St Anne's Community Services

St Anne's, Huddersfield Mental Health Services

Inspection report

29 Cambridge Road
Huddersfield
West Yorkshire
HD1 5BU

Tel: 01484450833

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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

About the service: St Anne's Huddersfield Mental Health Services (29 Cambridge Road) is a residential care home providing care for up to 10 people. At the time of our inspection there were 10 people living in the home.

People's experience of using this service: People were supported by staff to manage the administration of their own medicines. Staff assisted people safely where they were not able to do this independently. We identified some training which had recently expired. The registered manager was taking steps to address this.

People felt safe living at this service and were supported by staff who knew how to identify abuse.
A range of risk assessments were used to lower risks to people both in the home and in the community. Fire safety management and certificates relating to the building were up-to-date.

There were sufficient numbers of staff to meet people's needs and this was monitored on a daily basis to manage people in crisis. Safe recruitment practices were followed to ensure suitable staff were employed to work with vulnerable people.

People were encouraged to maintain a balanced diet and given advice on how to do this. People prepared their own meals and booked their own medical appointments which promoted their independent living skills.

People were positive about the support workers who assisted them. People were supported to access the community independently and with staff.

People's privacy and dignity was respected and strong evidence was seen in upholding equality, diversity and human rights.

Support workers felt very well supported through formal supervision, appraisal and team meetings.

Care plans followed national guidance and showed people were assisted to develop their independent living skills. People were fully involved with their care plans and these included information on end of life wishes.

People knew how to make a complaint if they were dissatisfied. Feedback had been received through satisfaction surveys from people, staff and professionals.

Audits of care plans and medication were completed which helped to ensure oversight of these areas.

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.

Rating at last inspection: Good overall based on findings (May 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we are scheduled to return. We inspect according to a schedule based on the current rating, however may inspect sooner if we receive information of concern.

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 remained safe Details are in our Safe findings below.	Good
Is the service effective? The service remained effective Details are in our Effective findings below.	Good
Is the service caring? The service remained caring Details are in our Caring findings below.	Good
Is the service responsive? The service remained responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service remained well-led Details are in our Well-Led findings below.	Good

St Anne's, Huddersfield Mental Health Services

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one adult social care inspector and an assistant inspector.

Service and service type:
St Anne's Mental Health Services – 29 Cambridge Road provides accommodation and support to people aged 18 and over who experience mental health problems. The unit can accommodate 10 people. 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.

Notice of inspection:
Our inspection was unannounced.

What we did:
Before the inspection we reviewed the information we had received from the service including notifications about incidents in the home that the registered manager is required to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals who have contact with the home for any information they could share about the service. We did not receive any information of concern.

During the inspection we spoke with the registered manager, three members of staff and five people who lived at the home. We looked at two people's care plans and other records including those connected with recruitment and training, maintenance of premises, medicines administration and quality monitoring. We observed staff providing support to people in the communal areas of the service. By observing we could judge whether people were comfortable and happy with the support they received.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
• People were safe living at this service and staff knew how to protect people from harm.
• People were supported to understand how to keep safe and to raise concerns when abuse occurred. One person told us, "Yes, I do (feel safe)."
• Staff knew how to recognise abuse and protect people from the risk of abuse. A staff member said, "We did scenarios last year where we covered what happens if people come into danger whilst out in the community."

Assessing risk, safety monitoring and management
• Support workers were responsible for a wide range of risk assessments related to people whilst they were in the home as well as in the community. Risk assessments are reviewed monthly along with the care plans.
• Support workers were responsible for writing care plans which meant they knew risk factors which could affect people's mental health. We asked a support worker about managing risk and responding to people in crisis. They said, "As staff, it's up to us to ensure it doesn't go further." They said they notified the registered manager who reviews the staffing levels and they also contacted the psychiatrist or social worker.
• Systems to manage the risk of fire were up-to-date and staff demonstrated relevant knowledge.
• Key building safety and maintenance checks were found to be up-to-date.

Staffing and recruitment
• People we spoke with were satisfied with the staffing levels as they always had access to support. The registered manager operated a traffic light system in handovers. Where people reached a crisis point, they allocated extra support hours to meet their needs.
• Safe recruitment procedures were followed to ensure staff were suitable to work with vulnerable people.

