

St Anne's Community Services

St Anne's Community Services - Croft House

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

About the service

St Annes Community services – Croft House is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to seven people. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People enjoyed living at the service and felt they had their independence promoted by staff. People had a good quality of life and were treated with kindness by staff. Relatives were positive about the service. They said it was well managed and staff cared for their family members with dignity and respect.

Staff felt the provider often did not always consider their views. We have made a recommendation about improving communication.

People's medicines were managed safely. People received enough to eat and drink and staff had positive links with health care professionals which promoted people's wellbeing.

Care and support was tailored to each person's needs and preferences. People had been supported to develop and maintain positive relationships with friends and family.

Staff encouraged positive risk taking so people could experience new things and develop skills.

Lessons were learnt about accidents and incidents and these were shared with staff, to reduce the risk of further occurrences.

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

Recruitment checks were carried out to ensure staff were suitable to work in the service. Staff had received appropriate training and support to enable them to carry out their role.

Systems were in place to monitor and improve the service to ensure people received a good quality service.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was Good (Published 30 November 2016).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Anne's Community Services - Croft House

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

St Anne's Community Services - Croft house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted Healthwatch and asked them to provide any feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

We sought feedback from the local authority and professionals who work with the service. We used the

information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and the deputy manager. We used 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.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the area manager to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.
- People told us they felt safe. Comments included, "Oh yes, I certainly feel safe here."
- There was enough staff on duty to provide the support people needed. Staffing levels were reviewed on a regular basis.
- A safe recruitment procedure was in place and followed. This ensured suitable staff were employed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood how to support people safely to reduce the risk of avoidable harm.
- Care plans contained clear guidance for staff to follow on how to keep people safe.
- People were supported to take positive risks to promote their independence. One person told us, "Since moving in here, the staff have supported me to become more independent."
- Systems were in place to monitor accidents and incidents and reduce risks where possible. This could be further adapted to identify any patterns or trends.

Using medicines safely; Preventing and controlling infection

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required.
- People were encouraged to manage their own medicines where they had those skills.
- Protocols for 'as and when required' medicines were in place for all medicines to guide staff when medicines were required.
- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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 provider ensured they could meet people's needs. Pre-admission assessments were completed by a competent member of staff before a person was admitted to the service.
- Care and support was planned, delivered and monitored in line with current best practise and evidence based guidance.
- People were involved in making every day decisions and choices about how they wanted to live their lives.

Staff support: induction, training, skills and experience

- New staff received a thorough induction. This ensured they were familiar with the providers policies and procedures, the environment and people they would be supporting.
- Care and support was provided by staff who had the appropriate training, knowledge and support from management to ensure they had the required skills and followed best practice guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were involved in meal choices and supported to maintain a balanced diet.
- People were protected from risks of poor nutrition and dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had links with the local GP practice who visited the service. Regular visits from other professionals ensured people received the support they required, and their health needs were met.
- Care plans showed advice from professionals was acted upon.

Adapting service, design, decoration to meet people's needs

- The service provided a homely environment which met the needs of people.
- Adaptations had been made where necessary to meet people's needs.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in decisions about their care. Where appropriate, people signed their care records to document that they consented to the support staff provided.
- Where people did not have capacity records showed decisions had been made in people's best interests.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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 were treated with kindness and respect by staff.
- Staff demonstrated a friendly approach which showed consideration for their individual needs.
- People had developed strong relationships with staff which impacted positively on their feelings of wellbeing.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld, and that they were not discriminated against in any way. Staff actively challenged discrimination.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed, they sought external professional help to support decision making for people such as advocacy services.
- People were involved in reviewing their care and support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them, social networks and the community. One relative told us, "My family member has come on leaps and bounds since moving to Croft House. They are so independent and I can't thank the staff enough."
- People were supported to grow in confidence and develop their skills. One person told us, "The staff have helped me to develop new interests and friendships. I have a good life full of me doing things that are important to me."
- Staff respected people's privacy and dignity and understood people's abilities which were promoted.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had comprehensive care plans in place which contained person-centred information. These had been regularly reviewed and updated where there were changes in people's support needs.
- Discussions with staff evidenced they were aware of people's routines and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to access activities which supported them to live an ordinary life. This included work placements and forums for people with learning disabilities. This gave them opportunities to meet new people and be involved in the community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provide ensured that information was presented to people in a way they could understand whether this was in pictorial and easy read formats.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place. The service had not received any complaints since our last inspection.
- People knew how to raise concerns and were confident these would be addressed appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt the provider often did not always consider their views. This resulted in staff feeling disengaged at times. For example, when a new policy was introduced regarding finances available for staff when they supported people to access the community.

We recommend the provider improves communication and engagement with staff at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was open, honest and caring.
- The registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their role and responsibilities and kept up to date with best practice.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.
- Regular quality assurance checks ensured people were safe and happy with the service they received.

Working in partnership with others; Continuous learning and improving care

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- People and their relatives had completed a survey of their views. Feedback had been considered to continuously improve the service.

