St Anne's Community Services

St Anne's, Huddersfield Mental Health Services

Inspection report

29 Cambridge Road
Huddersfield
West Yorkshire
HD1 5BU

Tel: 01484450833

Date of inspection visit:
19 May 2016

Date of publication:
18 July 2016

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

This inspection took place on 19 May 2016 and was unannounced. St Anne's Huddersfield Mental Health Services is a registered unit that provides accommodation and support to people aged 18 and over who experience mental health problems. The unit can accommodate ten people and nine people were using the service on the day we carried out our inspection. The service was last inspected in February 2014 and at that time the service was compliant with the outcomes we inspected.

The service had a registered manager. 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 who used the service told us they felt safe at St Anne's Huddersfield Mental Health Services. Staff had a good understanding of safeguarding adults from abuse and who to contact if they suspected any abuse. Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Medicines were managed in a safe way for people and self-management of medicines was promoted by the service.

There were enough staff to provide a good level of interaction and the provider had safe recruitment and selection procedures in place.

Staff had received an induction, supervision, appraisal and specialist training to enable them to provide support to the people who used the service. This ensured they had the knowledge and skills to support the people who lived there.

People's consent to care and treatment was always sought in line with legislation and guidance.

Meals were planned on an individual basis and people were supported to eat a balanced diet. A range of healthcare professionals were involved in people's care.

Staff were caring and supported people in a way that maintained their dignity, privacy and human rights. People were supported to be as independent as possible throughout their daily lives.

People were able to make choices about their support and engaged in activities which were person centred.

The service was led by each individual's goals and aspirations. Individual needs were assessed and met through the development of detailed personalised care plans and risk assessments using a 'recovery star' model. People's needs were reviewed as soon as their situation changed.

People told us they knew how to complain and told us staff were always approachable. Comments and complaints people made were responded to appropriately.

People told us they were very happy with the service and feedback from everyone was that the service was well led.

The culture of the organisation was open and transparent. The manager was visible in the service and knew the needs of the people who used the service.

People who used the service, their representatives, and staff were asked for their views about the service and they were acted on.

The registered provider had an overview of the service. They audited and monitored the service to ensure people's needs were met and the service provided was to a high standard.

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.

Staff had a good understanding of safeguarding people from abuse.

Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

There were enough staff on duty to meet people's individual needs.

Medicines were managed in a safe way for people

Is the service effective?

Good

The service was effective.

People's consent to care was sought in line with legislation and guidance.

Staff had received specialist training to enable them to provide support to the people who used the service

Meals were individually planned with people.

People had access to external health professionals as the need arose.

Is the service caring?

Good

The service was caring.

People who used the service told us the staff who supported them were caring.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

Is the service responsive?

Good

The service was responsive.

People were supported to participate in activities which were person centred.

People's needs were reviewed as soon as their situation and needs changed and people were involved in the development and the review of their support plans.

People told us they knew how to complain and told us staff were always approachable.

Is the service well-led?

Good

The service was well led.

The culture was positive, person centred, open and inclusive.

The registered manager was visible within the service.

The registered provider had an effective system in place to assess and monitor the quality of service provided.

St Anne's, Huddersfield Mental Health Services

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 19 May 2016 and was unannounced. The inspection was conducted by two adult social care inspectors. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. The provider had returned a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

At the time of this inspection there were nine people living at St Anne's Huddersfield Mental Health Services. We used a number of different methods to help us understand the experiences of people who used the service. We spent time in the living areas observing the support people received. We spoke with four people who used the service, three members of staff and the registered manager. We looked in the bedrooms of three people who used the service with permission.

During our inspection we spent time looking at two people's care and support records. We also looked at two records relating to staff recruitment, training records, maintenance records, and a selection of the service's audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "If I saw bad practice I would report it to the manager. They would act on concerns, but if they didn't I would go above them or I would call safeguarding myself." We saw safeguarding incidents had been dealt with appropriately when they arose. This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence. We saw in the care files of people who used the service comprehensive risk assessments were in place in areas such keeping a key, managing money, alcohol, smoking in bedrooms, self-medication and accessing the community. We saw these assessments were reviewed regularly, signed by people who used the service and up to date.

