

St Anne's Community Services

St Anne's Dewsbury

Supported Living

Inspection report

St Matthews Centre
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Date of inspection visit:
18 March 2019

Date of publication:
16 April 2019

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

About the service: St Anne's Dewsbury Supported Living is a small individualised service providing care and support to people with physical and / or learning disabilities, within their own home. At the time of this inspection one person was receiving the regulated activity of personal care twenty-four hours a day.

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

People's experience of using this service:

- The person told us they felt safe and happy. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse had taken place.
- Risk assessments were individualised and minimised risk whilst promoting independence. Staff were trained and competent to administer medicines.
- Staff felt supported with an induction and role specific training, which ensured they had the knowledge and skills to support the person. Meals were planned around the persons tastes and preferences.
- The person received a good level of support to lead a fulfilling life. They were supported to maintain good health and had access to healthcare professionals and services.
- The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff were caring and supported the person in a way that maintained their dignity, privacy, independence and cultural heritage.
- The person experienced person centred care and engaged in social and leisure activities which they chose.
- The registered provider had good systems of governance in place to drive improvements to the quality of the service.
- Further information is in the detailed findings below.

Rating at last inspection: At the last inspection the service was rated good and remained good at this inspection (last report published 31/08/2016).

Why we inspected: This was a planned comprehensive inspection which took place on 18 March 2019 and was announced.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

St Anne's Dewsbury Supported Living

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection took place on 18 March 2019 and was announced to ensure someone would be at home. The inspection was conducted by one inspector.

Service and service type: This service is a supported living service and domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on leave during the inspection.

What we did: Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to help inform our inspection.

During our visit we spent time looking at the persons care plans, we also looked at four records relating to staff supervision and training, and various documents relating to the service's quality assurance systems. We

spoke with the deputy manager, the area manager and two support workers. We spoke with the person who used the service and spent time with them in their home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The person told us they felt safe and happy. Staff we spoke with knew how to ensure people were safeguarded against abuse and the procedure to follow to report any incidents.

Assessing risk, safety monitoring and management

- Risks were minimised by detailed risk assessments, with clear directions for staff and included the positive benefits of the right to take risks. They included areas such as road safety, falls, mobility, finances, adequate nutrition and hydration, medicines and specific health conditions.
- Staff members we spoke with knew how to support the person if they experienced behaviours that may challenge others and the recommendations of community professionals was included in care plans.
- Fire safety measures were in place, and the person and staff were aware of the procedure to follow in the event of the need to evacuate the building.

Staffing and recruitment

- The registered provider deployed sufficient numbers of staff to meet the persons assessed needs and support them to lead the life they chose.
- We did not look at recruitment records because the registered providers recruitment procedures have remained robust since the last inspection.

Using medicines safely

- The person was protected against the risks associated with medicines because the provider had appropriate arrangements in place. Covert medicines had been introduced appropriately to support the stability of the persons complex health needs in conjunction with their multidisciplinary team and in their best interests. This had led to improvements in their health and well being. Medicines were stored and administered in line with good practice. The person had a detailed medicines care plan including photographs of medicines and details of how they liked to take them, including for 'as required' medicines. All staff had completed regular medicines competence assessments.

Preventing and controlling infection

- People were protected from the spread of infections by good staff practice and there was a good supply of personal protective equipment.

Learning lessons when things go wrong

- The registered provider demonstrated learning from incidents and proactive action to embed the prevention of future risks. The quality and safety advisor had completed personalised falls prevention training with staff at the service in order to proactively analyse and prevent falls, taking in to account all

factors, such as health, mobility, environment, monitoring and medicines. This individualised service had resulted in falls and the impact of falls being reduced.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Physical, mental health and social needs had been assessed and the care plans included guidance and information to provide direction for staff and ensure care was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, training, supervision and appraisal to ensure they were able to meet people's needs effectively. Staff told us they felt appropriately supported by managers and had supervision and an annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- The person told us they were able to choose what they ate. They said, "I like what I want. Noodles for breakfast." Meals were planned around their tastes and preferences. Individual dietary and cultural requirements were catered for and healthy eating was promoted. The person's nutritional needs were monitored by staff and action taken if required.

Staff working with other agencies to provide consistent, effective, timely care

- The service had good relationships with community health and social work services and we saw the advice of professionals was used to achieve best practice and help people to achieve good outcomes.

Supporting people to live healthier lives, access healthcare services and support

- The service was proactive in identifying the person's health needs and promoting a healthy lifestyle. Records showed they had good access to external health professionals when required to meet their care and treatment needs.