Using medicines safely
• Medication training for staff had recently expired, although we saw the registered manager was aware of this and was taking action. Medication competencies were seen and done for all staff.
• Medicines systems were organised and people were receiving their medicines when they should. The registered provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• As part of their personal development, the majority of people living at this service were responsible for administering their own medicines on a week-to-week or monthly basis. Effective systems were in place to ensure people had enough medication and to ensure they had taken it as prescribed.
• Two people who were managing their own controlled drugs (liable to misuse) were doing this safely.

Preventing and controlling infection

• One person told us, "You're responsible for cleaning your own room." Infection control was managed appropriately, people's rooms were personalised and clean along with the communal areas.

Learning lessons when things go wrong
• Staff meetings were used to discuss things that had not gone well and to learn from them. Learning from accidents and incidents was seen. For example, the fire alarm was being set off at night when items were left in the oven for too long. A house meeting was called to discuss the fire policy and remind people that staff were available to support them.

Good

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

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
• The registered provider used recognised mental health support models to assess and measure people's progress.
• To support people with maintaining a healthy and balanced diet, the registered manager printed 'NHS eat well' guidance which people commented had prompted them to eat well.

Staff support: induction, training, skills and experience
• People were supported by staff who had ongoing training. We saw some certificates had only recently expired and the registered manager was taking action to address this.
• Staff felt well supported through a regular programme of supervision and appraisal. The health and welfare of staff was genuinely important to the registered manager and staff reflected on how supported and valued they felt. One staff member said, "[Registered manager] is always concerned about staff and how we are feeling."
• Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

Supporting people to eat and drink enough to maintain a balanced diet
• One person told us, "I've started to cook a bit more healthily. I asked them (support workers) if someone could show me some different recipes." They confirmed they received this assistance.
• Food and drink preparation and buying ingredients was led by people as part of developing daily skills, although staff were always willing to give guidance. One staff member said, "It's their choice based on what they like and don't like (to eat)."
• People were not at risk of weight loss. Eating and drinking care plans covered dietary needs and this included cultural needs.

Adapting service, design, decoration to meet people's needs
• People were involved in decisions about the premises and environment and individuals' preferences. We saw some adaptations had been made to the home. For example, one room had been turned into a pool room which people were using. This helped to promote social inclusion.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Access to healthcare was seen in care plans which showed people attending appointments independently and with staff.
• Support workers encouraged people to book their own medical appointments as this developed their daily

living skills.
• Systems were in place to ensure support workers discussed outcomes from such appointments with people if they attended independently. This meant any adjustments needed to the support provided could be made.

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• At the time of our inspection, all of the people living at this service had capacity. However, the registered manager was aware how to assess capacity if this was in doubt and knew to apply for DoLS as required.
• People were supported to make choices around their daily living and consent was clearly recorded in care plans.

Good

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

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
• People told us support workers and the registered manager were kind and their support was valued. One person told us, "They (staff) are calm and collected. They look and assess the situation. Here they seem to accept me and I feel I'm trusted." Another person said, "They (staff) seem to know what they are doing." A third person commented, "This place is a nice place. I've made a few friends since I moved here."
• One person told us staff had helped them cope with anxiety by working with them to develop strategies for them to use.
• People were supported to maintain contact with members of their family.
• Since our last inspection, we saw staff had supported people to access voluntary work in the community. People had a specific section in their care plan dedicated to 'moving on'. One staff member said, "People have left here because they've improved so much. One person got a car and a job."

Supporting people to express their views and be involved in making decisions about their care
• Care plans we looked at showed people had signed to say they had been involved in setting up and reviewing their care plan.
• Although no one needed advocacy services at the time of our inspection, the registered manager had previously used this support for people living in the service.

Respecting and promoting people's privacy, dignity and independence
• A staff member told us they were most proud of people living independently. They said, "We're promoting independence and skilling people." One person said, "It's more hands off here. You do your own shopping and make your own tea."
• People's care plans had sections dedicated to promoting independent living and we saw how people were supported to develop daily living skills.
• We saw a strong example which demonstrated how people's equality, diversity and human rights were upheld. Staff were non-judgemental and supported people to live their lives the way they wanted in accordance with the Equality Act (2010). Equality and diversity was a regular item on the staff meeting agenda.
• Staff confirmed they had recently received dignity and respect training. One staff member shared an example of how they respected people's living space, "Always knock on the door. I'd never go to a person's door and just open it." Privacy and dignity was discussed at every staff meeting. One staff member told us they had been appointed dignity champion which they had received training for. They told us this involved making sure they promoted living independently and offer person-centred support.