The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. One staff member gave an example of a person who wished to smoke in their bedroom and how the risk of fire or minor burns was minimised using a risk assessment and safety prompt sheet with the person. This showed the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. Accidents and incidents were recorded in detail and staff took appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the service.

There were enough staff on duty to meet people's individual needs and keep them safe. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received sufficient support. Staffing was adjusted when people's needs changed, for example, if their health deteriorated. People who used the service received staff support to enable them to access the community and engage in activities of their choice.

One person we spoke with was concerned there was only one staff member on duty at the weekends. The registered manager told us they would discuss these concerns with the person. We saw there had been no incidents at the weekend recently and if there was a particular risk the manager told us staffing was flexible to provide extra support to people. Most people who used the service were busy socialising at the weekends and preferred support with activities and appointments during the week and so staffing was targeted at these times.

The provider had their own bank of staff to cover for absence and occasionally used familiar agency staff. This meant people were supported and cared for by staff who knew them well.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. This showed staff had been properly checked to make sure they were suitable and safe to work with vulnerable people.

Appropriate arrangements were in place for the management of medicines. The registered manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw medicines competence was also assessed annually. This meant people received their medicines from people who had the appropriate knowledge and skills.

Blister packs were used for most medicines at the home, as well as some boxed medicines. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. This demonstrated the registered manager had a good medicines governance regime.

People's medicines were stored safely in a secure medicines cupboard, or securely in their bedrooms. People who used the service had a medicines contract with agreed protocols to support safe self-administration where appropriate.

Care plans also contained detailed information about medicines and how the person liked to take them, including an individual PRN (as and when required) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. We saw controlled drug records were accurately maintained. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety.

People who used the service that we spoke with knew what action to take in the event of a fire. People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported when the building needs to be evacuated. We saw staff training in fire safety was up to date and fire drills occurred regularly. This showed the service had plans in place in the event of an emergency situation.

Good

Is the service effective?

Our findings

People who used the service told us staff knew how to support them. Staff were provided with training and support to ensure they were able to meet people's needs effectively. We saw evidence in staff files that new staff completed an induction programme when they commenced employment at the service. We asked three staff members what support new employees received. They told us they completed induction training and then shadowed a more experienced staff member for around three days before they were counted in the staffing numbers. The shadowing focused on getting to know people's individual needs and preferences. Induction training was followed by completion of the care certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. This demonstrated that new employees were supported in their role.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Training was a mixture of computer based and face to face learning and included topics such as safeguarding adults from abuse, infection control, behaviour and de-escalation techniques, dual diagnoses, first aid and food hygiene. Additionally the registered manager held quizzes and discussed scenarios, for example in safeguarding, at team meeting to update the team's knowledge and skills. One staff member said, "It makes learning fun. It makes you feel like you are on a team." We saw a system in place to ensure that all staff were up to date with training and to alert the registered manager when staff needed to update their training.

Staff we spoke with told us they felt appropriately supported by the registered manager and they said they had supervision every one to two months, an annual appraisal and regular staff meetings. One staff member said, "I love it. It is such a good team. (Name of manager) is approachable. I feel 100% supported." Staff supervisions covered areas of performance and also included the opportunity for staff to raise any concerns or ideas. This showed staff were receiving regular management supervision to monitor their performance and development. Positive feedback was also given to staff. One staff member said, "You get good feedback for good work." The registered manager had nominated a number of employees for the provider's "Employee of the month" award, to recognise their contribution to the service. The registered manager said, "The service is only as good as the staff team."

One person who used the service said, "I like it here because I can smoke in my room and I can go out when I want."

The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff at the service had completed training and had a good understanding of the Mental Capacity Act (2005). We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. The manager told us there were no people using the service who lacked capacity to make certain decisions.

We saw people were asked for their consent before they received any support and the service acted in accordance with their wishes.

People were supported to eat a balanced diet. People made choices in what they wanted to eat and meals were planned on an individual basis. There was free access to the main kitchen throughout the day and to a smaller kitchen facility during the night. On the day of our inspection one person went out for lunch and we saw other people prepared the meals they wanted. The service provided staple food items by doing a 'house shop' on line. People then did their own food shopping to top this up according to their tastes and prepared their own meals, with support if required. Sometimes people ordered a take away and ate together.

