

St Anne's Community Services

St Anne's Community Services - Sutherland Court

Inspection report

1-3 Sutherland Court
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 23 January 2019 and was unannounced which meant the provider did not know we would be visiting.

Sutherland Court is a care home and registered to provide a service to seven adults with learning disabilities. The service comprises of two large adjoining bungalows located in a residential area of Lightcliffe, Halifax and is close to shops, cafes, and leisure facilities. People in care homes receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. At the time of the inspection seven people were using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we rated the service as requires improvement; it is the first time the service has been awarded this rating. The provider had not breached regulation but improvements were required.

Staff understood safeguarding and whistle blowing procedures which included their responsibility to report any safeguarding concerns to the management team. Systems were in place to manage most medicines safely but staff were not following safe medicine practice when managing topical creams, nutritional supplements and fluid thickener. Checks were carried out by staff and external contractors to make sure the premises and equipment were safe although some environmental issues needed attention. Risks to people had been identified, assessed and effectively managed. Staffing arrangements ensured people were safe and the same workers provided support so people received consistent care.

Staff received training and support which equipped them with the skills to do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People accessed services which ensured their health needs were met. People enjoyed the meals but the variety of food served was limited. There was a lack of information to show how people's nutritional needs were met.

Staff knew people well and had a good understanding of how to provide person centred care. They used

different approaches to meet people's needs. We observed people looked clean and tidy in their appearance. People's rights were promoted and systems were in place to ensure people were not discriminated against.

People received personalised care. Care plans were detailed and guided staff on how to deliver care and support. People had opportunity to engage in leisure activities. The provider had a formal procedure for dealing with complaints although none had been received. Some people had complimented the service.

The registered manager knew people who used the service well and worked closely with the staff team. They were responsive and took prompt action when issues were highlighted at the inspection. The provider had systems and processes in place for checking people received safe quality care. However, these were not always effective. People were encouraged to put forward suggestions and ideas to help improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Systems were in place to manage people's medicines although these did not always ensure safe administration with nutritional supplements and topical applications.

People were safeguarded from abuse.

Staffing arrangements ensured people's needs were met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were comfortable in their environment but some of the décor was tired.

People enjoyed the meals but the variety of food served was limited. There was a lack of information to show how nutritional needs were met. Good systems were in place to meet people's health needs.

The legal requirements relating to the Mental Capacity Act 2005 (MCA) were met.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and had a good understanding of how to provide person centred care.

People looked clean and tidy in their appearance.

People's rights were promoted and systems were in place to ensure people were not discriminated against.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned and reviewed.

People were enabled to carry out person centred activities.

Systems were in place to respond to concerns and complaints

Is the service well-led?

The service was not always well led.

Quality management systems needed to be developed further to make sure all key areas were covered and they drove improvements.

The registered manager had a good understanding of the day to day running of the service as well as their overall responsibilities.

People were encouraged to put forward suggestions and ideas to help improve the service.

Requires Improvement 

St Anne's Community Services - Sutherland Court

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.

Before the inspection we reviewed all the information we held about the service including statutory notifications and contacted relevant agencies. The provider was asked to complete a Provider Information Return (PIR) in June 2018. 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. At the inspection we asked the provider for information which was more up to date where relevant.

This comprehensive inspection took place on 23 January 2019 and was unannounced. An adult social care inspector carried out the inspection.

During the visit we spoke with two people who used the service, three members of staff and the registered manager. We gained limited information from people who used the service about their experience of living at Sutherland Court because of the different ways they communicated. We looked around the service, observed how people were being cared for, and reviewed documents and records that related to people's care and the management of the home. We reviewed two people's care plans and three people's medication records. We did not use the formal observation method used during inspections (Short Observational Framework for Inspection- SOFI) because people often sat individually in small areas so this could have infringed on their personal space.

Is the service safe?

Our findings

At the last inspection we found the service was safe. At this inspection we found the service was not always safe. The provider had not breached regulation but improvements were required.

At the last inspection we reported that medicines were managed safely. We made a recommendation because there was potential risk which related to the storage arrangements. The home did not have a proper cupboard to store medicines classified as controlled drugs and a medicine's fridge. At this inspection the registered manager said no-one was prescribed controlled drugs so they had not introduced additional storage and medicines that required fridge storage had been prescribed infrequently, and had been placed in a locked container in the main fridge. The registered manager completed a risk assessment which stated if controlled drugs were prescribed appropriate medicine storage would be purchased. We concluded the provider had appropriately assessed and managed the risk.

Most medicines were dispensed from a monitored dosage system which was supplied by a local pharmacist. We saw these were being administered correctly. People had a list of medicines which explained why they were required.

