

St Anne's Community Services

St Annes' Community Services - Thornhill Road

Inspection report

22-24 Thornhill Road
Brighouse
West Yorkshire
HD6 3AX

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Date of inspection visit:
06 March 2019

Date of publication:
01 April 2019

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:

22 and 24 Thornhill Road is a care home owned and managed by St Anne's Community Services in a residential area of Brighouse. The home is registered to provide accommodation, nursing and personal care for up to seven adults. At the time of this inspection there were seven people using the service.

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 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 received planned and co-ordinated person centred support that is appropriate and inclusive for them.

People's experience of using this service:

- People who lived at 22 and 24 Thornhill Road had limited communication so we observed staff interaction and spoke to a visiting relative.
- A visiting relative told us their relative was consistently treated with kindness, dignity and respect. They told us they felt people were safe and well supported. They told us, "[Name of person] could not really walk and had no quality of life until coming here. I know they are happy."
- People received personalised support from staff who knew them well. Staff had built positive relationships with people living in the service. Staff supported people to retain their independence and to remain involved in planning and reviewing their care to ensure it was provided in accordance with their own preferences.
- Staff worked closely with a range of community health professionals to promote good outcomes for people.
- The service was consistently well-led. People felt able to raise any concerns with the registered manager and were confident they would be addressed. Staff felt well supported by the registered manager.
- The registered manager and staff completed a range of quality checks and audits of the service to make sure the care and support provided was of high quality. This supported the continuous improvement of the service,

Rating at last inspection: Good (report published August 2016).

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

St Annes' Community Services - Thornhill Road

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was completed by two adult social care inspectors.

Service and service type:

22 and 24 Thornhill Road is a 'care home'. People in care homes receive accommodation and nursing or personal care. 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 the manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was on leave at the time of inspection.

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed information we held about the service. The registered manager had completed a Provider Information Return (PIR). The PIR 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. We also reviewed notifications submitted to us by the service. Providers are required by law to notify us of certain

events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at 22 and 24 Thornhill Road. We also contacted Healthwatch. 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 the feedback from these organisations to plan our inspection.

During this inspection asked to speak with one person who declined and other people had limited verbal communication. We spoke with one visiting relative, the clinical lead, a nurse and three care staff on duty.

We looked at three people's care records, medication administration records and two staff files which included recruitment checks, supervisions, appraisals and training records. We also looked at other records relating to the management of the service, such as quality assurance audits.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with were knowledgeable about the procedures to follow. We saw safeguarding records in the care plans we looked at and these showed how alerts were investigated, if they had concluded and the outcome. These were appropriately managed by the service.

Assessing risk, safety monitoring and management

- Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, we saw one person had an assessment which identified they were at risk from falls. The staff had minimised the risk of injuries to the person's head if they had a fall by obtaining a skull cap enabling them to maintain more independence. We saw the person moving about the communal areas without any restrictions.
- There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan (PEEPS) in place in their records and in the fire safety file.

Staffing and recruitment

- Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out.
- We spoke with one person who had limited communication, they said "yes" when we asked if staff was nice. One relative said, "Staff are lovely can't fault them."

Using medicines safely

- Systems were in place for managing medicines safely in the home. This included the storage, handling and stock of medicines and medication administration records (MARs). People received their medicines as prescribed by their GP. Nursing staff completed records to confirm what medicine people had received and when. Nurses were trained in medicines management and the nurse told us their competency to administer medicines safely had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place which helped to ensure these medicines were administered appropriately and at safe intervals.
- We saw records were kept of medicines received and disposed of. Medication was securely stored with additional storage for controlled drugs (CD's), which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked the CD's for one person and found they were accurately recorded and the medication tallied with the records.

Preventing and controlling infection

- Support workers were aware of the importance of infection prevention and control and staff told us the relevant protective equipment such as gloves which were used when delivering personal care to people.
- The premises were clean and there were no malodours anywhere throughout the building.
- People's bedrooms were personalised and decorated to their own tastes.

Learning lessons when things go wrong

- The nurse told us additional safeguards had been put in place to minimise errors occurring when administering medication. Daily checks on medication and the re-training of staff had reduced mistakes. The registered manager carried out monthly audits on medication so that any errors could be picked up and rectified.

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

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

- Support records were up to date and reflected people's assessed needs. The clinical lead nurse told us they were constantly under review as people's needs changed.
- We saw records were sufficiently detailed to enable staff to support people consistently and safely. For example, we saw a person displayed behaviours that may have challenged others or themselves. The support plan gave staff clear guidance how to manage situations which may need their intervention, including diverting attentions and assisting people to their own space. The clinical lead told us staff worked consistently to ensure behaviour plans were followed which helped reduce people's anxieties.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Two people's support plans contained evidence of MCA and best interest decisions being made. For example, one person was administered their medication mixed with a sweet preserve. Best interest decisions meeting had taken place and was agreed that this was the least restrictive method of ensuring the person had taken their prescribed medication.
- Staff spoken with had a good understanding about MCA and they told us they had received training in this subject.

Staff support: induction, training, skills and experience

- The staff told us they had worked alongside more experienced staff until they were deemed to be competent. One support worker told us they had worked at the service for two years and they had received excellent support from colleagues, nurses and the registered manager. They told us they had completed all of the required training and were being registered to undertake a nationally recognised vocational training. We saw evidence to support this.

