St Anne's Community Services

St Anne's Community Services - North Tyneside DCA

Inspection report

Royal Quays Community Centre
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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 in North Tyneside provide personal care and support to people living in their own homes. At the time of our inspection there were 14 people using the service.

This inspection took place on 9 and 11 February 2016 and was announced. We last inspected this service in January 2014, at which time we found them to be compliant against all the regulations that we inspected.

The service had 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 told us they felt safe living at home with support from the staff. Staff understood their responsibilities to report any safeguarding concerns to the registered manager. People and staff told us they felt there were enough staff employed at the service to provide a consistent service and we confirmed this through records.

Policies and procedures were in place to support the smooth running of the service. Personal emergency evacuation plans were in place and regular checks on the safety of people's homes were carried out.

Medicines were managed safely and in line with safe working practices and records were well maintained and accurate.

Accidents and incidents were recorded and monitored and where appropriate, care records showed that risks associated with individual care needs had been assessed and were monitored. There was evidence to demonstrate that regular reviews were carried out and the information was passed onto the support workers and other health and social care professionals where appropriate. Annual surveys were used to gather feedback from people about the service they received.

Evidence showed the registered manager and staff had an understanding of the Mental Capacity Act (MCA) and their own responsibilities. The service had assessed people's mental capacity and reviewed it. Care records showed that wherever possible people had been involved in making some decisions, but significant decisions regarding people's care were made in people's best interests and had been appropriately taken with other professionals and relatives involved.

People told us they were supported by staff to maintain a well-balanced healthy diet. We found staff were trained and received induction, supervision and annual appraisal from the management team.

People were respected and their dignity was maintained. Staff displayed kind and caring attitudes and treated people as individuals. People's care needs were detailed, recorded and reviewed by staff with input from people, their families and healthcare professionals. The registered manager told us they were in the

process of updating people's care records with the new wellbeing and outcome based documentation which had been recently introduced.

Staff offered people a choice in all aspects of daily life and people participated in a wide range of activities. Staff promoted social inclusion and supported people to maintain links with family and friends. People and their relatives told us they knew how to complain and would feel confident to do so if necessary.

Staff told us they worked well as a team. They felt supported by the registered manager and deputies who staff said were approachable and made them feel valued.

The registered manager held a comprehensive set of records which showed the monitoring of quality and safety of the service. Audits took place to ensure staff were undertaking their job competently.

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.

Safeguarding concerns, incidents and accidents were investigated and reported to the relevant local authorities.

Risk assessments were in place and individual needs had been thoroughly assessed.

Staff recruitment was robust and potential employees were appropriately vetted before starting work.

People told us they felt safe living at home with help from their support workers and they received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

Consent to care and support was sought in relation to people's needs. People and their relatives had involvement in care planning.

Staff were knowledgeable and suitably qualified and were supported by the registered manager through supervision, annual appraisal and team meetings. Training was available in a variety of topics to meet people's needs.

People were supported to eat and drink to ensure their health and well-being. People's general healthcare needs were met and other health professionals were involved when appropriate.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring with friendly attitudes.

People told us that all staff treated them with dignity and respect and treated them as an individual. They also told us that support workers respected their home and their belongings.

People were involved in making decisions about their daily care and support and were offered choices and given control over their own lives. Staff encouraged independence.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and people's needs were assessed and regularly reviewed.

People told us they had reliable and consistent support workers.

A complaints policy was in place and people were aware of how to complain. People told us they felt comfortable raising any issues with the registered manager or any of the staff team.

Is the service well-led?

Good

The service was well led.

The staff team worked well together. Staff had a variety of skills, knowledge and experience to ensure the smooth running of the service.

Audits and checks of the service were in place to monitor the quality and safety of the service.

Feedback was sought from people and their relatives to ensure satisfaction of the service.

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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 the 9 and 11 February 2016 and was announced. We gave the provider 24 hours' notice of the inspection because we needed to seek permission of people who used the service and let them know that we would be visiting them in their own homes. We needed to be sure staff would be available in the local office to access records. The inspection was conducted by one adult social care inspector at the provider's local office.

