St Anne's Community Services

St Anne's Community Services - South Kirklees DCA

Inspection report

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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

We carried out this inspection on 31 October 2016. The inspection was unannounced. We concluded the inspection on 1 November 2016 with telephone calls to relatives of people who used the service, to gather evidence to support the inspection findings.

The service provides personal care and support to people living in their own homes. At the time of the inspection there were five people using the service.

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 told us or demonstrated that they felt safe and they trusted the staff who supported them.

Staffing levels were appropriate to meet people's needs in a timely way, although some people relatives and staff said they thought bank staff were used too often.

Support plans for aspects of people's safety were well documented including people's ability to communicate and how to ensure medicines were administered safely.

Staff had a good understanding of how to ensure people were safeguarded against abuse.

There was evidence of regular staff training recorded on individual files and the management team were aware of where training needed updating. Induction was detailed for new staff and regular supervision meetings ensured staff were supported in their role.

Care was person-centred and staff were clearly focused on meeting people's needs in an individual way. Staff treated people with kindness, respect and dignity. Equality and diversity was promoted throughout people's care records.

Care records documented people's individual preferences and how their support should be given, with regular planning and review of people's needs.

Procedures were in place to manage concerns, complaints and compliments about the service. Feedback was welcomed and shared with staff.

Management of the service illustrated a clear overview of the strengths and areas to improve, and staff understood their roles and responsibilities. Processes were in place for monitoring the quality of the provision and documentation which supported the running of the regulated activity was accessible and up

to date.

We did not identify any breaches in regulation.

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.

People told us or showed they felt safe and staff knew how to maintain people's safety.

Staff understood how to safely support people with their medicines.

Staffing levels were adequate to meet people's needs in a timely way.

Is the service effective?

Good

The service was effective.

Systems for supporting staff's effectiveness were in place, through regular training, staff meetings and supervision.

Staff understood the legislation around the Mental Capacity Act (2005) and how this impacted upon their support for people.

Is the service caring?

Good

The service was caring.

Staff were kind, caring, and focused on meeting people's needs in a supportive, enabling way.

People felt staff cared about them and offered individual care suitable for their needs.

People's individual needs were respected and their rights promoted.

Is the service responsive?

Good

The service was responsive

Person centred care was demonstrated throughout the service provision.

Care and support needs were clearly documented.

Procedures were in place to ensure complaints, concerns and compliments were managed and responded to.

Is the service well-led?

Good

The service was well led.

Processes were in place for auditing the quality of service provision.

There was an open, transparent and communicative culture.

Teamwork was evident and staff worked together well to meet people's needs.

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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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The service was last inspected in October 2013 and there were no breaches in regulations at that time. This inspection took place on 31 October 2016 and was unannounced.

The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included looking at any concerns we had received about the service and any statutory notifications we had received from the 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.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke in person with two people who received support and by telephone with two relatives of people who used the service. We also spoke with three members of staff, the registered manager and the deputy manager.

We looked in detail at two people's care records and three staff recruitment files. We also looked at records relating to the management of the service including policies and procedures.

Good

Is the service safe?

Our findings

We asked people and their relatives if the service was safe. One person said: "I do feel safe here, yes I do. I trust the staff". Relatives said the service was safe. One relative said: "It seems safe enough". Another relative said: "We have no concerns about safety".

Staff we spoke with said they thought people received safe care and they were very aware of people's individual risks. Staff told us they referred to the care records and any handover information to see whether there were changes which may affect a person's safety.

We saw positive risk assessments were in place, identified as high, medium or low, which listed details of each risk, how the risk could be reduced and a review date for the risk assessment. We saw risk assessments had been revised after specific incidents and there was evidence of lessons learned about safety and risk assessments where incidents had occurred across the wider organisation.

Staff said they encouraged people to manage as much of their own care as possible whilst being on hand to support with tasks as needed. Staff said they were always informed of any equipment people needed to stay safe and they were confident to use this.

Staff we spoke with told us the possible signs of abuse and said they would always report any concerns to the registered manager, senior managers or to other appropriate agencies if necessary. We saw posters which raised staff's awareness of the whistleblowing procedure they should follow to report poor practice. There was also a clear safeguarding flowchart with contact numbers for staff to report concerns. Staff said they would always challenge and report poor practice if they witnessed this, to safeguard the vulnerable people they supported. This demonstrated that policies and procedures were in place and known by staff for reporting safeguarding issues.

