

St Anne's Community Services

St Anne's Community Services - Creykes Lodge

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

This unannounced inspection took place on 07 June 2017.

St Anne's Community Services -Creykes Lodge provides personal care and accommodation for up to six adults with complex learning disabilities. The premises consist of a detached bungalow on the main road in the village of Rawcliffe, on a bus route; The home is situated close to local amenities, and the towns of Goole and Selby. The home offers single room accommodation. Six people were residing at the home on the day of the inspection visit.

At the last inspection in December 2014 the service was rated 'Good'. At this inspection we found the service was meeting all the fundamental standards and the service remained 'Good'.

At this inspection visit carried out in June 2017, we saw that staffing levels met the personal needs of each person who lived at the home. People were relaxed and comfortable in the presence of staff. We saw staff attending to the needs of people in a timely manner.

Arrangements were in place to protect people from risk of abuse. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Recruitment procedures were in place to ensure checks were made on staff prior to them starting work. This allowed the service to check people's suitability for working with vulnerable people.

Suitable arrangements were in place for managing and administering medicines for people. Good practice guidelines were consistently followed.

People were encouraged to pursue activities of their own choosing and were supported to live active lives within their community.

Care plans were in place for people who lived at the home. Care plans covered support needs and personal wishes. Plans were reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

The service had systems in place to monitor and manage risks. Staff were encouraged to work proactively to assess and manage risk.

Relatives described staff as "knowledgeable." We saw evidence of staff being provided with support and training. Staff told us they were supported in their role by their fellow team members and senior managers.

People were supported to have their dietary and nutritional needs met. People's preferences were taken into consideration at meal times.

The registered manager had an active presence at the home. This enabled them to have a good oversight of what occurred at the home and this contributed to positive outcomes for people.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. We saw audits were routinely carried out.

Staff told us that Creykes Lodge was a good place to work. Staff praised the management and the way in which the service was run. They told us communication was good and described the managers as caring and approachable.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

St Anne's Community Services - Creykes Lodge

Detailed findings

Background to this inspection

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

This inspection visit took place on the 07 June 2017, and was unannounced. It was carried out by an adult social care inspector.

Before our inspection visit we reviewed the information we held about the home. This included notifications we had received from the service about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information to enable us to plan our inspection effectively. We also consulted with the local authority, clinical commissioning groups and Healthwatch to see if they had any concerns. Healthwatch is an independent consumer champion for health and social care. We received no information of concern.

Not everyone who lived at the home was able to speak with us due to living with complex disabilities. We therefore observed interactions between staff and people who lived at the home using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

As part of the inspection process we spoke with one person who lived at the home and two relatives. In addition we spoke with four staff members, including the registered manager and deputy manager.

To gather information, we looked at a variety of records. This included care plan files relating to two people who lived at the home. We also looked at medicine administration records relating to people who received support from staff to administer their medicines.

We viewed recruitment files belonging to three staff members and other documentation which was relevant to the management of the service. This included health and safety certification, training records, team meeting minutes, accidents and incidents records and findings from monthly audits.

We looked around the home in both communal and private areas to assess the environment to ensure it met the needs of people who lived there.



Our findings

Observations made during the inspection demonstrated that people felt safe. People looked relaxed and comfortable. We spoke with two relatives of people who lived at the home. They confirmed people were safe. One relative said, "The home has a locked gate policy. My [relative] is as safe as they could be."

As part of the inspection process we looked at how people were protected from harm. Staff at the home told us they had received safeguarding training. They were able to identify abuse and said they would report any concerns. One staff member said, "First of all I would report it, even if it was something that could be dealt with in house I would report it to the Local Authority. I would take the person away from the situation and report further. "

We found that risk was suitably managed. Staff had a good understanding of each person's individual needs and the risks presented by some of the people's complex behaviours. Descriptive behavioural management plans were in place to ensure people were kept safe. We saw that any adverse incidents were reported through a central reporting system and all incidents were analysed by senior management on a monthly basis.

Risk assessments were thorough and detailed and provided instructions for staff members when delivering their support. We saw evidence that risk assessments had been developed through intensive working with people who lived at the home, their relatives and other health professionals. Staff were able to describe how they managed people's care needs in accordance with risk.