Prior to the inspection we reviewed all of the information we held about St Anne's Community Services – North Tyneside, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

Additionally, we contacted North Tyneside local authority contract monitoring team and adult safeguarding team to obtain their feedback about the service. On this occasion, we asked for a Provider Information Return (PIR) prior to the inspection. The PIR 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. All of this information informed our planning of the inspection.

As part of the inspection we visited two people in their own homes. We also spoke with one person's relative, four members of the care staff team, two deputy managers and the registered manager. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at two people's care records, four staff files and other records kept relating to the quality monitoring of the service.

Good

Is the service safe?

Our findings

The people we spoke with also told us they felt safe with the support at home from the staff. They made comments like, "I like it here, I feel safe, and they look after me and my stuff." And, "I enjoy it, I'm happy, I think I am safe." A relative told us, "I have never worried about (Person), she is really safe, I'd hate for her to go anywhere else."

Staff displayed an understanding of safeguarding and how to protect people from harm and improper treatment. One staff member said, "I'd have no hesitation reporting anything to (registered manager), (deputy managers), the local authority, CQC or the Police if I had to." Policies and procedures were in place to assist the staff to carry out their duties responsibly and provided guidance on how to raise a concern. The registered manager kept a file of incidents that were of a safeguarding nature separate to other accidents and incidents. This enabled her to monitor these types of incidents closely, investigate them further and provide information and outcomes to the local authority and if necessary the Care Quality Commission. We examined these records and found them to be well maintained. Staff told us they had regular safeguarding awareness training and the training matrix confirmed this.

We saw that the team had been involved with the promotion of 'Safeguarding Adults for Everyone (SAFE) Week'. Flyers had been handed out across the staff teams and an event was organised which involved people and staff making sock and glove puppets. Posters and pictures of the event were on display in the office. This showed that the service was keen to promote a culture which protected people from bullying and avoidable harm and encouraged people to speak out. SAFE week is a joint initiative between Newcastle, North Tyneside and Northumberland local authorities in partnership with Health, Police, voluntary and private organisations who want to make sure vulnerable people across the North East are protected from harm.

We saw in people's care files which were kept in their own home, that the service had assessed risks associated with individual care needs. This included risks involving, accessing the community, finances, dietary requirements and medicines. The risk assessments contained details regarding the hazards, the likelihood of an occurrence, the risk rating, any existing controls and any additional reductions measures. We saw that the existing controls and risk reduction measures were very detailed instructions for the staff to follow in the event of an incident. We saw evidence that these were read by staff, reviewed regularly by the deputy manager and monitored by the registered manager. This meant the possibility of a repeat event may be reduced.

The service had assessed each person's ability to safely leave their home in an emergency and personal emergency evacuation plans were in place. Staff told us they were confident with the emergency procedures and displayed an understanding of what was required of them in the event of an emergency.

The people we spoke with and a relative confirmed that they felt there was enough staff employed by the service to manage their care and support needs. Staff also told us that each team was appropriately staffed to ensure there was consistent and continual cover. We saw staff rotas which were planned in advance,

contained within people's care files. This meant the provider was ensuring staffing levels were appropriate and that people knew who to expect. During the inspection we saw the registered manager and deputy managers arranging cover for shifts at short notice with staff who were familiar with the person who required support. This meant the disruption to the service people expected was minimised. People told us, "They would never send a stranger." And, "I always get staff I know."

We examined staff personnel files and found that there had been an recruitment process. Management and people had interviewed potential employees, obtained two references and carried out a check with the Disclosure and Barring Service (DBS). DBS checks ensure staff have not been subject to any actions that would bar them from working with vulnerable people. Files contained evidence of a pre-employment induction process, shadowing of experienced staff and on-going training. This demonstrated that the provider was safely recruiting staff with a variety of skills, knowledge and experience who were suitable to meet the needs of the people who used the service. The staff we spoke with confirmed that the provider had obtained the necessary checks prior to their employment.

We saw evidence that the registered manager followed the company disciplinary policy and procedures. Investigations were thorough and appropriate action had been taken. This demonstrated that the service continued to ensure staff were suitable to work with vulnerable people.