Ensuring consent to care and treatment in line with law and guidance

- 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.

- We checked whether the service was working within the principles of the MCA. The staff members we spoke with had a good understanding of the Mental Capacity Act and it was clear from observations and records people's autonomy, choices and human rights were promoted. Mental capacity assessments and

best interest decisions were in place in areas such as medicines and finances. The area manager told us they would ensure a mental capacity assessment was completed regarding use of a bed sensor, in the persons best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person said, "Yes I like the staff. It's a very nice house. Yes, I get to choose." We observed very caring, warm and respectful interactions. Positive caring relationships were developed through staff understanding the persons needs and their personality. One staff member said, "We try not to be too dominating in the home environment. we give [name of person] space."
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- The person had been consulted about the care provided for them. We saw staff used speech, gestures, photographs and facial expressions to support the person to make choices and communicate their preferences. Staff were patient and listened to their response.
- Care plans contained details of how to recognise when the person was unhappy or happy using non-verbal cues, including when they may be in pain or unwell and the steps to take to improve their wellbeing. Staff were aware of how to access advocacy services if the need arose.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's dignity. For example, when supporting people with personal grooming tasks. The person appeared well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style. Their home was personalised to their taste with personal items and décor they had chosen.
- The service had an enabling ethos which tried to encourage and promote people's choice and independence. The person was encouraged to do things for themselves in their daily life such as, food shopping, laundry, cleaning and helping prepare snacks. Care plans detailed what they could do for themselves and areas where they might need support.
- The person was supported to develop positive relationships and to maintain contact with people who were important to them. Staff supported them to see their family and friends as often as desired, for example using social media to maintain contact with relatives who lived abroad.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The person said, " I like going out. I like going to the doctors." We saw the person was consulted on every aspect of their support. We looked at their care plan and found it was person-centred and explained how they liked to be supported. Care plans contained detailed information covering areas such as morning routine, medication, mental health, healthy living, eating and drinking, daily tasks, social support, finances and communication. Care plans specific to individual health conditions were also completed, including good practice information and guidance for staff.
- The person was involved in regular person-centred planning reviews, where they set their objectives and goals. These were reviewed and updated regularly, or when needs changed.
- We observed the person enjoyed using an electronic tablet to play hits from the 1980's and watch videos of the royal family. This enabled the person to share their interests with staff and visitors and control their own viewing. The person was supported to take part in a range of person-centred activities and to lead a fulfilling life. Activities were tailored to their individual needs and they participated in their diverse local communities when they chose to.
- The service met the Accessible Information Standard. This requires the service to ask, record, flag and share information about people's communication needs and take steps to meet them. We saw staff used a variety of methods to communicate with the person according to their needs.

Improving care quality in response to complaints or concerns

- No complaints or concerns had been raised since our last inspection. Staff we spoke with said if a person wished to make a complaint they would facilitate this and there was an easy read complaints procedure in care records.

End of life care and support

- End of life care was not currently being delivered by the service. The area manager said the service would record the persons future wishes if they wished to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us they felt supported by the registered manager and senior staff, who acted on any concerns. One staff member said, "I feel very much supported, all the managers are approachable."
- Staff we spoke with were clear about the organisations core principles and the deputy manager told us the aim of the service was to, "Support people to live healthy fulfilling lives." We saw during our inspection these aims were being achieved.
- The registered provider understood their responsibilities with respect to the submission of statutory notifications to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider had effective systems in place to assess, monitor and improve the quality and safety of the service. The staff and management team completed audits in relation to health and safety, fire safety, medicines and cleaning. Action required had been completed. The registered manager and deputy manager visited the service regularly to provide support and to ensure compliance with the provider's policies and procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team were visible in the home and had an in-depth knowledge of the needs and preferences of the person they supported. The registered provider sought feedback from the person, family members and professionals and the responses were positive. The service had regular contact with relatives and representatives and took their views into account. Regular staff meetings were held and any action required was evidenced.
- The person was supported to use local community facilities, which promoted equality and inclusion.

Continuous learning and improving care/ Working in partnership with others

- The registered provider reviewed information to drive up quality in the organisation. Their quality team completed regular visits to the service and sent out a quarterly learning bulletin to all services to support quality improvements. The registered provider also held regular managers' meetings and training to share up to date good practice.
- The management team worked in partnership with community health professionals and organisations to meet people's needs and drive up the quality of the service. We found there was never any delay in involving

partners to ensure people's wellbeing.