We reviewed the storage and management of medicines. We found that suitable procedures were followed. Medicines were stored securely within a locked cabinet to which only staff had access. Medicines were checked in by a senior manager. We saw regular stock checks of all medicines took place. Staff told us they could only administer medicines if they had received training. We saw evidence of staff medicines competency checks taking place. We reviewed Medicines Administration records (MAR) sheets. We found these were clear and concise and provided staff with appropriate direction. This demonstrated that people were receiving their medicines in accordance of how they were prescribed.

We looked at staffing. Relatives were happy with the staffing arrangements at the home. During the inspection visit we saw that staff were suitably deployed to ensure people were safe and had their preferences met. People had their needs attended to in a timely manner. We observed staff spending time with people chatting and offering comfort when required. All the staff we spoke with told us they considered

the staffing levels to be good. One member of staff said, "We are two staff down at the moment but we manage to get everything done."

We reviewed recruitment procedures carried out by the registered provider. We found suitable checks were in place to ensure staff employed were of suitable character. We saw that reference checks were requested and received prior to staff commencing work. In addition, the registered provider sought information on each person from the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

During the inspection visit we looked around the home and found it was clean, tidy and suitably maintained. We reviewed all certification relating to the health and safety of the home. All required documentation was up to date.



Our findings

We spoke with relatives of two people who lived at the home. They told us their family members received effective care from staff employed by St Anne's Community Services. One relative told us there had been a noted improvement in their family member's behaviours since they had moved into the home.

We looked to ensure people's health care needs were being met. One relative we spoke with told us their family members health needs were addressed and managed. Both relatives confirmed they were communicated with when their family member's needs changed. One relative praised the way in which the staff were supporting the person to self-manage some of their health conditions. Good practice guidelines for promoting the health of people with learning disabilities were referred to and acted upon. For example, people were encouraged to have annual health care checks. The service worked proactively and in partnership with external healthcare professionals to ensure people's health care needs were met in a timely manner.

We looked at how people's dietary needs were met. Care plans showed people's preferences and any associated risks related to eating and drinking. We discreetly observed people eating their lunch time meal. People were supported to eat meals of their own choosing. Staff supported people when required and did this in a respectful and person centred manner. When people had specific dietary requirements we saw records relating to these needs were up to date and concise.

People received care which was relevant to their needs and effective because they were supported by an established staff team. Relatives told us they were confident people were supported by staff who knew them well. One relative said, "My [family member] receives continuous care from staff who know their needs." Another relative described staff as "knowledgeable."

Staff told us they were fully supported in their role at the start of their employment. Staff told us they had received appropriate training. Staff had a good understanding of people's needs. For example, we saw staff engaging quickly with a person who was at risk of falls when they stood up from their chair. We viewed the training matrix maintained by the registered manager. Training subjects included areas which affected the health and wellbeing of people, such as safeguarding and epilepsy.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Because of the complex needs of people who lived at the home, we noted there were a number of restrictions in place for each person who lived at the home. We discussed the principles of the MCA with the registered manager and staff. They were able to demonstrate a good understanding of the process. We saw evidence of best interests meetings taking place when a person lacked capacity. These meetings ensured that all decisions made for people were in their best interests and were the least restrictive. Relatives told us they were consulted with when decisions needed to be made on behalf of people.



Our findings

We spoke with one person who lived at the home. They told us that staff were kind and caring. Relatives we spoke with confirmed with this was the case. They said, "They treat my [relative] very well." and "They are very professional and caring."

We observed staff as they provided care and support. Staff engaged with people in a caring and relaxed way. For example, they spoke to people in soft tones and used appropriate touch and humour. Staff understood the needs of people they supported and it was apparent trusting relationships had been created.

Staff respected people's dignity and privacy. We saw staff knocking on people's doors and waiting before entering. When people requested privacy this was respected. People were well presented and staff sought to maintain people's dignity throughout the day.

Independence was promoted throughout the home. We observed people having the freedom to make their own decisions throughout the day. We observed one person asking to go out. Staff supported the person with this request. We observed another person spending time in the garden. Staff understood how important it was for this person to be outside.