Wherever possible, staff supported people to take their own medicines, which included the use of assistive technology. Staff told us they received accredited training in the safe handling of medicines, had checks carried out on their competency by deputy managers and had an opportunity to enhance their skills with training on specialist techniques such as the use of percutaneous endoscopic gastrostomy (PEG) feeding tubes. One staff member told us, "I am confident with the (administration) procedures, confident with the reporting procedures and understand my responsibilities". We discussed with the staff about ordering medicines on time, secure storage and returning medicine to the pharmacy for disposal. The staff displayed a solid understanding of safely managing medicines.

We examined records kept in people's homes, including a medication file. This file included instructions for staff to order prescriptions and the person's consent for them to do so. It contained a risk assessment and outcomes for the person relating to their medical needs. There was evidence that staff had conducted online research of the medicines to fully understand their use and the potential side effects. The service had provided an easy read guide about the medicines to enable the person to access the information too. The medicines administration records (MAR) were well maintained and completed up to date. There was evidence that medicine which was only needed as and when required, such as for pain relief was recorded and monitored. Medicines which were returned for disposal were documented and signed for by a pharmacist. The staff kept an error log in order to explain any discrepancies.

Good

Is the service effective?

Our findings

The people we spoke with knew about the staff training because the registered manager had offered them the opportunity to attend the sessions with the staff. We saw certificates on the wall of the office to show that people and their staff team had completed training in topics such as, fire safety, food hygiene and first aid. One person told us, "I did some of the same training as the staff, so yes – they are well trained."

We reviewed the service training plan which was on display on the office wall. This was used by the management team to plan and schedule training refresher sessions over the coming weeks. The registered manager kept a detailed training matrix to record when training had taken place and when it was next due. We also saw staff were trained in key topics such as, moving and handling, medicines and safeguarding as well as other topics suitable to their role. The deputy managers told us they were responsible for carrying out competency checks on the staff to ensure staff followed safe practices. Evidence of training and qualifications were seen in the staff files.

The staff we spoke with told us the company was supportive of their needs. One staff member said, "We have supervision, appraisal and support sessions, they are regular and we are involved in what is discussed." Supervision sessions included discussions about the staff's work with individuals and their care needs. It was also an opportunity for staff to request specific training. Another staff member told us, "I'd like to learn about specific nursing tasks, I would like to be able to meet people's nursing needs so that if there is a need, for example, through the night – I can assist instead of the person having to wait for a nurse to attend."

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and were working within its principals. We saw evidence in people's care files that the service considered people's preferences regarding their care and support. Staff told us that they encouraged people who lacked capacity to make small decisions but more complex decisions were decided in the person's best interests with their family and a social worker.

We saw evidence in staff files that staff had received training about the Mental Capacity Act. Staff told us they were aware that some people's finances were managed through the Court of Protection. The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at that time because they may lack capacity to do so.

We saw evidence that the service sought people's consent wherever possible when deciding on appropriate care and treatment. In the care files which we reviewed in people's homes, we saw people had read and signed to consent to the staff providing assistance. This included support such as, assistance with medicines administration and assistance to manage correspondence and finances. The service had provided this information in an easy to read format and people told us they had seen these documents and signed their own name. Staff told us that people could choose whether they wanted male or female support workers and that if there was a clash of personality the service would change the staff team to ensure the person was happy.

Staff told us they felt able to manage people who displayed a behaviour which may challenge them. One staff member told us, "We get PBS (positive behaviour support) and challenging behaviour training, we learned about defending ourselves and restraint, but I've never had to use it." The staff told us they would write a report up following an incident for the deputy manager who would use the information to review the person's care plan and decide if further preventative measures were required.

People were supported by staff to prepare and cook their own food whenever their individual ability allowed it. Staff were knowledgeable about people's dietary needs and could tell us about specific requirements such as, pureed food and PEG feeding. Staff also told us about people who required a soya diet and people who drank cranberry juice to reduce the likelihood of UTI's (urine infections). We saw evidence in staff files that training was completed in food hygiene. We also saw evidence in people's care files that staff followed dietician instructions to record food and fluid intake and that where necessary, people's weights were monitored. An entry in one person's care file read, "Staff to support (Person) with a long term healthy eating plan." This person told us they liked to prepare 'slimming world' recipes and chatted to us about different recipes the staff had supported them to make.

