using the service, their relatives and staff praised their approach and commitment. There were clear values underpinning the service and the trustees of the charity saw themselves as providing a service embedded in and supportive of the local community.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

St Anthony of Padua Care Services

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 20 and 25 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in at the office. The inspection team consisted of one inspector and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with 11 people using the service and one relative. When visiting the agency office we spoke with the manager, three care co-ordinators, the training officer, the provider's initial assessment officer, the chief executive, the chair of the trustees, and three other trustees. We conducted structured interviews with three care workers and attended a staff consultation meeting at which 19 staff were present.

We looked at a sample of records including seven people's care plans and other associated documentation, medication records, seven staff files, including recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they felt the service provided was safe and they felt comfortable with the care workers provided. One of several similar comments was, "I feel safe with the carers in my home, I could trust them with anything. They arrive on time and stay the correct amount of time for the visit. They help me with my medication and make sure that I take it in a safe manner. I have no concerns about the carers they are all very kind." Similarly another person said, "Yes I feel very safe with the carers coming into my home. They come on time and stay the correct amount of time for the visit. They give me my medication and make sure that I have taken it." Specifically, with regards to medicine support a person told us, "The medicines support is very good. They stand and wait to make sure I've taken them." A relative said, "We feel safe with the carers coming into mum's home. They lock the door when they have completed mum's care. They always arrive on time for their visit and stay the correct amount of time for each visit. They have never not arrived for a visit. We do her medication and have no concerns about the carer she is wonderful."

The care workers we spoke with were able to explain how they would protect people from harm and deal with any concerns they might have. They were able to provide practical examples and explained who they would report their concerns to. Staff were familiar with the provider's safeguarding adults procedures and told us they had been trained regarding abuse awareness. This was confirmed by the training records we looked at. All expressed confidence that concerns would be dealt with promptly and effectively by their managers. Staff were also clear about how they would protect people from avoidable harm, for example ensuring manual handling was undertaken safely and concerns about pressure care were reported promptly. One staff member said, "You've got to look out for bruises, redness, etc." Another told us, "As care staff we're sometimes spotting things families don't notice."

To support safeguarding training there was also clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The provider also had a clear whistle blowing (reporting bad practice) procedure. This detailed to staff what constituted bad practice and what to do if this was witnessed or suspected. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the nine alerts we received in the last year had been reported promptly and handled in a way to keep people safe.

Arrangements were in place for identifying and managing risk. Staff had recorded in people's care plans any risks to people's safety and wellbeing. This included areas such as mobilising, falling, the use of equipment and medicines. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking and maintain people's independence and safety as much as possible, for example when supporting people with medicines and maintaining a safe home environment.

Staff explained how they would help support individual people in a safe manner, for example when helping people with physical transfers. They explained how they were made aware of risks and also how they would highlight any concerns to their managers so risks could be reviewed and managed. Staff were clear about how they would deal with foreseeable emergencies, such as people failing to answer the door and having accidents in their home.

Checks carried out by the provider ensured staff were safely recruited. An application form (with a detailed employment history) was completed and other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. A second reference for two staff were received after an offer of employment was made. This was highlighted to the manager to ensure that where reasonably practical all appropriate checks were in place before an offer of employment was confirmed.

Before people received a service an assessment of key needs was completed, which included support needs relating to medicines. Assessments explored people's capacity and whether they were able to administer their medicines independently or needed support. Staff outlined what specific support was needed within a care plan which meant staff were able to take a consistent approach. Where support was offered to people, records were kept to help

Good

Is the service safe?

ensure medicines were administered as prescribed. The provider told us that a review of all aspects of their work was being conducted. This included keeping abreast of, and updating medication practice, in light of forthcoming guidance from the National Institute for Care Excellence.

Good

Is the service effective?

Our findings

The majority of people using the service and their relatives told us they felt the service provided was effective and made positive comments about the competence and abilities of staff. One person told us, "My carer is wonderful and goes above and beyond what she needs to do for me, she has the right skills for the job and is really wonderful. I call her my angel." Another person told us, "All the carers are very friendly, they are like family. All my carers have the skills they require to carry out the tasks to meet my needs. They all know what they are doing and ask consent before starting jobs or personal tasks for me." With regard to food, one person told us, "They provide my meals which are always hot and very good."