Accidents and incidents were appropriately recorded and monitored by the registered manager. They told us due to the small number of people who used the service, no formal analysis of these was carried out to establish if trends or patterns occurred, as reoccurring themes would be quickly apparent. The registered manager was able to tell us the detail of recent incidents that had occurred and had a clear oversight of this. Staffing levels were adequately maintained to support people's needs and staff said they thought there were enough of them deployed to support people safely, although some staff said there were not always enough consistent staff, with the use of agency and bank staff. Care was provided for people in their own homes which consisted of two properties between the five people supported by the service. One person said: "There's always someone [staff] around. I get all the help I need". One relative told us: "There's enough of them [staff] but they use a lot of bank staff". Another relative said: "My only concern is the agency staff are used sometimes and they're not as familiar with [my relative]. I can't fault the regular staff though". Staff said they covered for one another if there were absences within the service. There were contingencies in place to cover staff absence through the use of a team of regular bank staff, who were familiar with how the service was run and how to meet the needs of the people. We saw staff rotas and these showed adequate numbers of staff, although there were more frequent changes of staff at one property.

We looked at recruitment files for two members of staff. We saw that files contained evidence that suitability checks, such as Disclosure and Barring Service (DBS) checks and two references had been completed prior to employment and there was a recruitment checklist to show when these had been obtained. The registered manager told us staff's ongoing suitability for their role was monitored continuously. Staff we spoke with said managers regularly visited people's homes to check on staff practice and standards of care.

One person told us they had the support they needed to take their medicines when they needed to. One member of staff we spoke with demonstrated a clear understanding of how to support people with their medicines and how to ensure these were stored safely. They were confident in their training and ability to support people and there was detailed information within the care records and medication records to show when each person needed their medicines. We saw a sample of the Medication Administration Record (MAR) charts included details of the medicine, what it was for, the dosage and how the medicine should be taken. Staff were confident to report any concerns about medicines, such as if they made or noticed an error, in order to make sure people were safe.

Where people had medicines when needed (PRN) such as for pain relief, there were clear protocols in place for staff to follow to ensure people had the right support when they needed it. One member of staff we spoke with said where people were unable to verbally communicate their needs, their non-verbal cues were documented and noticed by staff. For example, a person's facial expression or body language may indicate they were in pain and details of how each person communicated was recorded on their care plan.

The registered manager told us senior staff checked the competence of care staff and they were in the process of making sure all staff were competent in administering medicines safely. We were unable to find evidence of one member of staff's medicines training. The registered manager told us they had not completed this but this was identified as an action and only trained staff supported people with medicines.

Good

Is the service effective?

Our findings

One person we spoke with said: "Staff are good, they're alright". Relatives we spoke with said staff were suitably skilled. One relative said: "When my [family member] needed to be in hospital, it was the quick work of the staff that got [them] sorted".

One member of staff we spoke with told us they felt they had the skills to provide appropriate support for people. They said they felt well trained to do whatever was required and they were never expected to carry out any tasks for which they were not trained or confident.

Staff records we looked at showed new staff had received a thorough induction and this was gradually worked through and signed off by a manager. New staff completed the Care Certificate and modules were signed off by a manager as the staff member did each one. There was evidence of regular review meetings during the staff induction period. Training certificates in each staff file showed they had completed training relevant to their role. Staff competency was assessed annually to administer medicines. A staff training profile for each member of staff showed training done and training due and this was an item on the agenda for discussion every two months.

The registered manager and staff told us there were regular personal development review (PDR) supervision meetings and records we looked at confirmed this. We saw general assessments of the year in staff files, which recorded what had gone well, what achievements were made and what learning and training was done. Staff we spoke with said they felt supported to do their job and they considered managers were approachable. Staff told us communication was effective and we saw a sample of handover sheets which evidenced this. Each person was listed on the handover sheet with any key information recorded. Staff were reminded about maintaining confidentiality.

Communication between staff was evident through staff meeting minutes. The registered manager told us monthly house meetings were held and minutes showed discussions had included people's well-being, best interest matters and staff learning and development. The registered manager told us bank staff as well as regular staff were invited to staff meetings.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us some of the people who received support lacked capacity to make some decisions independently and where this was so, best interest meetings were held to support the decision making process. For some people, a deputy was appointed by the Court of Protection for decisions made about their property and finances or their health and welfare.

