St Anne's Community Services

# St Anne's Bradford Supported Living Services

## Inspection report

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31 October 2018

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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

The inspection took place on 30 and 31 October 2018 and was announced.
St Anne's Bradford Supported Living Services is a domiciliary care service. The service supports adults with learning disabilities to live in their own home. At the time of this inspection 31 people were using the service supported in 15 houses across the Bradford area.

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 the last inspection in July 2017 we rated the service as 'requires improvement' overall. We found the provider was in breach of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's medicines were not always managed safety and quality assurance systems were not operated effectively. Following the inspection, the provider put an action plan in place to address these shortfalls. During this inspection we found the required improvements had been made. The provider was not in breach of any regulations.

The service had three registered managers. 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

People told us they felt safe and if they were worried they would talk to a support worker or a member of the management team.

Medicines were managed safely.

Risks to people safety and welfare were well managed. There was clear guidance for support workers about how care and support should be delivered.

Support workers knew the needs and wishes of people at the service. Support workers spoke respectfully and kindly about the people they supported and it was evident they cared about them and their wellbeing. We observed person centred and caring interactions between people who received support and staff.

People were supported to have a varied and nutritious diet and encouraged to choose healthy eating options.

People were happy with the care and support they received. They were encouraged to make day to day choices and had control over their lives.

People were supported to get involved on the running of their houses and the service overall.  They were supported to share their views though meetings and surveys.

People were supported to take part in range of activities of their choosing at home and in the community.

There were enough support workers deployed to make sure people got the right support. Support workers worked in teams which helped to make sure people were supported by staff they knew and felt comfortable with.

All the required checks were done before new support workers started work. People were given the opportunity to get involved in the recruitment of new staff.

Support workers told us they felt well supported by the management team. They received the training and support they needed to carry out their duties.

People were comfortable talking to support workers and members of the management team and said they would discuss any issues or concerns.

The provider had effective systems in place to monitor the quality and safety of 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?

Good

The service was safe.

There were enough support workers to support people and safe recruitment procedures were followed.

People were protected from the risk of abuse.

People received their prescribed medicines safely.

Risks to people's safety and welfare were managed.

### Is the service effective?

Good

The service was effective.

People were supported by support workers who were well trained for their roles.

People were supported to make choices and have control over their lives.

People were supported to live healthier lives and eat a varied and nutritious diet.

People were supported to meet their health care needs

### Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and respect.

People were supported to make decisions about their care and support and about how the service operated.

People were supported to live full and inclusive lives.

### Is the service responsive?

Good

The service was responsive.

People told us they were supported to follow their individual hobbies and interests.

People received individualised care to enable them to be as independent as possible.

People knew how to raise concerns or make a complaint.

## Is the service well-led?

Good

The service was well led.

The registered managers understood their responsibilities, worked well together and provided strong and clear leadership.

Quality assurance systems were in place and were effective.

The service was committed to continuous improvement and development.

# St Anne's Bradford Supported Living Services

**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.

This inspection took place on 30 and 31 October 2018. The inspection was announced at short notice so that we could arrange suitable times to visit people supported by the service. The inspection was carried out by one adult social care inspector.

Inspection site visit activity started on 30 October 2018 with a visit to the office location. On 31 October 2018 we visited four houses where people were supported. During the inspection we spoke with three registered managers, three deputy managers, seven support workers and seven people supported by the service. We reviewed four people's support records which included support plans, risk assessments and medication records. We looked at other records relating to the day to day management of the service including meeting notes, staff (support workers) training records, three staff recruitment files, maintenance checks and audits.

The registered managers 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 safeguarding alerts and 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.

Good

# Is the service safe?

## Our findings

At our last inspection in July 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people's medicines were not always managed safely. During this inspection we found the provider had acted appropriately to address these concerns.

People's medicines were managed safety. Support workers who supported people with their medicines had received training. Competency checks were carried out at least once a year to make sure they were following the correct procedures. Medication audits were done every month at each of the supported living houses and action was taken to address any shortfalls identified. People's capacity to consent to taking their medicines was assessed and where there was any doubt about people's understanding best interest decisions were documented. When we visited a selection of houses we found people's medicines was stored safely and the medication records were up to date and accurate.

