

St Anne's Community Services

St Anne's Community Services- Doncaster

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected St Anne's Community Services- Doncaster on 4,5,6 November 2015. The inspection was unannounced. St Anne's Community Services- Doncaster was last inspected in February 2014. At that inspection we identified breaches of the HSCA (RA) Regulations 2010 regarding medication and governance. Following this inspection the provider produced an action plan to address the shortcomings identified.

St Anne's Community Services- Doncaster provides personal care for adults with a learning disability in a supported living setting. The service is delivered in shared or self contained community based accommodation in Doncaster and is divided into four separate teams. On the day of the inspection 55 people were receiving accommodation based care services from the provider. St Anne's Community Services- Doncaster had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 this service were not always safe. Medicines administered were not always signed for on the Medication Administration Records (MAR). Medication in the form of liquids and creams did not always have an 'opened on' date. The provider's monitoring processes did not always identify recording errors had been entered on medicine administration records. You can see what action we told the provider to take at the back of the full version of the report.

Staff knew how to reduce the risk of harm to people from abuse and unsafe practice. The risk of harm to people receiving the service was assessed.

Most staff felt there was sufficient numbers of staff available to meet people's needs although some staff and people who used the service believed that staffing was not always adequate and support had not been delivered as a consequence. The provider had procedures in place to recruit staff safely.

Care plans did not always reflect the current needs of people who used the service. Not all care plan documents were updated regularly.

People felt safe and secure with staff coming into their homes and that staff had the skills and knowledge to care and support them. Staff felt trained and supported to care for people.

Where appropriate, people were supported by staff to access other health and social care professionals when needed. The provider was taking the appropriate action to ensure people who used the service, was not unlawfully restricted and had processes in place to protect people's rights.

People felt that the staff were caring and treated people with dignity and respect. They felt staff promoted their independence and staff responded to their support needs.

People felt they could speak with the provider about their worries or concerns and most felt that they would be listened to and have their issues addressed.

The provider had internal quality assurance systems in place to monitor the care and support people received. However, the systems were not always used with the frequency expected by the provider, nor were they always effective in identifying issues or areas requiring improvement. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not always administered or appropriately recorded.

There were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The provider used robust systems to help ensure staff were only employed if they were suitable and safe to work in people's homes.

Requires improvement



Is the service effective?

The service was effective.

Staff understood the Mental Capacity Act 2005 and had received training in working with people with challenging behaviour.

Staff told us they felt supported by their manager and received supervision and appropriate training on a regular basis.

People using the service had sufficient choice of food.

People using the service were supported to attend health appointments.

Good



Is the service caring?

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not always reflect the current needs of people who used the service. Not all care plan documents were updated regularly.

Activities identified in care planning were followed through for people using the service and staff supported people with the activities.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

Requires improvement



Summary of findings

People knew how they could raise a concern about the service they received.

Is the service well-led?

The service was not always well-led.

The provider had systems in place to monitor the quality of the service provided. However these were not always robustly used.

People who used the service and their families were asked for their views of the service. Their views were actively sought and people told us they felt listened to.

People who used the service knew the registered manager and were confident to raise any concerns with them.

There was an open and positive culture amongst staff. Staff told us they felt they could voice their opinion to the registered manager and they were listened to.

Requires improvement



St Anne's Community Services- Doncaster

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.

We carried out this inspection on 4,5,6 November 2015 and it was unannounced. The inspection was carried out by an adult social care inspector.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

During our inspection we spoke with seven people who used the service at seven properties. We also spoke with nine staff, two service managers and the registered manager.

We looked at the care records for 14 people and also looked at records that related to how the service was managed.

Before our inspection we reviewed the information we held about the service, including the information about notifications received from the provider. We also spoke with the local authority.

Is the service safe?

Our findings

We looked at the arrangements in place for the administration and management of medicines. Medication was appropriately stored, stocks tallied with those indicated by the Medication Administration Records (MAR) and we saw from training records, all staff had received medicines training. However we found the administration and management of medicines were not always appropriate.

Although the provider's action plan identified that new and improved means of managing medicines had been introduced we found issues which placed people at risk of not receiving the medication they had been prescribed.