A relative said to us, "They have the correct skills to meet the needs of my mum. They listen to us and are very flexible. They ask for mum's consent before carrying out personal tasks and every day things for her." One person told us they felt workers who were pregnant were not able to carry out all of the tasks they wanted. We saw there were risk assessments in place for pregnant workers, which took account of the need to avoid manual handling tasks and avoid cross infection hazards. Regarding the effectiveness of staff they continued by saying; "It depends on the traffic in the city if the are late or not but they are never really late."

Staff were trained in a way to help them meet people's needs effectively. Staff told us the training they had received had helped them to deliver safe and effective care. New staff had undergone an induction programme when they started work with the service. The provider informed us they would be introducing training, were required, for basic cooking skills with first course being part of the next round of inductions planned for February 2016. All staff were also expected to undertake key training at regular intervals. Areas covered included health and safety and care related topics, including medicines training, first aid and dementia awareness. Values related training included equality and diversity and person centred care. All staff were positive about the training they had received. In addition the service had started introducing the Skills for Care 'Care Certificate' to further increase staffs skills and knowledge in how to support people with their care needs. Their aim was to not only introduce this for new staff, but also to roll this out for existing workers as an area of good practice. The provider told us in their 'Provider Information Return' that, in response to quality surveys, they introduced training and support in cooking skills. This would be helped by using the catering facilities at the provider's day care centre.

Staff told us they were provided with regular supervision and they were well supported by the management team. Records confirmed regular supervision meetings took place and these provided staff with the opportunity to discuss their responsibilities and to develop in their role. Records of these meetings contained a detailed summary of the discussion and a range of work, professional development and care related topics had been covered.

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. The manager was fully aware of their responsibilities regarding this legislation and was clear about the actions to be taken where there were doubts about whether a person had capacity. Although people had signed their care plans to indicate their consent to and agreement with planned care interventions, people's capacity and consent was not explicitly outlined within the services own initial assessment. Nevertheless, we saw, and were told by people using the service, that they were supported to be independent and make decisions about their own care. Empowering individuals to remain as independent as possible was a clearly stated underlying principle contained within staff guidance documents. Where 'best interest' decisions were taken, the people involved in such decisions as well as the ratrionale was clearly documented. Examples included the introduction of procedures to protect a person from financial exploitation and another to ensure their medicines were stored safely and securely.

At the time of our inspection there were few people assessed as being at risk of malnourishment. Staff supported some people with food shopping, meal preparation and checking whether food remained within its best before date. Where required a care plan had been developed regarding food and fluid intake, with records kept of the type and amount of food and fluid consumed.

Good

Is the service effective?

People were supported to maintain good health. The majority of people using the service managed their own medical appointments or had relatives who would do this on their behalf. Staff would assist with arranging and attending appointments when needed. One person told us about an occasion when they had become ill and praised staff who had responded promptly to access medical help.

The manager and care co-ordinators told us about the day to day working relationships they had developed with various health professionals, including district nurses and the community mental health team. Records we looked at outlined people's key health needs and the impact of these was reflected in care plans.

Good

Is the service caring?

Our findings

Without exception we were told by people they were treated with kindness and compassion and their privacy and dignity promoted. One person said, "They care about me and are very chatty. I am treated with dignity and respect all the time. She (the carer) has been coming a long time." Similarly another person said, "The regular girls are very kind and caring and if they have the time they will talk to me; they are always polite. They treat me with dignity and respect at all times and also respect my privacy. My care is centred around me." One person simply noted, "They do care."

Relatives made similar comments. A relative we spoke with said, "The carers are wonderful; friendly and patient with my mum. They are like family friends and are very caring." Another relative commented, "They care about my mum and are very chatty. They show interest in her and the family. Her care is centred around her and they treat her with dignity and respect. They respect her privacy when carrying out personal tasks for her."

We spent time speaking to people at a supported tenancy scheme recently developed by the provider. People there made similarly positive comments about the caring and friendly approach of staff. Just a few of the positive comments made included, "It's absolutely wonderful here. The carers are fantastic. Anything you want they do for you," "The care is absolutely perfect," and "They're never down in the dumps."

People told us about how they and their relatives were involved in planning their care and how positive, caring relationships were maintained. They also commented on the continuity of staff. One person said, "I am pleased with the care I receive. The carer comes in twice a day and I have the same one all the time. They treat me like family."