We saw in people's care records there had been best interest meetings held and these were clearly documented to show how a particular decision had been reached and what support the person had been

given. For example, on one person's record we saw how discussions had been held with the person and relevant others about spending a sum of money to decorate their bedroom. However, recording was not clear about how each person's mental capacity had been assessed. Although people's mental capacity had been considered for each aspect of their care and support and it was clear people had been consulted, for each decision it was stated: "Although there has been no assessment relating to this, staff knowing [person] for a number of years, we anticipate that [person] would not have capacity to understand". The registered manager told us this was something they had identified in an audit of service provision and plans were in place to review the recording around the assessment of mental capacity.

Staff we spoke with told us they had an understanding of the MCA. They said they assumed people had capacity, but if they had any concerns about a person's ability to make a decision they would discuss this with the registered manager to make sure the person had the support they needed. Staff told us they always ensured people had opportunities to make their own decisions.

One person we spoke with told us staff asked their consent before supporting them in any way. They said: "They always ask me what I want". The person told us staff enabled them to make their own choices. The registered manager told us where people were deemed to have capacity to make a decision, even when this might not be a decision others would agree with, their right to make that choice was always respected, such as for drinking alcohol.

Staff we spoke with said that healthcare professionals were contacted if necessary to support people. Staff said if they had any concerns about a person's health they would take steps to communicate with their GP or family members where relevant. One relative we spoke with said the service was effective in seeking medical advice for their family member when this was needed.

Good

Is the service caring?

Our findings

One person we spoke with said staff were caring. Another person who was not able to express their views verbally showed they were comfortable and at ease in the staff's company and approached them with smiles and friendly gestures. Relatives we spoke with said this was a caring service. One relative said: "We are very happy. It's a nice place and [my family member] is very happy. Staff are really caring and [my family member] has built up good relationships with the staff that are consistent, the regular staff". They told us their family member had been reassured by familiar faces amongst the regular staff, although less so when on occasion staff were not familiar.

Staff we spoke with said they enjoyed their role. One member of staff said: "I really do care about the people. You have to care to do this job properly, it's not for everyone". When staff spoke with us about the people they supported, they were caring and showed empathy and understanding for each person's needs.

One person we spoke with said staff listened to them as well as providing the physical care and support they needed. They told us: "They help me, they know what I need". When asked what the best thing was about the service, the person said: "The staff".

We watched staff interaction with people as we visited two people in their own home. Staff spoke with people at an equal level and there was evidence of supporting and enabling relationships. We saw staff encouraged people to do things for themselves as they offered reassurance. Staff adapted their communication style to ensure people were heard and understood. For example, we saw one member of staff used gestures as well as words to communicate with one person who did not use many words to communicate. Staff observed what the person was 'saying' and acknowledged this with relevant gestures to show they had heard and understood.

We found people' privacy and dignity was respected when staff supported them in their home. We saw an incident record which showed one person had felt embarrassed when they fell over and so staff had assisted them to a quiet room to recover in private.

Staff had an understanding of equality and diversity and we saw in staff records the importance of this had been discussed routinely within individual PDR meetings.

We saw staff spoke respectfully with people in their own home and staff we spoke with said they were always mindful this was people's home. This was evident in the way staff behaved in the people's home; there was a happy, homely atmosphere, promoted by staff who were helping people to organise a Halloween party. Staff were respectful of people's rights and we saw daily notes which showed how advocates had been involved. One person told us: "My advocate listens to me, they really listen". Daily notes also recorded how one person had been supported to attend church and staff we spoke with knew this was important to the person.

In people's care plans we saw information had been shared with them and they had been involved in

discussions and meetings about their care and support. In each person's 'essential life plan' there was information about people's religious, cultural and spiritual needs. Information was presented in easy read format so people could be as involved and included as possible. One section entitled 'after I die' showed how end of life discussions had been had with people and their wishes heard and recorded.

We saw the registered manager and staff were aware of confidentiality. For example, the registered manager asked relatives' permission before giving their contact details to the inspector. Staff were observed not to discuss one person's needs in front of other people. For example, one person asked a member of staff a question about a matter to do with their care and the member of staff spoke quietly and discreetly with the person in response.

Good

Is the service responsive?