There were enough support workers deployed to make sure people received the right support. Support workers were deployed in teams which helped to maintain continuity for people using the service. Whenever possible people were supported to have a say in who supported them. For example, one person who had recently moved into a new home and had been supported to select the team of support workers they wanted to support them there. A healthcare professional commented, "They [St Anne's Bradford Supported Living Services] have attempted to provide a consistency of staff and responded to service users wishes in choosing their [support] workers."

Safe recruitment procedures were followed to protect people from the risk of being supported by staff unsuitable to work in a care setting. All the required checks were done before new employees started work.

People were protected from the risk of abuse. People who used the service told us they felt safe. They told us they knew who to talk to if they were unhappy about anything. Safeguarding was an item on the agenda of 'advocacy' meetings held for people who used the service. In addition, people were provided with information about safeguarding in an easy read format. Support workers had been trained and knew how to recognise and report concerns about people's safety and welfare. Each house had at least one mobile phone for support workers use and all the phones had an NHS safeguarding app installed. This had been discussed at team meetings to make sure support workers knew how to use it. The registered managers understood their safeguarding responsibilities and reported concerns appropriately. Where necessary the provider acted in response to safeguarding concerns for example by following their disciplinary procedures.

The provider told us they supported people with positive risk taking. Risk assessments and support plans were linked with the aim of helping people to experience positive outcomes without compromising their own safety or the safety of others. The risk assessments we reviewed were up to date. They addressed areas such as mobility, personal safety and behaviours which challenged. The risk assessments dealing with behaviours which challenged rated the level of risk, identified who was a risk, identified possible triggers and provided information on the interventions and techniques support workers should use to deal with the

situation. They also identified behaviours which support workers should be aware of and monitor but which did not require intervention unless they escalated. This meant people were given the space to express their emotions openly.

The provider had an electronic reporting system for recording incidents and accidents which enabled them to monitor and manage risks across the service. The system helped to identify trends or patterns and showed the outcome of any investigations and actions taken to reduce the risk of recurrence. The registered managers told us a de-briefing session took place with support workers following any accidents or incidents. This focused on reflecting on what had happened, the impact on people and support workers and identifying any learning which could be used to reduce future risk. For example, in one of the houses support workers had identified the traditional handover meeting was a trigger to one person becoming distressed because of the number of staff involved. As a result, they had changed the way they shared information when one shift handed over to the next. This had helped to minimise the persons distress.

In another example of how lessons were learned when things went wrong we saw changes had been made to the way people's money was managed. This was in response to a small number of thefts within people's homes. The provider had reimbursed people to make sure they did not experience any financial loss because of the thefts.

Each house had a file which was standardised across the service and held all the information support workers needed in the event of an emergency. The files included information about gas, electricity and water safety, key organisational policies and risk assessments. Regular safety checks were done and recorded. These included checks on hot water temperatures, fire safety systems and food temperatures.

People had individual emergency evacuation plans (PEEPs) in place. Where people needed specialist equipment to make sure they could be evacuated safety there were photographs to show support workers exactly how it should be used.

Good

# Is the service effective?

## Our findings

During our last inspection in July 2017 we found the service was not always effective. During this inspection we found the provider had made improvements.

Support workers were well trained and supported to carry out their roles effectively. Support workers we spoke with told us training opportunities were good and said there was plenty of training on offer. The service had a staff development plan and support workers were required to have a minimum qualification such as a NVQ (National Vocation Qualification) Level 2, a Diploma or the Care Certificate. Newly employed support workers who did not have a relevant qualification were supported to complete the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

Newly appointed support workers completed induction training and thereafter were required to attend refresher training at set intervals. For example, moving and handling, fire safety and positive behaviour support training was updated every year. Other subjects such as safe driving, emergency aid and food hygiene were updated at three yearly intervals. New staff were supported through regular reviews during their probation period. Following their probation support workers were supported through regular one to one supervision meetings and annual appraisals. In addition to these discussions managers carried out observations of practice. During the observations managers assessed support workers interactions with people who used the service to check they were working in line with core competencies such as person-centred care, dignity and respect. The provider supported staff who wished to progress in their careers through a management training program.