Staff had a good understanding of people and their needs. They were able to describe how they would promote positive caring relationships and respect people's diversity. The provider had a clear statement and supporting policy and procedures regarding equality and diversity. Training was provided to staff on promoting equality and diversity to support this commitment. Positive feedback had been gained through care reviews and the provider's quality survey about the caring approach of staff. One comment we saw stated; "The staff are lovely. I'm very happy with the service."

Staff were clear about their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care.

The need to maintain confidentiality was clearly stated in the staff handbook and staff were required to agree to the terms of a confidentiality statement. Relatives told us people's privacy and dignity was respected. Staff were clear about this also and understood the need to ensure people's confidences.

Good

Is the service responsive?

Our findings

We asked people and their relatives whether the service was responsive to their needs, whether they were listened to and if they had confidence in the way staff responded to concerns and complaints. People told us staff arrived as arranged, stayed for their allocated time and would provide additional support above what was simply assessed as needed. One person said,

"I have a regular group of carers who record their visits, my care plan was completed in hospital and I was involved in this." Another noted, "The carers record every visit and I have a core team of carers."

One person told us their plan had been reviewed but they couldn't recall being involved in this. Another couldn't recall if they had one. Other people told us, "Regular carers come to me they record their visits in a book, I have a care plan and it has been reviewed," and "I have a care plan and it has been reviewed by my social worker."

A relative informed us, "We receive support from a regular group of carers. All visits are recorded in the book in the house. Mum has a care plan and we were involved in it but I do not think it has been reviewed."

People's care and support was assessed proactively and planned in partnership with them. Care was planned in detail before the start of the service and the manager or care coordinators spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an ongoing relationship between the managers and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided.

From the information outlined in people's assessments, individual care plans were developed and put in place. Care plans were clear and were designed to ensure staff had the correct information to help them maintain people's health, well-being, safety and individual identity. The care plans showed people received personalised care that was responsive to their individual needs and preferences. This was confirmed by the comments made to us by both people using the service and staff. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform their managers so a further care need's review could be carried out.

Care plans were person centred and covered a range of areas including personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were up to date and were sufficiently detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans and these documents were well ordered, making them easy to use as a working document.

Staff kept daily progress notes which showed how staff had promoted people's independence. These records also offered a detailed record of people's wellbeing and outlined what care was provided. Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress. The language used was factual and respectful.

Staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

People told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate the service helped people maintain links with the local community, enabled access to community facilities, including the provider's own day service. This meant the service worked with people's wider networks of support and ensured their involvement in activities important to them.

From our discussions and review of care records it was apparent that people were encouraged to maintain their independence and to undertake their own personal care where this was safe and appropriate. This meant people using the service were supported to keep control over their needs and retain their skills.

The manager indicated they viewed concerns and complaints as a means of securing improvement. People we spoke with said, "I couldn't complain," and "I would speak out if I wasn't happy, but haven't had to." The providers own quality survey identified the large majority of people felt that matters they raised were always dealt with, however 7% had identified this wasn't the case. To ensure improvement in this area they told us they were working

Good

Is the service responsive?

with people using the service and staff about how they could improve this aspect of their work. We looked at all of the provider's complaints records for 2015 and chose a sample of three to review in more detail. We saw the basis of the complaint was recorded, investigatory notes were kept, the outcome was documented, and where necessary practice was changed and an apology given.

Good

Is the service well-led?

Our findings

People told us they were happy with the service provided for them or their relative and with the leadership within the organisation. A person said to us, "The manager is absolutely brilliant and I have had no need to complain." Another told us, "The service is well managed." A further comment was, "The office are very good and I have not had to complain." People we spoke with at Assisi House said, "I think you've got to go a long way to get better than this," "The manager is excellent and very reliable," and "The staff and management are all very good."

Care workers expressed confidence in the management and leadership of the service, confirming the managers were open in their approach, communicated clearly with them and had clear, positive values. A staff member commented, "The management are very good. You're never frightened to approach them." Another staff member said, "They're approachable." All said they would recommend the service to a friend, relative or loved one.