We found that one person was prescribed a birth control pill. The patient information leaflet identified that the strip of tablets had days of the week and arrows printed on to assist the user to identify the correct tablet to be taken. The leaflet also said, "Don't start with just any tablet." "Always follow the direction indicated by the arrows." Tablets taken from the strips and administered had not always followed these instructions. For example we found one strip of 28 tablets had one tablet missing whilst another strip had seven tablets missing which had not followed the arrow system as instructed. Medicines in liquid and cream forms did not consistently have 'opened on' dates.

Two people at one house were both prescribed creams to be administered twice daily. Medication Administration Records (MAR) showed that on five occasions only one staff signature was on the MAR. One of the providers new systems identified in the action plan was a check sheet signed by two staff twice per day identifying that the MAR sheets were correct. On the five occasions where signatures were missing the MAR check sheet had been signed, indicating that the MAR's were correct.

Another person was prescribed Naproxen once per day and Diclofenac three times per day. Both of these medicines had not been administered. Staff told us that the G.P. had advised that the tablets could be administered 'as required' however the label for the tablets did not indicate this nor could any written evidence of the G.P.'s decision be found in the persons care plan or communication book.

This meant that the provider's systems and action plan had been ineffectual and had not protected people against the risks associated with the unsafe use and management of medicines.

This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to identify abuse and had safeguarding training. This guided their actions in the event of an allegation of abuse. We discussed safeguarding with staff and found them knowledgeable and confident with the internal and external procedures for identifying and reporting abuse. All the staff we spoke with told us they were aware of the policy and how to whistleblow, should the need arise.

We found that in most properties we visited, various areas of the premises were checked for potential risk and for the safety of staff and those who used the service. These checks were completed on a weekly and monthly basis and included smoke alarms, heat detectors, emergency lighting, water temperatures and infection control. We also found that fridge and freezer temperatures were recorded on a daily basis as well as food temperatures taken with a temperature probe. These were documented in a "safer food" file. However in one property we found a document titled 'PM check sheet.' This was for staff to sign and confirm that the security of windows, doors and outbuildings had been checked. We found that 14 days in October, three days in September and four days in August had not been signed for. At the same property the daily water temperature chart for the shower had not been completed on 10 occasions. The communication book identified that a person had showered on nine of these occasions. This meant that the provider did not have oversight of the records relating to risks, and that they were not being monitored effectively.

This was a breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found care records contained emergency evacuation procedures for people who used the service. These were individualised to take account of people's specific support needs. We also found records of regular fire alarm testing and timed fire drills.

Is the service safe?

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre-employment checks of references and a criminal records check.

On the day of our inspection people were supported by sufficient numbers of staff. Although some staff and people who used the service told us that this was not always the

case. One person told us, “I don’t always get the staff time I should as shifts are not always covered by staff.” We cross-checked what they told us by looking at rotas. We found that there had been a shortage of staff in one section of the service over a specific period of time. The registered manager acknowledged that this had been an issue, but described that it had now been addressed by using bank staff and agency staff.

Is the service effective?

Our findings

People who used the service felt staff were knowledgeable and well trained for the role. Staff had been provided with an induction and training and told us they felt supported by their manager. Four staff files we looked at showed that staff had received supervision. Although these records showed this occurred regularly one staff member we spoke with said, “I get supervision but it is not very regular.”

We saw that staff asked people’s permission before they supported them with their care needs. Staff were able to explain how they obtained consent to provide care on a daily basis. For example staff said they always explained things to people and give them the choice to agree or disagree. Staff told us that if people declined support, they would try again later. Staff understood that people had the right to choose the care they received.

People who used the service told us that they had sufficient to eat and drink. One person told us, “I get plenty to eat, I choose the meals I eat, sometimes I help to prepare it.” Care plans reflected people’s dietary needs, likes and dislikes. We saw that one person had a pictorial shopping list of the foods they liked. Staff told us that, in consultation with people, they opted to prepare foods in the healthiest possible way, for example grilling or poaching.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where

someone may be deprived of their liberty, the least restrictive option is taken. Staff had undertaken training to enable them to care effectively for people. For example training in challenging behaviour and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This ensured that people were not at risk of unlawful restriction or limitation. The registered manager and service managers were knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

Staff told us that communication was good. Each on-coming staff member received a handover. One staff member told us, “We are brought up to speed quickly with the handovers and entries in the communication book.” Staff also told us that there were regular team meetings, at which staff could participate freely. Whilst staff told us that shift handovers were regular and informative we found that the medication recording errors and missing signatures from regular checks had not been identified, recorded or passed on.

