

St Anne's Community Services

St Anne's Community Services - Benedicts

Inspection report

Benedicts
Ashfield
Wetherby
West Yorkshire
LS22 7TF

Tel: 01937588895
Website: www.st-annes.org.uk

Date of inspection visit:
24 October 2017
30 October 2017

Date of publication:
06 December 2017

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

Benedict's is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Benedict's provides 24 hour nursing care and support for up to 16 people with complex learning disability needs. The service provides long term care in addition to respite care. It is situated in a quiet residential area close to the centre of Wetherby.

At the last inspection, in September 2015, the service was rated Good. At this inspection we found the service remained Good. There was a registered manager in post. 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 continued to receive care which protected them from avoidable harm and abuse. Staff met people's needs in a safe way and were available when people needed and wanted support. Systems for managing medicines safely were not always fully effective. However, the registered manager responded swiftly and took action to make sure appropriate arrangements were put in place to ensure safe medicines management.

People received care and support that was effective in meeting their needs. Staff had received training and support which gave them the skills and knowledge to meet people's individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff respected people's right to consent to and make their own decisions about their care and treatment.

People were treated with kindness and compassion by staff that knew them very well. Staff respected people's privacy, treated them with dignity and encouraged them to be as independent as they could be.

Staff responded to changes in people's needs which helped to ensure they got the care they needed. People were supported to spend their time how they wanted to and were encouraged to maintain their social interests within the local community. People and their relatives felt they could raise a concern and the provider had systems to manage any complaints that they may receive.

The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided. The registered manager showed a commitment to running a well led service for the benefit of the people who used the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Overall, people received their medicines safely and when they needed them.

There were sufficient numbers of staff to meet people's needs and recruitment practices were safe.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns.

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 - Benedicts

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 was a comprehensive inspection which took place on 24 and 30 October 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors and an expert-by-experience who had experience of learning disability services. 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 our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

At the time of the inspection, there were 16 people living at the service. During our inspection we spoke with four people who used the service, two relatives, five staff, the registered manager, and two visiting health professionals.

We spent time observing people's care and looking at documents and records related to people's care and the management of the service. We looked at three people's care plans and four people's medication

records.

Is the service safe?

Our findings

People who used the service told us they were happy living at the service. One person said, "I love it here." Another person said, "I like it here; I'm happy here." We saw positive interaction throughout our visit and people were at ease and comfortable with the staff. A person's relative told us they were happy that their family member was safe.

People were supported by sufficient staff to meet their needs safely. The registered manager told us the provider had been working with the commissioners of the service to review dependency and nursing provision at the service. The registered manager said they hoped this would lead to a positive outcome for people who used the service. Staff told us this additional staffing was needed to enable more one to one support and leisure outings for people.

The provider had effective recruitment procedures. All necessary pre-employment checks were carried out before a person started work including a Disclosure Barring Service (DBS) check. DBS checks help to keep those people who are known to pose a risk to people using care services out of the workforce.

Medicines were stored securely in a locked treatment room and there were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Room temperatures where medicines were stored were recorded daily, and these were within recommended limits. Medication administration records (MARs) had photographs of people who used the service to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies.

Care plans were available to support staff to give people their medicines according to their individual preferences. MARs had been completed fully to show the medicines people had received. This meant that people had received their medicines as they had been prescribed. We saw for one person a medicine had not been given yet had been signed as administered. The registered manager said an investigation into this would commence.

Where people had prescribed creams, we saw full instructions for the use of the cream such as where it was to be used were not always documented on the MAR. This meant there was a risk people would not receive the support they needed with their creams. However, staff we spoke with were aware of where and how people's creams were used. Some people were prescribed 'as and when required' medicines or creams. We found some guidance for these medicines was in place but had not always been dated to show what was currently prescribed. The registered manager and nursing staff made immediate arrangements to update the MARs to include this information.

We observed medicines administration and saw this was done to suit people's individual needs. People were given full explanations of their medicines and given the time they needed to ensure safe administration.

Staff received medicines handling training and their competencies were assessed regularly to make sure they had the necessary skills. Staff we spoke with confirmed their competency was checked. One staff member said, "[Name of registered manager] makes sure we are absolutely safe with 'meds'."

Staff knew the actions they would need to take if they thought people were at risk of abuse, harm or discrimination. They had received training and understood how people they supported could be abused or discriminated against. The registered manager reviewed incident reports and carried out investigations when needed. They took actions to reduce the risk of similar incidents happening again. This protected people who used the service.