Some medicines such as pain relief had been prescribed PRN (as required). People had protocols to help staff consistently decide when and under what conditions the medicine should be administered. Protocols for paracetamol were not clear about the dose to administer so the registered manager agreed to make the guidance more specific.

We checked the stock balance for three people who were prescribed PRN pain relief. One person's stock was correct; one person's stock balance was two less than the stock record; one person had run out of stock. The registered manager said they did routinely check stock balances for pain relief but would ensure this was included in future audits. They arranged to collect pain relief from the pharmacy for the person who had no stock.

We saw topical creams, nutritional supplements and fluid thickener were prescribed but staff were not following safe medicine practice. One person's MAR stated they were prescribed two types of nutritional supplements to be taken twice daily. Staff had not completed the MAR when the nutritional supplements were given which meant an administration record was not maintained. The service had run out of stock of one of the supplements. There was no stock balance check for either of the supplements. There was no record of when fluid thickener was used.

Another person was prescribed a topical cream. Their daily records had periodic entries stating staff were applying the cream but there was no associated MAR, Topical medicine administration record (TMAR) or bodymap. The person did not have a protocol which guided staff, for example, the thickness of application and area of the body to which the cream should be applied. This helps ensure that topical medicines are applied effectively in a way that keeps people safe.

Two days after the inspection visit, the registered manager sent us information which showed they had taken prompt action to address the issues with topical creams, nutritional supplements and fluid thickener. They had liaised with the GP, dispensing pharmacist and introduced stock balance sheets and protocols.

Staff responsible for administering medicines had completed medicines training and their competency had been assessed to ensure they understood to practice safely.

People were safeguarded from abuse. Staff we spoke with were confident people were safe. They understood safeguarding and whistle blowing procedures which included their responsibility to report any safeguarding concerns to the management team. They were confident any issues would be acted on promptly.

Staff awareness around safeguarding was promoted. All staff completed safeguarding every two years. At team meetings staff discussed safeguarding and the registered manager had developed an on-line portal which ensured staff had access to safeguarding guidance.

People's safety was risk assessed and managed. Care records evidenced that assessments and measures were in place to keep people safe, for example, one person's risk and management plans included epilepsy, travelling in vehicles, personal emergency evacuation plan, aids and adaptations and fire hazard associated with skin based products. Guidance and reports from other professionals such as dieticians were kept in people's files to help ensure staff had access to all relevant information.

Accident and incidents were clearly recorded and monitored. It was evident from the records that every accident was analysed and action was taken to reduce the risk of repeat events. At a recent staff meeting the team had talked about learning from accidents and incidents. This helps ensure lessons are learned when things go wrong.

People lived in a safe and clean environment. Checks had been carried out by staff and external contractors to make sure the premises and equipment were safe. For example, portable electrical equipment was tested in May 2018 and hoisting equipment was serviced in August 2018. Staff told us regular fire tests and drills were practiced, and they were familiar with fire evacuation procedures.

Regular water temperature checks were carried out around the service and records showed these were safe. An electric shower was fitted in one bathroom; this did not have a thermostatic regulator to restrict the temperature of the water flow and when at the hottest setting it exceeded the recommended temperature. The registered manager said staff knew which setting should be used to make sure people were not scalded when showering. They sent a risk assessment after the inspection to show how the risk of scalding had been minimised. We noted in the same bathroom a wall heater was not working and there was no servicing of the heater. The registered manager agreed to ensure this was reviewed. The bathroom flooring was cracked, and did not meet infection prevention and control standards. The registered manager said the provider was planning to refurbish the bathroom which would include fitting a new shower and heating system. A quote for the flooring was being sourced; timescales to complete the rest of the bathroom refurbishment were not shared.

Equipment for preventing the spread of infection, such as disposable gloves and appropriate handwashing facilities were readily available.

Staffing arrangements ensured people's needs were met. Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs and the same

workers provided support so people received consistent care. One member of staff said, "Staff have been here a long time and we know people well. We can see if there are any changes in people." During the inspection we saw staff were visible and had time to meet people's care and support needs, without rushing.

At the last inspection we found recruitment processes were robust and helped ensure people received care from staff who were suitable to work in a care setting. The registered manager said only one member of staff had commenced employment at Sutherland Court in the last 12 months and they had transferred from another St Anne's service. Therefore, we did not look at recruitment records during this inspection.

Is the service effective?

Our findings

At the last inspection we found the service was effective. At this inspection we found the service was not always effective. The provider had not breached regulation but improvements were required.

We observed people received appropriate support during lunch and enjoyed the food which was steak pie, chips and mushy peas. People were offered a variety of drinks and desserts. However, when we looked at food records these showed the variety of meals was limited. The registered manager said they did not use menus because people chose their meals individually.