People who used the service consented to the support they received. We saw most documents within the care plans which had been signed by the person in receipt of support. One person who used the service told us, “Staff always ask for my permission.” However we found that all care plans had not been signed or dated by staff or the people they were supporting.

We saw people had access to healthcare services. Care plans contained contact details for other professionals such as opticians, chiropodists and GPs. Care plans also contained a health action plans which held details of other professionals to be contacted without delay when required, for example social workers.

Is the service caring?

Our findings

People who used the service spoke well of the staff. One person said, “The staff are very good to me. They look after me they give me a hand when I need it.” We saw positive interactions between staff and people using the service with staff promoting choice and showing an understanding of people’s likes and dislikes.

People using the service chose where to spend their time. We saw that whilst some people attended day centres others did not but enjoyed activities in their home. For example we saw one person completing a number of jigsaws. Staff told us that there were also evening activities for everybody when people had returned from the day centre.

People were helped to maintain relationships with people who were important to them. Relatives and friends visited and there were no restrictions on times or lengths of visits. People who used the service told us that relationships with staff were positive. One person told us, “Staff are lovely.”

People who used the service were involved in the service. They took part in regular residents meetings. This ensured that their point of view was taken into account when reaching decisions about service provision and how support was delivered.

People said their privacy and dignity were respected. We saw people being assisted considerably and noted they were politely reassured by staff. We observed people spent time in different areas of the home. Each person had a single room in which they could spend time alone if they wished. We observed staff knocking on bedroom doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in a care setting.

We noted at properties that people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

The service had policies and procedures in a staff handbook regarding the values underpinning the service such as treating people with respect and helping them to maintain their independence. Staff told us of the importance of treating people with respect, of having time to listen to people and to making choices available. Staff were motivated in their work and found it rewarding to be able to support people well and in the way people wanted.

Is the service responsive?

Our findings

People we spoke with were satisfied with the standard of care they were provided. However, we found that the provider did not always ensure people had up to date support plans that reflected their needs. Therefore, there were risks that people might not receive the care they required.

People's needs were assessed prior to them moving into the home by the manager to ascertain whether the needs of the individual could be met by the service. We looked at 14 records, these detailed people's preferences in relation to their daily routines, the name they preferred to be called by, their usual preferred time for getting up and going to bed, the use of equipment and number of staff required to move people and details about their personal care requirements.

People who received services from St Anne's Doncaster had a care and support plan in place. However we found that not all paperwork was up to date, held conflicting information and in some instances, had not been signed or dated. For example one person's file held two support plans. One plan had not been signed, dated or reviewed. The other plan was dated February 2014 and had not been reviewed since that date. It was therefore not possible to determine what the person's immediate support needs were. Another file we looked at also contained two support plans, neither of which had been signed or dated.

We looked at the support plan for one person who was required to be regularly turned to counter the risk of developing pressure sores due to their lack of mobility. The 'turns' section of the plan stated that turns should be completed every five hours however in the 'my routines' section of the plan it stated that turns should be made every four hours. The 'physical health assessment tool' for this person had not been signed or dated. It was therefore not possible to determine how recently the assessment had been made and by whom.

Other files we looked at showed that two people had not been weighed since May and June 2015 respectively. The registered manager told us that people should be weighed on a monthly basis. One plan we looked at had a document titled 'privacy agreement.' The entry on this document stated, "Ensure bathroom door is closed – see personal support plan." However there was no personal

support plan on file. It was therefore not possible to determine the detail and requirements which should be met to ensure the person's privacy. We spoke with the registered manager about these documentation shortfalls. They told us **people were actually receiving the care they required, however, the lack of up to date care records could put people at risk of not receiving the individual care they require and this was not identified through an effective monitoring system.**

This was a breach of regulation 17 (1)(2)(a) of the Health and Social Care Act 2008 (Regulations 2014).