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 supported living services applications must be made to the Court of Protection. At the time of our inspection one application to the Court of Protection was being prepared in respect of a person who used the service. The records showed the decision about moving into supported living had been made in the person's best interests. The person had given the opportunity to visit the house on several occasions to meet the other tenants and support workers before moving in. We met the person during our inspection and although they were unable to tell us how they felt we observed they looked comfortable and as ease in their home. They were smiling a lot and interacted with other people living there and support workers in a positive way.

People were supported to make decisions about all aspects of their day to day lives. This was reflected in the care records we reviewed and confirmed by our observations. A health care professional who had

worked with the service for several years commented, "They are strong on communication, joint working and advocating for service users, including changes in needs. They understand capacity issues and best interest. They are good at supporting people to develop their social circles and activities, independence, promoting health and support through transitions and moves."

The service worked with other health care professionals to ensure people were supported to meet their health care needs. People had access the full range of NHS services. Referrals were made via the health centre for a variety of services including intensive support, health facilitation, dentists, dieticians, speech and language therapists, physiotherapy, podiatry and psychiatry. People had annual health checks with their GP. This was recorded in people's health action plans. People also had 'hospital passports' which they took with them if they needed to go into hospital. They contained important information about people's needs. Sharing this information with other health care professionals helped to ensure people received effective care and treatment.

People were supported to have a varied diet which took account of their likes and dislikes. At our last inspection we found there was not enough detailed information about the menus and what people had eaten. Following that inspection, the registered managers put a new system in place make sure more detailed information was available. During this inspection we found those changes had been embedded into practice and the menus and food records were checked every month to make sure they were being completed properly.

Where there were any concerns about a person's weight they were referred to the dietician services at Waddiloves Health Centre. We saw people were supported to make healthier eating choices. For example, in one person's records we saw support workers who accompanied the person shopping prompted them to choose lower calorie and lower fat options. The plan was working and the person was gradually losing weight and moving towards a healthier body weight.

People's needs were assessed before they began using the service. People who were referred to the service were invited to visit the house where they would be living several times before a decision was made about moving in. The visits served many purposes. They gave the person the opportunity to find out if it was the right place for them, gave the service the opportunity to assess the persons needs and gave people already living in the house the opportunity to have a say about who moved in.

We spoke with the registered managers about how they kept up date with and shared good practice across the services. One example was the work they had done with local NHS services in stopping the over medication of people with learning disabilities (STOMP). STOMP is a national project aimed at improving people's health and quality of life by reducing unnecessary medication. They showed us three case studies which outlined the work they had done in conjunction with other agencies supporting people who used the service and their families through the process. The case studies showed there had been many challenges along the way but ultimately people had benefitted physically and mentally. For example, the evaluation of the impact one person stated, "Mood has improved and [person] has lost some weight meaning [person] is healthier and happier in everyday life.'

Good

# Is the service caring?

## Our findings

The service remained caring.

People spoke positively about the support they received. One person said, "I am happy here."

The provider told us they tried whenever possible to match people who used the service with support workers who had similar interests. This provided a good foundation from which to build caring and professional relationships. During our inspection the support workers we met spoke about the people they supported with warmth and kindness and it was evident they took pride in supporting people to live full and inclusive lives. For example, one support worker told us how they supported two people to take part in a local football league. They told us how being part of the football team had helped to boost people's confidence, provided a wider social network and helped them to make friends with people of their own age. We spoke with one of the people who played football and they told us how much they enjoyed the football, meeting new people and travelling to different places.

People's care and support records included information which helped support workers get to know them as individuals. This included information about their past lives, family and friends, current interests, likes and dislikes. Support plans were reviewed at least once a year, more often if there were significant changes in people's needs or circumstances. People were involved in developing and reviewing their support plans and given the opportunity to involve family and friends if they wished. Where appropriate people were supported to access advocacy services.

People's privacy and dignity was respected. People's care and support plans included information about how they should be supported to maintain their privacy and dignity. For example, one person's support plan stated, "Do not answer for me if I am taking my time, this strips me of my dignity." People living in shared accommodation were given the option of having a key to their bedroom door. People were supported to furnish and decorate their personal space to reflect their tastes and interests. We observed support workers were respectful of people's privacy and dignity and ensured confidential information was stored securely.

People were supported to maintain contact with family and friends and to develop new relationships. Some people visited or stayed with family on a regular basis. Others preferred to meet their family and friends socially and this was facilitated by discreet support from support workers. For example, one person liked to meet family members in a local pub while another preferred a local café.