Senior managers were observed to act as excellent role model's, actively seeking and acting on the views of others. We observed a staff consultation meeting; one of a series that had been arranged to help ensure as many staff as possible had the opportunity meet and share their views with senior managers. Topics covered included discussion on the findings of a recent survey, the findings of a recent local authority commissioner's inspection and an overview of the CQC's inspection model. Staff were asked to split up into small groups to look at different issues raised and to feed these back to the staff in the meeting. Staff were also asked if they wished to sign up to different working groups to help shape the future operation of the service. Updates were also given on technological changes, the provision of text and call allowances for staff using their own mobile phones and a planned consultation on staffs' terms and conditions of employment to be concluded by March 2016.

The provider and manager had clearly expressed visions and values that were person-centred; ensuring people were at the heart of the service. Plans were imaginative and aimed at continual improvement. An example included outlining to staff at the consultation meeting, the introduction of new handset technology so staff could move away from using pin codes on people's telephones when starting and finishing calls. Another was the development of Assisi House, a supported housing project based in a no longer used church. The aims and objectives of the service were outlined in the provider's publicity material, their statement of purpose and staff handbook.

The manager, and chief executive who assisted our inspection, as well as the trustees and staff were clearly proud of the quality of the service provided to people. They were able to articulate their shared vision and values, which were clearly focussed on building on existing good practice, ensuring people's needs were met as the first priority and in developing all staff. The manager had a stated focus on promoting equality and diversity amongst the staff team and in respecting the choices and diversity of people using the service. They continued by outlining what they felt were the services successes. This included "Being at the heart of the community. (The chair of the trustees) vision is wonderful and reflected in developments such as Assisi House. We want to offer local jobs for local people; building capacity locally and building links and listening to the local community."

The trustees also told us they saw the association as being at the heart of the community. Their stated goal was to see the service being provided not just to the person, but to the wider family and community. They continued by telling us, "The values are to be an example, not just something written on paper." This was reflected by the comments made to us by the care coordinators who said, "Aims and values start from the very first discussion." The trustees continued by telling us, "We're open to complaints; we're not the finished article yet, but our vision is that we want to be better."

The trustees, manager and chief executive saw the service as being deeply embedded in the local community. They saw the service as having a wider purpose in promoting the wellbeing of staff. The trustees said, "We want to treat workers with dignity and provide a good wage." They continued, "We're not in it for financial gain, but to have a positive community impact."

The trustees were keen to protect the service from financial uncertainty, and had developed a new service called Assisi House to help provide additional income and to provide an alternative service, offering a combination of supported tenancies and care to people. The trustees were keen to replicate this development as part of the service offered in the community.

Good

Is the service well-led?

At the time of our inspection there was not a registered manager in place. The manager had commenced their application in August 2015, but this was still being progressed at the time of the inspection due to their delay in submitting their application. They told us they wanted to await the outcome of organisational changes before committing to be the registered manager. These changes had been recently concluded at the time of this inspection. The manager was present and assisted us with the inspection. They were able to highlight their priorities for developing the service and were open to working with us in a cooperative and transparent way. They were clear about their requirements to send CQC notifications for notifiable events, and had done so. (Notifiable events include incidents such as serious injuries, allegations of abuse, or the absence of the registered manager).

The manager, chief executive and trustees articulated what they saw as the key challenges presented by continued pressure on adult social care budgets. Their aim was to be increasingly self sufficient and replicate the success of Assisis House. Recruitment and retention was also seen as a challenge and action was being taken to ensure staff were valued and paid properly. As part of this inspection we observed a consultation exercise which was one of the initial steps of this process.

The quality of the service was monitored by several means, including questionnaire based and telephone surveys. This was to ensure people who used the service were happy with the support they received. Spot checks were also undertaken, as were 'customer care calls' and periodic reviews of care. Feedback from the questionnaires was collated and positive action was being taken to respond to the feedback. For example working groups were being established to focus on some of the key areas identified for improvement, such as responding more effectively to complaints.

Records we looked at confirmed the manager had carried out a range of checks and audits, such as those relating to medicines and care practices. Spot checks were also carried out to monitor how well staff were adhering to the provider's expected service standards.

The manager told us, and records confirmed, they had periodic staff meetings. They repeated these for different groups of staff, and pay for staffs time, to ensure good attendance. People were also kept up to date by regular communications and phone calls.