Staff told us they contacted healthcare professionals directly from people's homes as and when necessary. One staff member said, "(Person) could do it himself if he wanted, but he prefers the staff to do it." Another staff member told us how they supported a person to visit the GP by writing down the person's symptoms on a piece of paper so he could go into the surgery by himself and explain what was wrong.

We saw records of staff involving other healthcare professionals such as, a dentist or a chiropodist in order to meet people's general healthcare needs. Documents such as appointments and other letters were kept in the 'healthcare correspondence' section of the care file. This meant that the service supported people to maintain good health and they had access to other services when needed.

Good

Is the service caring?

Our findings

Comments were made from people and relatives such as, "The staff are 100%, they have been since (Person) moved there, I don't worry about (Person) at all, because the staff are darn good."; "They are good people, especially (registered manager) she is a lovely lass – the service is excellent." And, "(Registered manager) and (deputy manager) are the loveliest people, genuine and dedicated."

All the staff displayed caring and compassionate attitudes during the inspection and we talked with them at length about the type of service they felt they delivered. They made comments such as "It's a top class service" and "We have a good team of carers". One member of staff told us how they had been asked by a person to accompany them to the Police station. They said, "People trust us to support them through tough times."

During our home visits, we observed lots of positive interaction between people and staff. The staff were friendly and professional at all times. The staff knew people really well, having been their support worker for several years. Care plans contained detailed personal information about people's likes and dislikes, their past history and their preferences.

It was apparent that people trusted their support workers as they looked to them for reassurance and praise when they spoke with the inspector. We heard and observed staff offered people choice when supporting a person with tasks. For example, one staff member was preparing an evening meal and we heard them ask the person what they wanted to eat and drink. On another occasion we heard staff ask a person if they wanted music on or the TV.

The people we spoke with had been involved in the care planning process. All of the written information contained in their care file was also produced in an easy to read format. The two people we visited at home told us they had been asked about their care and treatment and showed us where they had signed the records. A relative said, "I've had surveys from (registered manager)". They referred to a survey which was sent to their home, they told us this was to obtain their feedback about the service.

Staff told us they received training in equality and diversity, privacy and dignity. They told us that they promoted people to be as independent as they could be and to do as many tasks as they can for themselves. One staff member said, "For example, if (person) is on the phone, I leave the room so they can have some privacy." Another staff member said, "We do the usual things like, close blinds, knock on doors before entering the room, use a towel to cover intimate areas – its basic respect."

We asked staff about people's use of formal advocacy services. They told us, most people had family who acted on their behalf informally. However, some people had legal arrangements in place with relatives acting as a lasting power of attorney for finances and we saw evidence of this in their care records. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Good

Is the service responsive?

Our findings

Care needs assessments were person-centred and included detailed information about people's health and medical conditions. The provider was in the process of implementing a new well-being and outcome based approach to care planning. This means staff would follow a plan to meet the agreed positive outcomes for people and their well-being. We reviewed two of the new style support plans in people's homes. Staff told us that they used the support plans to find out what was important to people. One staff member said, "We read the support plan, it gives us ideas to make suggestions about what a person might want to do."

The records showed involvement from a range of healthcare professionals including social workers, GP's, occupational therapists and speech and language therapists. Staff told us that at the initial assessment stage, they speak to the person, their family and friends and other health and social care professionals to gather as much information as they can about people in order to plan appropriately.

Care needs assessments included information about the persons' lifestyle, history, hobbies and interests. This enabled the service to match the person with a suitable support worker. People told us they could choose a male or female worker and in one care record we saw an entry which read, "Do not send a male worker." The person we spoke with confirmed this was the case.

We saw people were given choice and control over how their support was planned and delivered. In the care records we reviewed, we saw people had gave consent to staff supporting them and they had been involved with decisions such as, menu plans, activities and outings. The service provided a copy of the records in an easy read format to ensure the person was able to access their own records. People had contributed to these records by completing a section called, 'This is me; my history, my likes, my dislikes, my routine'.

Staff told us they involved people in decisions about their care by giving them autonomy. People were encouraged to select their own clothes, choose their meals and make decisions about daily activities. This meant people were receiving care which reflected their identity.