We saw the individual dietary requirements of people were catered for. One person was living with diabetes. We saw the person's dietary intake was documented and they were supported to choose healthy options. One staff member said, "(person) hardly ate anything. Now they cook twice a day." People were weighed weekly to keep an overview of any changes in their weight. This showed the service ensured people's nutritional needs were monitored and action taken if required.

People had access to external health professionals as the need arose. The service supported people to manage their own mental and physical health needs where possible and we saw systems were in place to make sure people's healthcare needs were met. People told us they attended healthcare appointments and we saw from people's records a range of health professionals were involved. This had included general practitioners, consultants, community nurses, chiropodists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs

The atmosphere of the service was comfortable and homely. The home had a spacious living area, kitchen and dining area. Some of the décor of the home was in need of updating, however the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

People who used the service told us the staff were caring. People said, "The staff are nice here. They look after me." Other comments included, "Staff here are great. They always have time and I feel that they care," and, "The staff are really nice and helpful."

People told us they liked the staff and we saw there were good relationships between staff and the people who used the service. Staff told us they enjoyed working at the service and providing support to people who lived there. A member of staff said, "The best thing about working here is the people. Doing that small thing that makes a big difference. I really love it." Another staff member told us, "I love this place and all the people we support." All the staff we spoke with told us they would be happy for a relative of theirs to live there.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways, for example by engaging them in conversations about music, activities or work.

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. For example one person wanted to talk in private and this was facilitated by staff.

People's individual rooms were personalised to their taste. For example one person had musical instruments on the wall and was supported to care for a pet cat. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff said they ensured the office door was closed when giving out medicines or discussing personal information. One staff member said, "We never go in people's rooms without permission." People who used the service had a key to their rooms and to the front door and were free to come and go as they pleased. We saw the manager had introduced an intercom system to the front door that went directly to people's bedrooms, so that other people who used the service were not disturbed by visitors using the doorbell.

People were supported to make choices and decisions about their daily lives. People were consulted on how the home was run and they commented on aspects of support such as food, furnishings in communal areas and leisure activities. The registered manager told us the service had moved to individual meal planning to promote independence and choice. For example: one person now shopped in the Jamaican supermarket and cooked the cultural food they preferred.

People were encouraged to do things for themselves in their daily life. One member of staff said, "The people we support do really well, managing their own health and medicines. They are really good." People were responsible for cleaning their own bedrooms with support and people were supported to complete

jobs around the house. This showed people using the service were encouraged to maintain their independence.

Staff were aware of how to access advocacy services for people if the need arose and self-advocacy information was detailed in people's care records, for example; when a person had been enabled to speak up for themselves, when they had not been confident to do so before.

Good

Is the service responsive?

Our findings

People who used the service said, "The best thing about living here is they let you get on with your own business. If you need support they help you," and, "They always involve you."

In written feedback from the registered provider's recent survey one health professional wrote, "Excellent knowledge of individual's health and needs."

Through speaking with staff and people who used the service we felt confident that people's views were taken into account. There was evidence people had been involved in discussions about their care and support. This meant the choices of people who used the service were respected.

We saw support plans were person centred and provided information about the individual that would enable them to receive person centred support, for example "Likes; learning drums, cats and stroking them," and dislikes, "Being alone."

We saw support for people was person centred and staff were led in their work by what people wanted to do. The service used the mental health 'recovery star' model as the basis for identifying people's support needs. This is a tool for supporting and measuring change when working with adults who access mental health support services. The care records contained action plans in areas such as; managing mental health, physical health and self-care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem. The recovery model encourages people using mental health services to move forward, set new goals and develop relationships. Care records we sampled contained mental health relapse indicators and crisis contingency plans. Daily records were also kept detailing what activities the person had undertaken, any concerns and prompts or support provided.