People's care plans had risk assessments of activities associated with their support. Where people were at risk we saw clear management plans in place to ensure their safety. For example, one person was at risk from pressure ulcers and the plan in place had led to improvements in the person's skin integrity. Monitoring and recording forms were in place to manage the risks and staff were clear on the support they needed to give to this person to keep them safe.

The home was clean and well cared for and there were clear fire instructions displayed throughout the building. Contracts with suitably qualified professionals were in place to monitor and service equipment such as the fire safety system and lifting equipment.

Is the service effective?

Our findings

People were supported by staff who understood their needs and had the skills to support them effectively. A persons relative told us; "[Family member] is very well looked after. [Family member] has been a lot better since [they] came here." Another relative said, 'The staff got to know [Family member] and their needs very quickly after they moved here.'

Staff told us they received training, supervision and support that was specific to the people they supported and their individual needs. For example, training from health professionals on how to safely support people to eat. Staff told us the provider made sure their training was refreshed and they were kept up to date with current practice. Records we reviewed showed some updates were required. The registered manager was aware of this and had plans in place to ensure these were completed. Registered nurses confirmed they received training and support to enable them to continue to practice safely.

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 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff continued to work in accordance with the MCA. We saw people's decision making ability was assessed and monitored. Consideration had been given as to how staff needed to support each person to make their own decisions. For example, giving people time to express themselves. Where decisions had been made on behalf of people we saw the MCA process had been followed and best interest decisions made were clearly recorded. The registered manager had submitted appropriate DoLS applications and had systems in place to check on those waiting to be authorised. Staff understood why these safeguards were in place and how they helped to keep people safe.

People were supported to have enough to eat and drink and maintain a well-balanced diet. One person's relative said, "[Family member] has found it difficult to eat, they (the staff) helped them." Systems were in place to assess and monitor people's risk and needs in relation to eating and drinking. Speech and language therapists were involved in carrying out assessments and guiding staff on how to support people who were at risk of choking, malnutrition or other diet related concerns. People told us they enjoyed the food in the home. People's comments included; "I like the dinner here", "I can choose what to eat" and "The food here is very nice, I like the food." Staff told us they encouraged healthy options but made sure people had a good choice of foods they liked.

We observed the lunch time meal. Staff were well organised and assistance was given in a caring way with plenty of positive interaction between people and the staff. Although it was a busy time no-one was left for long periods of time without food or the assistance they needed. Staff ensured everyone had a drink and on one occasion a drink that had gone cold was replaced. If a person asked for more of anything it was provided.

People were supported to maintain good health. Support plans we looked at showed people were supported with access to healthcare services when needed. A relative told us, "They are very quick to spot

that [Family member] isn't well and get a doctor." A person who used the service said, "I can get the doctor if I need to." People's relatives told us they were kept informed on the health and welfare issues of their family member.

Health professionals we spoke with were positive about how people's health care needs were met. One health professional said, "They are very much on top of things here; excellent responses when people are ill. People here have complex health problems and the staff and manager know what to do." Health professionals told us they were confident any instructions they gave to manage people's health were followed.

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One person told us, "The staff are lovely people." A person's relative said their family member was looked after and treated well. They said, "Nothing could be better" and "[Family member] hasn't been here long but the staff quickly got to know them and treat them well as an individual."

Throughout the two days of our visit, it was clear the staff knew people's needs and preferences. The interactions we observed between staff and people were characterised by much shared humour and warmth. Staff treated people as individuals and showed they valued and respected people. Staff gave explanations of what was happening or what they were doing. They reassured people when they were distressed or needed support to carry out tasks. Staff responded well to people's requests for support or assistance. We saw staff regularly spoke with people to check their welfare.

There was a relaxed and welcoming atmosphere. The registered manager said they made every effort to ensure the service was a home for people. Communal areas included photographs of people and people's rooms were highly personalised to reflect their interests, hobbies and what was important to them. Staff told us they liked to make sure the service was homely and comfortable for people. One staff member said, "This is definitely people's home, we respect that." A health professional we spoke with told us they always found the service to be a warm and friendly environment.

People were encouraged to make choices, express their views and be involved in their own care and support. People decided how they spent their time and what activities they wished to be involved in. We saw people were given choices about how they wished to be supported and staff respected their choices. A relative told us they were involved in planning the care of their family member. They told us, "I'm aware what is happening with [Family member's] care; they (the staff) discuss it with me." People had access to independent advocacy services. These services support people to be involved in decisions about their care and support and protect people's rights.