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

- Support plans informed us people's nutrition and hydration needs had been assessed and support was given where needed. We observed lunch and staff supported people appropriately to eat their meals.
- We saw support plans included nutritional risk assessments and people had appropriate records to ensure staff understood their nutritional needs. Speech and language therapist (SALT) were involved where people were identified as a risk from choking. We saw some people needed their food to be of a consistency to help with swallowing and their drinks required thickening to minimise the risk of choking. Information was clearly available to staff.
- We saw one person required a specific diet to help keep them healthy and maintain their wellbeing. The clinical lead showed us the person's menu which included a low protein diet. The staff had researched their diagnosed condition and produced menus to ensure the person had a variety of meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings which took place every day. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people.
- Staff we spoke with told us they all held a common goal which was to provide the best person-centred care to people living at the service.

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

- People's bedrooms and furnishings were suitable to ensure their safety. Technology and equipment was used effectively to meet people's care and support needs. For example, hoists were used to transfer people to and from their bed. People also had wheelchairs which had been designed specifically to meet their needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP and tissue viability nurses. This supported staff to achieve good outcomes for people and to help people maintain their health. For example, people were assisted to use community dentist, chiropodist, and opticians. One person was waiting for appointments for further dental treatment and another person had recently had cataract treatment to improve their eye sight.
- People had access to specialist consultants which helped with their mental health and one person attended a specialised metabolic screening unit which monitored their health and wellbeing.
- A relative we spoke with said, "Staff are really good at supporting [name of person] with visits to the doctors and dentist."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

A relative who we spoke with told us they felt the staff were very kind and caring and provided their relative with excellent care. They told us, "I do not have a problem with the care [name of person] receives, staff are lovely."

Ensuring people are well treated and supported; respecting equality and diversity

- We observed many positive, caring and kind interactions between people and staff. Staff knew people very well and were familiar with their routines and preferences and knowledgeable about the personalities of people they supported. Staff spoke about people with respect and affection.

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

- We observed staff asking people questions about what they wanted to eat, where they wanted to sit, what music they wanted to listen to and if they wanted private time in their bedrooms. People were given time to answer and where people could not communicate verbally staff watched the person's body language to gauge their responses.

Respecting and promoting people's privacy, dignity and independence

- We found that staff spoke to people with understanding, warmth and respect and considered people's privacy and dignity. We saw staff knocking on people's bedroom doors before entering.

- Staff told us about one person who sometimes removed their clothing in communal areas. They said they had held discussions with the registered manager to work out how they could address the issue without distressing the person. They agreed through the best interest process to try all in one sportswear which seemed to stop the person from removing their clothing. This showed staff respected people's privacy.

- People's religious needs had been considered and we saw people's support plans described their faith and end of life wishes.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans included assessments of their care and support needs and a plan of care. These gave information about the person's assessed and on-going needs. The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs.
- Support plans were reviewed and evaluated every month which showed staff had a good understanding of their needs and would highlight any changes in their care or mental/physical needs.
- We found the care records included people's preferences, likes and dislikes so staff could build up a plan of activities specifically for them.
- Leisure diaries had been introduced to show how people spent their leisure time. For example, people had accessed 'rebound' which involved trampolining. A staff member told us how they had attended training to enable them to ensure the person using the equipment was safe. Other activities included spa and hydro-pool sessions, and boat trips.
- We saw people enjoying music and watching their television in their bedroom. One person told us how they really liked a famous singer and they had pictures of him around their bedroom. They were listening to their favourite music by the person.
- Staff were clear about the signs and body language people used to communicate their wishes. For example, a staff member told us how one person communicated when they were unwell.
- Easy read records were used to describe important things to the person. This meant words and pictures were used. For example, when completing their end of life wishes they used pictures of the home and a hospital to determine where they want to spend their remaining life.
- Hospital passports also used easy read pictures and words to describe what was important for the hospital to know about the person if they had to be admitted to hospital.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was accessible to people using and visiting the service.
- A relative told us they would feel comfortable raising concerns if they needed to.

End of life care and support

- Where appropriate, people had care plans in place which described how they wanted to be cared for at the end of their life. These plans were very detailed and provided clear guidance to staff. They described the care and support people wanted to receive from staff, the level of involvement people wanted from their families and any cultural or religious guidance they wanted staff to adhere to.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and staff were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home which was driven by the team. They were keen to achieve good outcomes for people.
- The registered manager monitored the quality of the service and acted when issues were identified. Each month they completed a range of checks on the service. For example, they completed an audit of the medication administration system. Where audits identified something could be improved, the registered manager created an action plan.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff we spoke with felt the service was well led and that the registered manager was approachable. They felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the service and that their opinions mattered.
- The service was well-run. Staff understood their roles and responsibilities.
- Staff were supported to carry out quality assurance checks on the service in addition to the audits completed by the registered manager. The registered manager maintained an oversight of the quality assurance system to ensure the service met the regulatory requirements.

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

- Relatives told us they were regularly asked their views about the service.
- Relatives and visiting professionals were encouraged to complete surveys which asked for their views of the service. The results were analysed by the registered manager and used to continuously improve the service. A survey had just recently been sent out.
- Staff meetings took place and staff were also given the opportunity to raise any ideas or concerns about the service during their supervision meetings.

Continuous learning and improving care

- Staff had received periodic one to one support sessions and an annual appraisal of their work, which they found beneficial.

- The management team positively encouraged feedback and staff felt involved in how the home operated.
Working in partnership with others
- The service had built up relationships and worked in partnership with health and social care professionals to make sure people received seamless person-centred care.