Goals that the person wished to achieve were set at reviews and progress toward the goal was recorded. For example; one person was supported to use public transport independently and access a college course. Another person was supported to secure and maintain a part time job. One staff member said, "The clients enjoy their reviews. It's a chance for them to talk and express themselves. It's a really useful tool." People's needs were also reviewed as soon as their situation changed. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

People were supported to participate in activities in line with their tastes and interests. People who used the service said, "I help with the garden and look after the rabbits," and, "I've been to Leeds, to the Royal Armouries. I enjoyed seeing all the weapons they used in the olden days." Another person said, "I like to go to town and get my dinner." (Name of staff) and I go twice a year to Bridlington."

Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given many opportunities to pursue hobbies and activities of their choice. There was an art cupboard with free materials which some people used and a music room containing recording equipment and

musical instruments, supplied by one of the staff members. We heard examples of the music created and the enjoyment people received from the activity was evident.

Some people enjoyed gardening and had recently built a rockery and one person kept rabbits. We saw from records people regularly took part in activities such as woodwork, swimming, walking and going to the cinema. Some people had part time jobs or attended college courses. This meant staff supported people with their social, educational and leisure needs.

The people we spoke with told us if they felt unhappy they would speak with staff and they knew how to complain. One person said, "If there is a problem the staff listen to you. I have no concerns or complaints." Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. Compliments were also recorded and available for staff to read. These included a thank you from the family member of a person who had moved on to their own tenancy and, "Thanks for helping with my hair," from a person using the service.

Good

Is the service well-led?

Our findings

People who used the service told us they liked the registered manager and they were happy with the service. One person said, "My mental health has been on a decent level since I moved here. I have not had any major problems. I am happy and settled."

Staff we spoke with were very positive about the registered manager and told us the home was well led. They said, "The manager is lovely. So supportive as a manager. She doesn't miss a thing. I really love working here."

The registered manager had an in-depth knowledge of the needs and preferences of the people who used the service and used this knowledge to organise person centred support for people. The registered manager said the aim of the service was to promote independence, "We are enthusiastic about helping people to cope and move on. Everyone is living the life they choose to live. It's all about choice."

The manager was liaising with housing providers and other stake holders to try to secure tenancies for people who wanted to move on to more independent living. People's care records demonstrated excellent partnership working with local community mental health services and feedback was very positive.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager said they operated an 'open door policy' and staff and people who used the service were able to speak to her about any problem any time. People we spoke with confirmed this. One member of staff said, "(name of manager) is very supportive. You can ring her any time. She is always there for us. We are so lucky to work here." The registered manager told us they welcomed and supported staff with experience of living with mental health problems to enrich the experience of people who used the service and staff confirmed this was the case.

The registered manager told us they felt supported by the registered provider and could call their manager any time. They told us they attended managers' meetings every few months and also attended good practice events. They said the registered provider sent them good practice updates, as well as providing formal training. This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people using the service.

People who used the service, their representatives and staff were asked for their views about their care and they were acted on. Service user meetings were offered to people, however the people who used the service had decided they did not want to attend. We saw from records individuals had been consulted on every aspect of their support and their views were recorded.

The provider carried out its own quality assessment of the service through stakeholder, relative and client questionnaires. We saw the questionnaires that had been recently returned and they were all complimentary about the service. One family member commented, "We continue to appreciate the quality and warmth of the support you give (name of person)."

Staff meetings were held every month. Topics discussed included staff training and development, individual people's needs, health and safety, learning from incidents, feedback from clients, policies and building maintenance. Actions from the last meeting were discussed and goals were set from the meeting. We saw the last staff meeting had discussed the 'duty of candour', where services must display their inspection ratings and a quiz had been completed to check staffs' knowledge. A scenario around 'unintentional abuse' had also been used to aid staff awareness of the human rights of people who used the service. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people using the service.

We saw audits were maintained in relation to premises and equipment. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Audits of medicines were completed twice daily and the manager also completed spot checks. Service users' money audits were conducted on a daily basis and care plans and documents were also reviewed and checked regularly. This showed staff compliance with the service's procedures was monitored.

The registered manager sent a report to the registered provider every two weeks with details of topics such as audits, incidents, training and supervision. The area manager visited the home to ensure compliance with the registered provider's policies and procedures and the registered provider was planning to introduce a quality team to support improvements in service provision. This demonstrated the senior management of the organisation were reviewing information to improve quality of the service.