We saw staff respected people's privacy and own space. People moved about the home freely and staff were present to support people but they did not intrude or interfere in what people were doing. Staff were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. One staff member said, "We provide people's personal care in their rooms or bathrooms. We only go into people's rooms with their permission." We saw this to be the case during our visit.

A health professional told us they always observed respectful and dignified care being delivered to people. They told us, "Care here is excellent. People are treated as people; no-one is treated any different no matter what their disability is. There is a good understanding of dignity and treating people as individuals here."

Is the service responsive?

Our findings

People experienced care and support that met their needs and preferences. People's care plans were person centred because they contained information about their life history; who and what mattered to them and their hobbies and interests. People's care plans included a one page profile and information on people's likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. We saw care plans were reviewed regularly and in response to any changes in people's needs.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe the care provided for each person. This included individual ways of communicating with people. Where people who used the service did not use words to communicate there was guidance for staff on how best to communicate with the person. Care records we looked at included very detailed information about how people communicated. They included a 'Communication Passport.' This gave information on how to support people to make decisions and choices.

We looked at activity records of people who used the service. We saw people went to local shops and cafes and day trips to wild life parks and other places of interest had taken place. One person told us, "I've been on trips to Bridlington, The Deep, Yorkshire Wildlife Park and Wetherby." Another person told us, "I went to Hull and saw some sharks." They told us they had enjoyed this very much and were looking forward to future days out. They also told us how much they had enjoyed a recent birthday and party.

Staff told us they wished they could get people out more frequently. The registered manager informed us they had been successful in recruiting an activity co-ordinator who was due to start at the service. They said this would enable more trips out and a focused approach on activity within the service. During our visit we saw people played games such as dominoes, watched television, listened to music and a music session was led by a staff member. This was clearly enjoyed by people; there was lots of engagement and laughter. We were told a multi-faith church service took place at the service every fortnight. Records showed this was well attended.

We saw the service had a complaints policy in place and there were systems in place to ensure complaints were addressed and given full investigation and explanation. The complaints policy was available in alternative formats for people who didn't read or had difficulty with reading. This included an easy read version supported by pictures and symbols. There had not been any complaints made since our last inspection of the service. People we spoke with told us if they had any concerns they would raise them with staff and the registered manager. A relative said, "I'm very welcome here; I know who to talk to about anything." Another relative said, "I'm aware of what is happening to [family member] and who to talk to if there is a problem."

Is the service well-led?

Our findings

The service had a registered manager in post at the time of our inspection. 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. The registered manager had relevant experience in health and social care. They had been at the service for many years and had a good knowledge of people's needs, likes and dislikes, as well as the day-to-day running of the service. The registered manager was aware of and understood their regulatory responsibilities.

Relatives we spoke with said the service was well managed. One relative said, "Nothing could be better. It's great here the staff are really good, 'I would recommend here to anybody.'" Another relative told us, "I'm welcomed when I visit here I always speak to the manager when I visit and the staff always talk to me." Health professionals spoke highly of the management of the service. One health professional said, "I have every confidence in the manager." The registered manager was easily accessible to people who used the service, relatives and staff. We saw several people speak with the registered manager during our inspection visit.

Staff were provided with opportunities to be involved in developing the service through staff meetings and 'one-to-one' meetings. These meetings were used to support staff to reflect on and develop their practice and to promote the values of the service. For example, we saw in minutes of meetings staff were reminded of their responsibility to record activities completed with people, to reflect on any learning from accidents and incidents and to discuss ideas to promote the international day for older people.

Staff we spoke with confirmed they were well supported by the registered manager and felt confident to raise any concerns. Staff described a positive culture in the service. Staff's comments included; "I love working here; the manager is great, knows what's going on and supports us" and "This home is truly a great place to work. I love my job, it's so rewarding." Staff told us they were informed of any important issues that affected the service such as feedback on complaints or concerns. One staff member said, "Communication is very good and we learn from any mistakes."

The registered manager told us they worked towards continual improvement within the service. They said, "There is always something that can be improved upon." Systems were in place which monitored and assessed the quality of the service provided. This included audits on medicines, care records, health and safety and the premises. We saw these quality checks highlighted areas for improvement and there were action plans in place to drive change and ensure improvements were made. Senior managers also visited the service to check and report on standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the registered manager during these visits.

People were encouraged to share their views and put forward ideas of how the service could improve. The provider conducted an annual survey for people who used the service and relatives. We looked at the results

of the most recent survey, undertaken in February 2017. These showed a high degree of satisfaction with the service. There were no negative responses. People's comments included; "I like it here" and "I am happy here." The provider's quality team also carried out visits to the service. This included asking people for feedback on their experience of the service.