• We saw feedback from a professional which stated 'St Anne's (29 Cambridge Road) is an excellent service which understands the unique needs of the service users. The care plans are tailored to suit each individual and they take into account the risks and also the strengths of the service users. Staff are approachable and friendly and the [people] that I have had there have spoken highly of the service that they offer.' Another professional commented, 'I have no concerns about them and it is a highly regarded and sought after placement. They have managed some very difficult people who have left [name of service] in an effective manner.'

Good

Is the service responsive?

Our findings

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

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 registered provider used the 'mental health recovery star' to record each person's individual support needs as well as documenting progress against their objectives. The star model has 10 different sections which include, for example, managing mental health, physical health and self-care, living skills, social networks, addictive behaviour and identity and self-esteem.
• Every section was person-centred and started with a relevant history and details of the support they needed. An action plan was created which showed the support people needed and the objectives they wanted to set. This was also detailed and showed what steps needed to be taken.
• Care plans also contained details of people's mental health relapse indicators and crisis contingency plans. Staff knew when people's mental health was likely to decline and care plans described how they should support people in this event.
• People were managing their own monies. One person struggled with budgeting which staff helped them develop skills to do this and ensure they had enough money. The registered manager said, "It's about the reasoning process."
• Some people were participating in a weekly walking group. One person had done walk leadership training. Exercise is known to positively impact on people's mental health.
• People were also supported to go on holiday, watch sporting events, go to theme parks and a planned trip to the zoo.
• People were looking forward to an upcoming pool tournament within the home.

Improving care quality in response to complaints or concerns
• The registered manager told us no complaints had been received since our last inspection.
• People commented, "If I had a complaint I'd go to staff" and "They say you can come and talk to us. A problem shared is a problem managed." A support worker said, "I think we are approachable, so if there's anything bothering them [people] they can talk to staff."
• People were supported to make a complaint if they were unhappy with the service they received. The registered manager had provided one person with contact details for the Care Quality Commission if they wanted to get in touch with us.

End of life care and support
• Care plans we looked at showed staff had attempted discussions with people about end of life care and what their wishes were. Where people did not want to have these discussions it was clearly recorded.

• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence of

communication care plans for people which identified whether they needed support and how this should be provided.

• Evidence of access to the use of technology was limited. The registered manager told us a 'smart speaker' device had been purchased for the home, but this was withdrawn on advice to do with confidentiality.

Good

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• At the time of our inspection, the home had a registered manager who registered with the Care Quality Commission in 2013.
• People knew and liked the registered manager. Staff members told us the registered manager took time to thank and praise them. One staff member said, "It's brilliant. You feel appreciated."
• Staff told us they felt comfortable talking to the registered manager. One staff member said, "[Registered manager] is approachable at any time. I can go to her with anything. 100% they listen to me."

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
• We asked about the culture within the home and the registered manager told us, "We're not problem focused, we're solution focused."
• In the handover and staff meetings, staff were encouraged to offer suggestions. These covered any changes to people and their needs. One support worker said, "Nothing is ever dismissed (by the registered manager)."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Feedback was sought from people and professionals involved in their care through satisfaction surveys. The feedback was very positive.
• Staff had meetings about their own wellbeing and mental health to talk about issues openly. Staff members confirmed they were offered a chance to complete a staff survey online.
• We spoke with one person who was ready to move on from this service. Support workers had assisted them in looking at new accommodation which meant they would have their own tenancy.
• Staff meetings were held regularly and covered areas such as people's welfare. Themed questions and scenarios meant staff were able to check their knowledge and understanding and ensure this was correct. Jobs of interest were discussed which showed the registered manager supported staff in their personal development.
• A survey of professionals was carried out in January 2019. The responses consistently showed positive feedback. One professional commented, 'I have been really pleased with the quality of care being received by my client. The staff are friendly and knowledgeable. They are person-centred and communicate well'.

Continuous learning and improving care

• Audits covering care plans and the management of medicines were carried out monthly. At the time of our inspection there were no accidents and incidents for us to review.
• The area manager for the registered provider completed operational visits to a group of services. These reports did not separate out feedback by each service. This meant we were unable to see information specific to this home.

Working in partnership with others
• This service continually worked with other professionals such as community practice nurses, GPs, social workers, care coordinators, the community mental health team and psychiatrists.