People had their own bedrooms and were encouraged to personalise them as they wished. For some people, this meant they preferred low stimulus environments where rooms did not contain personal items. Staff had a good understanding of this and the reasons to why this needed to be respected.

Staff had worked proactively with families and relevant people to explore end of life care plans for people who lived at the home. This meant the provider would know what the person's preferences were and to respect these on death.

We saw evidence of advocate involvement at the home. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocates were consulted with when choices had to be made and the person themselves did not have capacity to make their own decisions about their care and support.



Our findings

One person who lived at the home informed us they were encouraged to express their views about how they wanted their care provided. Relatives we spoke with told us the care their relatives received was individualised according to their family member's needs. They said, "Choices have to be made on behalf of my [relative] to keep them safe but they (the staff) also support [my relative] to make their own choices whenever they can."

We saw that a person centred approach was taken to ensure people's beliefs, likes and wishes were included within the care plan. When people could not verbally communicate their needs the registered manager said they were able to gauge people's preferences through observing the way people behaved. They said this understanding had developed over the years.

Two care plans we looked at were detailed and were clear about support needs of people and how they wanted their care delivered. Staff told us they were able to contribute to care plans and were aware of the need for care plans to be up to date and accurate. Staff were aware of the need to ensure paperwork accurately reflected what they observed during practice. Learning logs were in place so behaviours could be analysed. This information was then used within the care plan and record.

People were encouraged to be active citizens in their own community. Staff had worked with each person to develop a list of activities they enjoyed doing. On the day of our inspection visit we observed one person went to a day centre. Other people went out for the morning. Activities were developed around the person, for example one person liked going out in their car. Staff said the person just liked the experience of the motion of driving.

Relatives we spoke with had no complaints and described an open culture. One relative said, "I haven't made complaints but I have made observations. I was happy with the way they were managed." Staff were aware of the complaints policy and how to respond. The registered manager confirmed they had not received any complaints in the past twelve months. They said they used information stored within care records to ensure people who could not verbally communicate were satisfied with the service. We saw that all complaints were stored centrally within the organisation and were overseen by a senior manager. This allowed for all trends and themes to be analysed.



Our findings

The service had a registered manager in place. 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.

Staff and relatives praised the knowledge of the registered manager. They told us the service was well managed. Relatives said, "[Registered Manager] is on the ball." And, "[Registered manager] holds a tight reign." Relatives said communication between the home and the family was good and said they were communicated with at relevant times.

Staff confirmed they were clear about their role and between them provided a well-run quality service. They told us they were supported in their role and management support was available out of hours when required.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included discussing safeguarding procedures, best interest decisions, deprivation of liberties and ongoing staff recruitment.

The management team had procedures in place to monitor the quality of the service provided. For example regular audits had been undertaken and any discrepancies were acted upon. We saw regular audits of the environment took place and improvements were reported to the landlord of the home. Other audits completed included, care records of people who lived at the home and medication. This helped to ensure people were living in a safe environment.

Because people who lived at the home could not verbally communicate the registered manager said they did not hold residents meetings. They said it would be tokenistic to do so. The registered manager said they reviewed monthly feedback sheets in regards to people who lived at the home to gauge how satisfied they were with the service. They said, "This is the best way we can get to peoples' voices." Relatives told us they were encouraged to give feedback also.

The management team had a system of obtaining views from relatives, friends and people who lived at the home by means of annual surveys.

A number of compliments had been received at the home. Feedback included, "The staff team at Creykes Lodge manage [person's] care with respect and sensitivity and endeavour to allow them as much autonomy as possible."

The registered manager told us they worked in partnership with other managers within the organisation to make sure they were following current practice. They told us they also referred to research and other working groups to ensure their knowledge was up to date and relevant. This promoted positive outcomes for people who lived at the home.

The registered manager was aware of their legal duties. We saw the services assessment rating was on view in the entrance area where people visiting the home could see it. This has been a legal requirement since 01 April 2015. We also saw evidence of notifications being submitted to the CQC in a timely manner.