Our findings

One person we spoke with told us they thought the service was responsive and their needs were met there, but added they were aiming to move to live independently. They told us staff were supporting them with this. Relatives told us the service met their family members' needs in a personalised way. One relative made a comparison with a previous service they had used and said St Anne's Community Services enabled their family member to have more independence. They told us: "It's a big switch over from nursing care but it's right for [my family member]. They now do much more for themselves". The relative said their family member had been involved in choosing the design and contents for their room and staff had supported this well. Another relative said their family member was involved in planning and reviews of their care and there was a yearly review which they were invited to, along with all relevant professionals.

Staff we spoke with understood their role and they told us the focus of what they did was the individual needs of people. One member of staff said: "We are here for them. I am very happy in my work and I like to think I do a good job". Staff said they took their lead from what people wanted and they read care plans and spoke with people to find out their needs. One member of staff said they knew people well and this helped them to understand how best to support them, through knowing their preferences and personalities.

We observed staff knew each person's needs and important matters for each person. For example, staff asked people meaningful questions about people's day and it was clear they knew which relatives were important to people as they referred to them in conversation.

Care records illustrated the detail of the personal care support required by each person. We looked at easy read support plans which were rated as red, amber, green (RAG) as to the level of support people needed for each task. Daily notes we looked at showed staff had written sufficient information for other staff to follow and continue with people's care and support. For example, in one set of records we sampled, we saw details of what a person had eaten, where they had been independent in daily tasks, the activities they had done, the level of personal care and which staff member supported them. Care plans had a detailed communication grid which identified body language and behaviours that give clues to meaning.

The registered manager confirmed there had been no complaints directly about the quality of the service, but assured us the procedure would be followed in line with the company procedures. We were informed of a complaint raised by a neighbour about noise levels at one of the properties and the provider was taking appropriate action to resolve this.

One person we spoke with said if they wanted to complain they would 'speak to the staff' but said they were 'happy with all of it really'. Relatives said they would contact the registered manager or any of the staff to discuss concerns if they had any. One relative told us: "We are happy with the service" and added: "We have no complaints".

There was a file of compliments held in people's houses and in the house we visited we saw this. Staff were aware of when compliments had been raised and the registered manager told us these were shared as it

was important for staff to be recognised for work done well.

Good

Is the service well-led?

Our findings

One person we spoke with told us they thought the service was run well. Relatives we spoke with also said they were aware of who the registered manager was and they considered the service was managed appropriately. One relative said: "It's a nice service; my [family member] is very happy there and settled well with the support given". Another relative said: "It's well run, I don't have any concerns about that".

At the time of our inspection there was a registered manager in post. The registered manager had a detailed knowledge of each person who used the service and they told us about each person, their needs, abilities, preferences, personalities and level of support provided.

The registered manager told us they felt well supported in their role and received regular supervision from senior managers in the wider organisation. There was a clear emphasis on seeking ways to improve the quality of the service. The registered manager told us people's views were sought regularly and questionnaires had been sent to people and their families to gather feedback, although they told us these were returned to the organisation head office and the results were not known.

Staff attitude was positive and motivated and staff were focused on providing person centred care. Staff told us they were happy in their work and they thought the service was well run. Staff were aware of how the regulations impacted upon their work with people and told us managers reminded them of these. Staff said managers carried out visits to observe staff competency and practice. We saw evidence of this in staff files along with a Skills for Care Code of Conduct which outlined behaviour that promoted good practice.

As part of the provider information return (PIR) staff gave feedback about the service. Staff comments included: "The clients who are supported by our services are treated with the utmost respect and dignity in line with their care plans. All clients are encouraged to maintain as much independence as they are able to. Staff receive training around the care they are giving and are encouraged to take on extra training if it will be beneficial to their role. The clients who live in this service take an active role where possible in their PCP and care planning so they can see themselves achieve goals and be supported to achieve them in a safe and caring environment".

The PIR identified accurately the strengths of the service and the areas to improve. Documentation to support the running of the service was up to date and well maintained. Policies and procedures were in place and staff were familiar with these. The registered manager told us as new policy and procedure updates were done or as anything changed, staff were briefed on the changes.

Systems for auditing and monitoring the quality of the provision were robustly in place and these were based upon the fundamental standards of care and the domains of safe, effective, caring, responsive and well led. The registered manager had a clear oversight of the quality of the provision through weekly, monthly and periodical checks made to the service.