We saw evidence that care needs were regularly reviewed and reassessed when there were changes to people's needs. Records were updated and staff signed to state they had read and understood them.

The service had received two complaints in the last 12 months and we saw these had both been resolved with no further investigation required. The company had a thorough complaints policy and procedure which we saw had been followed. The people we spoke with and their relatives knew how to complain but told us there had been no need to. One relative told us that they complained once many years ago and this was resolved by the registered manager immediately. They said, "(Registered manager) took it seriously, she knew I was upset. It was dealt with straight away."

The service provided people with formal information about the complaints procedure and also asked for regular feedback by sending people a leaflet called, 'Tell us what you think'. This information was also available in an easy read format. We saw a comment for one form which read, "Just want to tell you how

pleased we are with the level of care and understanding given by (staff) when resolving the situation."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. Our records showed she had been formally registered with the Care Quality Commission (CQC) since October 2010. The registered manager was aware of her responsibilities and had submitted statutory notifications to us as and when required. The registered manager was present during the inspection and assisted us by liaising with people who were using the service. The registered manager was very knowledgeable about the people who the service supported and was able to tell us about individual's needs.

The registered manager was supported by a team of deputy managers, senior support workers and care staff. Staff told us they enjoyed work, comments included, "I like working here, I enjoy my job so much"; "I think if I won the lottery, I'd still come to work here" and "It's a good variety, so much going on – we get the clients together to socialise and we have a party coming up". Staff told us they felt the management were supportive and approachable and believed their views mattered and they were listened to and valued.

Staff demonstrated an understanding of their role and responsibilities. They were able to tell us what these were. One staff member said, "We help people lead an independent life and to do as much as possible for themselves. We keep people safe and meet their needs. Ideally, our aim is to support them to leave services." During our home visits, we noted the culture amongst staff was very person-centred and they empowered people to be independent.

Annual client, stakeholder and staff surveys were undertaken by the service. The last survey was carried out in December 2015. Overall the registered manager had noted a positive response. Easy read documents which included 'smiley face' style pictures had been issued to some people to enable them to understand and take part. The results had been sent to the provider who collated the responses and shared the outcome with the managers and staff.

We reviewed incidents, accident and safeguarding concerns and saw that the registered manager thoroughly investigated these and shared learning with staff through regular team meetings. We reviewed the minutes from staff meetings and saw that staff were given the opportunity to discuss the outcomes, share best practice and understand where improvements could be made. A staff member told us, "We have good communication, when things change we sign to say we have understood and if you don't take it in, they support you to understand."

Regular items on the staff meeting agenda included a team brief, safeguarding, progress against objectives and feedback from complaints and compliments. We saw the registered manager shared information from the local commissioners and CQC with staff regarding updates and best practice. The provider's area management team also contributed with matters arising and used the meetings to cascade company information such as policy changes.

The registered manager and deputy managers met with their colleagues from other areas to share and discuss best practice. We saw evidence in meeting minutes that they had discussed learning from errors in

other areas and looked at themes and improvements from safeguarding alerts.

The deputy managers made home visits to carry out a monthly audit of medicine records which sometimes included an update to records as changes occurred. The deputy managers reviewed and updated care records and audited daily notes and other records to ensure they were of a high standard. Weekly audits were also carried out at each person's home which covered, staffing levels, people's personal finances, medicines and other safety checks. The staff handover between shifts included a daily check of medicine stocks and records, a count up of personal money and a check of food labels for use by dates. Other daily checks were completed by staff with regards to fridge and water temperatures.

The registered manager oversaw all of the audits. She carried out a quarterly health and safety inspection in each person's home. General housekeeping, tenancy issues, repairs, medicines records and risk assessments were among some of the checks made and reported on.

The area manager had carried out their own company audit of the branch. We reviewed their records which covered quality assurance, risk management, governance and compliance. In December 2015, the provider had carried out an internal inspection of the branch which was based on CQC's model of inspection. They had rated the branch as 'Good', and made a comment which said, "There was a consistent, robust, open and transparent culture." The provider had established a 'Continuous Quality Improvement Group' which met regularly to discuss findings and implement actions across the company. Overall we found robust audit procedures in place across the service which both the registered manager and the provider were fully involved in to monitor the quality and safety of the care people received.