It was not possible to monitor what people had eaten at each meal because food records were not always completed. We reviewed the food records with the registered manager who acknowledged these did not indicate people had a nutritionally balanced diet.

One person had guidance from a dietician recommending they should eat frequent small fortified meals to help maintain their weight. Staff told us the person was offered 'little and often' throughout the day. However, the person's food record was not always completed and did not show the dietician's recommendations were being adhered to. We saw the person's weight was stable.

The registered manager said they would review the system for planning meals and ensure a clear record was maintained. They said they would explore the option of introducing menus with everyone.

The service comprised of two large adjoining bungalows and were suitably adapted to meet people's needs and promote their independence; each had a bathroom and kitchen. People were comfortable in their environment and they freely accessed different areas. People's rooms were personalised. The décor in some areas looked tired. One kitchen had a large patch on the ceiling that required painting and some of the units were damaged. The registered manager said a programme of decoration was on-going and the kitchen would be repaired or replaced. They wrote to us after the inspection and confirmed the provider was completing a formal assessment of the kitchen on 11 February 2019, and would then be undertaking the necessary work.

Staff said they received appropriate support from colleagues and management. They said they received appropriate training, and had opportunities to discuss things that were relevant to the service and their role with a supervisor, and received feedback about their performance. One member of staff said, "We get regular supervision and [name of registered manager]'s door is always open."

We looked at records which showed staff had received training to help ensure they understood safeguarding, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), equality and diversity, health and safety, fire, food hygiene, infection control, first aid, manual handling, epilepsy, PBS, safe driving, meeting nutrition and hydration needs, information governance. being person centred, showing dignity and respect, and ensuring quality. The registered manager had a matrix which identified when training updates were due. A matrix shared with us showed all staff had received an annual appraisal

between August and October 2019.

The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called DoLS. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We spoke with the registered manager and support workers about the MCA and DoLS. They all had an appropriate understanding of the requirements and confirmed they had completed relevant training. They knew that decisions made on a person's behalf had to be in the person's best interest, and we saw examples that supported this practice such as medication administration and support with finances.

The registered manager told us six people had an authorised DoLS in place and one was awaiting a decision from the supervisory body. They said none of the authorised DoLS had conditions.

The provider used a standard care recording format for each person. Each person had four files which contained different information, for example, lifestyle planning and health. The registered manager told us they were introducing a new electronic 'client portal' so people's care plans, risk assessments, leisure activities, etc, could be transferred.

People accessed services which ensured their health needs were met. Care records had details of health checks and support from other professionals such as GP, dentist, dietician, district nurse and podiatrist. Staff we spoke with told us good systems were in place to monitor people's health needs. People had hospital passports which contained important information to share with hospital staff in the event of an admission or outpatient appointment.

Is the service caring?

Our findings

At the last inspection we found the service was caring. At this inspection we found the service remained caring.

Staff knew people well and had a good understanding of how to provide person centred care. They used different approaches to meet people's needs. For example, one person repeatedly asked for sandwiches; the member of staff was caring and used a consistent approach, and explained to the person they had just eaten their meal and would have a sandwich in a short while. Another person used gestures and signals to communicate their wishes. They indicated to a member of staff they wanted to do something different. The member of staff spent time with the person to make sure they understood them correctly, and then supported the person as requested.

We observed people looked clean and tidy in their appearance. People's hair was brushed and they had clean hands and nails. Daily records showed people were supported with personal care, which included regular baths and showers. People had comprehensive care records which covered their likes, preferences, goals and background. This helped staff understand people's individual needs and wishes.

Staff were confident people received consistent, quality care. All staff we spoke with described consistent approaches to support people. For example, they understood how one person communicated through gestures and signals. They knew people's family members and what was important to them. One member of staff said, "Staff have a caring attitude. They go the extra mile to support people."

People's rights were promoted and systems were in place to ensure people were not discriminated against. A 'relevant person's representative' visited people at Sutherland Court, and had provided very positive feedback. They said they observed people were treated with respect, kindness and professionalism.

Staff had completed health and social care qualifications which covered important areas of care practice such as privacy, dignity, equality and diversity, confidentiality and promoting independence. Equality and diversity was included on the staff meeting agenda as a discussion topic. This helps equip staff with the knowledge about good care principles.

Is the service responsive?

Our findings

At the last inspection we found the service was responsive. At this inspection we found the service remained responsive.

People received personalised care. Care plans were detailed and guided staff around how care should be delivered. For example, one person's plan said they would go to the kitchen to show staff they wanted to eat or drink. Care plans covered areas such as eating and drinking, movement, communication and preferred routines. People had personal goals which were agreed through a person centred planning process; we saw one person's goal was to explore their culture through food by following a . Staff confirmed this was being successfully achieved. People's care records showed they were supported to maintain relationships with family and friends.