People told us that they felt that St Anne's provided them with the care and support they needed. One person told us, "I like it here, I have everything I need."

Daily notes were completed in a communications book regarding the care and support given to people that day. This information was given at staff handovers to ensure that staff were aware of people's immediate needs.

People had choice and involvement in decisions regarding the care they received. For example, information regarding people's choices in relation to baths and showers. One support plan entry read, "I do not not like going into the shower with my back facing the shower." This meant that the provider had responded appropriately to the person's specific wishes.

People had the opportunity to share their views and give feedback by completing service user questionnaires. People who were unable to complete these had been assisted by support staff. It was not clear whether people had been offered the opportunity to have an independent person support them in the completion.

A complaints policy and procedure was in place. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. We looked at a previous formal complaint received by the service. We saw that the provider had responded in writing to the complainant. However, this had not been done within the timescale as stated in the provider's complaints policy. The manager told us the complaint had been resolved and the investigation completed. We saw a copy of letters sent to the complainant to show when this complaint had been closed.

A programme of preferred activities was recorded in support plans. The registered manager told us that this was

Is the service responsive?

a guide and was flexible, dependent on individual wishes. Activities included regular attendance at day centres, swimming, cinema, watching sporting events and

individual hobbies. Activities also included organised trips, for example one person had recently been on holiday to Benidorm. They told us, "I enjoyed it a lot, it was a nice place."

Is the service well-led?

Our findings

People were not always protected against the risks of poor care and treatment because the provider did not consistently operate an effective system to monitor and assess the quality of the service. Our previous inspection in February 2015 had identified that the management of medicines and record keeping required improvement. The provider detailed to us how improvements were to be made and overseen by the registered manager and area manager. These included additional checks by staff and managers regarding medication and monthly audits regarding support plans. We found that the improvements required had not been fully effective and any improvements had not been sustained as issues we found at this inspection had not been identified by the provider's quality assurance systems.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulations 2014).

The registered manager and service managers spoke with passion about providing a good quality service for the people who received support from St Anne's. They told us "I want to provide the best service we possibly can."

Most people who received services told us the home was well managed by the registered manager and service managers and spoke positively about them. Comments we received included, "She is lovely" and "I like them a lot. They said the managers were supportive and caring. However one person told us, "I don't see this manager as much as the old one, they just don't seem to be around." Staff told us the registered manager and service managers provided good leadership, were open and transparent. One member of staff said "I find her to be very good. She is supportive of staff and wants the best for the people who use the service." Although another staff member said, "I

don't feel well supported. You can't get hold of a manager after five o'clock or at weekends, on call is via telephone to people who don't know the people we support." We checked records of incidents and accidents to assess the quality of the on call support, but could not find any evidence that the on call service had not been adequate.

Staff told us there were regular staff meetings where people's needs and the running of the service were discussed. They said they felt they could express themselves openly at these meetings and that feedback from the registered manager helped them to make improvements to the way in which they worked. Staff meeting minutes showed areas of discussion included menu planning, service user involvement, and feedback on areas of the support given to people receiving the service. Staff also confirmed that they held handover meetings between each shift so that they remained informed and up to date with people's daily support needs.

Most staff told us that they received regular supervision in which they discussed development, training and aspects of the service which they found helpful and supportive. One person told us, "My manager is great, I can speak to her about anything at anytime." However another member of staff said, "Supervision is not very regular at all. Yes we can speak up but I have no confidence that we are listened to." The provider kept a record of staff supervision to monitor whether staff were receiving the support they needed. We checked a sample of these and found that supervision was taking place at the provider's required frequency.

The registered manager notified the Care Quality Commission of any significant events that affected people of the service. Analysis of incidents and accidents were completed regularly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety.</p> <p>The provider had failed to have proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(g)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider has failed to maintain an accurate and complete record in respect of each service user, including a record of the care and support provided to the service user and decisions taken in relation to the care and support provided.</p> <p>The provider had failed to properly assess, monitor and improve the quality and safety of services provided.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>