Staff we spoke with said the care planning process worked well and enabled them to understand how to provide appropriate care to people. One member of staff said, "We have regular discussions around how we are meeting people's needs. The care plans are good for referencing and checking things out."

Care records showed people received person centred care, for example, people went to bed and got up to meet their individual needs and preferences. Although the care records showed people's care needs were met, staff occasionally recorded information that lacked detail so it was difficult to monitor people's welfare. For example, they sometimes recorded a person was 'vocal' but did not explain what this meant. The registered manager said they were developing communication systems and would be discussing records and documentation at the next staff meeting. They also said they were improving information to make sure people were enabled to communicate their needs.

People had opportunity to engage in leisure activities. On the day of the inspection two people accessed activities in the community. One person told us on their return they had been to the cinema and enjoyed the film. We observed during the inspection staff spent time engaging and chatting with people individually. The staffing rota showed when people were allocated 'leisure' days. The area manager had carried out a review of leisure during a visit in January 2019. They reported that's people were 'supported to attend various leisure sessions' that they enjoyed, and a record was 'made of client involvement and choice'.

The provider had a formal procedure for dealing with complaints. The registered manager told us they had not received any complaints since the last inspection.

We saw some people had complimented the service. A visiting professional said staff and the registered manager were very knowledgeable about the people and care was tailored to individual needs and preferences. They said there was a 'happy atmosphere'. A relative thanked the registered manager and staff who they described as superb.

Is the service well-led?

Our findings

At the last inspection we found the service was well led. At this inspection we found the service was not always well led. The provider had not breached regulation but improvements were required.

The service had a registered manager. They were registered with CQC in December 2015 and had good knowledge of the day to day running of the service as well as their overall responsibilities. They knew people who used the service well and worked closely with the staff team.

Staff were complimentary about the registered manager and said they were approachable. One member of staff told us the registered manager listened and would try and resolve any issues. Another member of staff said, "[Name of registered manager] is a good manager." Staff also provided positive feedback about St Anne's and were familiar with the area manager who they said visited regularly. One member of staff said, "St Anne's encourages staff development."

The provider had systems and processes in place for checking people received safe quality care. However, these were not always effective. For example, the provider's audits and checks had not picked up the shortfalls in the medicine management systems and lack of food monitoring. The provider had not responded to issues that were identified with the environment within a reasonable timescale, for example, it was noted on a premises survey report that the environmental issues with the kitchen and bathroom had been 'on-going for two years plus'.

The registered manager was very responsive when issues relating to medicines and nutrition were highlighted at the inspection. They also completed relevant risk assessments. We requested a timescale when the environmental work would be completed but did not receive this from the provider at time of writing the inspection report which was drafted one week after the inspection.

Some effective quality management systems were in place. Every month the registered manager completed a report which covered key areas such as staffing arrangements, training and supervision, concerns and complaints, team meetings and care reviews. Operational visit records were completed which included observations, discussions and a review of documentation such as care plans. The visit record from January 2019 showed medication files, leisure activities and the management approach was checked. An action to complete the ceiling in the kitchen and bathroom floor was noted but the date for completion was blank.

Providers are required by law to notify CQC of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise regulatory activities. We checked records and found the service had sent notifications for outcomes of application to deprive a person of their liberty and two allegations of abuse. However, the provider had not notified CQC about a third allegation of abuse. The registered manager said they had liaised with the local safeguarding team at the time of the incident who were satisfied with the provider's response. We contacted the local safeguarding team who confirmed the provider had taken appropriate steps. The registered manager said the failure to inform CQC was an oversight and they would ensure notifications were sent appropriately in future. It is also a requirement that

the provider displays the quality rating certificate for the service in the home and on their website; we found the service had also met this requirement.

People were encouraged to share their views and help drive improvement. The provider had completed a survey in 2017. Responses were positive; five relatives said they were happy with the support people got at Sutherland Court and trusted St Anne's. All relatives said people were safe. The registered manager said another survey had recently commenced. They showed us a response returned from one stakeholder who was very complimentary about the care.

Regular staff meetings were held. Staff told us said they were encouraged to put forward suggestions, and key areas such as changes in people's needs, updates about the service and staffing arrangements were discussed. One member of staff said, "They are a good opportunity for discussion." We reviewed some meeting minutes and saw topics included health and safety, learning and development, learning from events and safeguarding.

The register manager discussed various projects which involved people who used the service and staff from Sutherland Court. They discussed a group which was led by St Anne's managers and helped promote dignity. They also spoke of a healthy choices group and a support worker development group which was due to commence at the beginning of March 2019. The registered manager said the focus of the groups and projects was to promote best practice.