People were supported to develop their social skills. For example, the service had arranged training for some people around 'personal touch' and what was and was not appropriate. This had helped people to gain a better understanding of appropriate touch and suggested alternative approaches to expressing their affection and appreciation.

People were given the opportunity to have a say in the running of the service. For example, people were supported to take part in the recruitment of new staff. Support workers had worked with people to develop

a set of questions they would like to put to potential candidates. People were given the option of joining the main interview panel or having a separate panel. The records showed one person had taken part in a full day of interviews in July 2018 and had said they enjoyed it. Another person told us they had been invited to take part in the interview panel but had declined for now. A third person told us they were looking forward to taking part in the interviews for new staff which were scheduled later in the week of our inspection.

People were asked to complete a satisfaction survey once a year and we saw examples of actions taken in response to people's feedback. Advocacy meetings were held approximately four times a year for people who used the service. Topics discussed included healthy eating, planned events, safety on the internet, voting rights, how to raise concerns and hate crime. The meetings also provided an opportunity for social engagement. They always included a fun element such as a raffle, safeguarding bingo or someone sharing a recent experience or achievement and refreshments were provided. A newsletter was circulated to people who used the service which included information about the topics discussed at the advocacy meetings and other information about local events. For example, one newsletter included information about local Pride events throughout 2018.

Support workers we spoke with demonstrated a good knowledge of people's personalities and individual needs and what was important to them. Through talking to support workers and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. Training on equality and diversity was part of the programme of mandatory training and staff were required to attend updates every two years.

Good

# Is the service responsive?

## Our findings

The service remained responsive.

People's care and support plans were held electronically in the office and copies were kept at the houses. The care and support plans addressed all aspects of people's support needs. These included personal hygiene, privacy and dignity, mobility and travelling, eating and drinking, communication, education, work, social activities, religious and cultural, capacity and mental health.

When people had complex needs the service worked closely with the positive behaviour support (PBS) team and other health professionals. Positive behaviour support plans which followed Department of Health guidance on positive and proactive care and reducing the need for restrictive physical interventions were put in place. These plans focussed on helping support workers to understand how situations may develop or escalate thereby enabling them to manage the situation in a way which was safe, least restrictive and responsive to the person's needs.

The provider had received external recognition for their work in this area. The BILD PBS Leadership Awards recognise good practice and contributions to the development of positive behaviour support practice. At the BILD leadership awards in 2017 the special award for outstanding practice was awarded to a member of the management team. Although this was for work they had done prior to joining Bradford service their expertise and continued involvement with the PBS team supported the service to respond effectively to people's individual needs.

People's communication needs were considered in line with the Accessible Information Standard. Care records contained person centred information about people's individual communication needs. Information about the service was made available to people in different formats such as large print or pictures and if necessary was read to people to help them understand. People were supported with practical aids, for example one person had been supported to buy a talking watch and other people had simple mobile phones which enabled them to make calls independently.

The service was in the process of introducing voice recordable talking photograph albums. A photograph was displayed in each page and accompanied by a voice message which could be recorded by the person themselves or by support workers on their behalf. These enabled people to share information about themselves in an accessible format.

Where appropriate technology was used to support people's safety and independence. For example, some people who lived with epilepsy had sensor mats to alert support workers to seizures.

People were supported to take part in domestic activities and the day to day running of the houses. In some of the houses people liked to plan the weekly menus and do all the shopping in one trip while others preferred a less structured approach and shopped several times a week.

People told us they took part in activities of their choosing. These included bowling, going to the cinema, bingo, going to the pub and walking. One person told us how much the liked going to the theatre. Another person told us how much they had enjoyed a rock concert they had attended last year and said they were really looking forward to another one they had booked. A third person told us how much they had enjoyed a BBQ they had been supported to host at their house for friends and family. People were supported to go on holidays for example we saw a small group of people had gone to Skegness last year and another person had gone to an Elvis convention in Wales. A group of people had expressed an interest in an outing to Blackpool and the service had made this possible. They hired two coaches and support workers went to support people with mobility challenges. The registered manager told us everyone had really enjoyed the day and some people had formed new friendships.

The provider had a complaints procedure in place. People who used the service were given information about how to raise concerns. The service had not received any complaints since our last inspection in July 2017. The service also kept a record of compliments to they knew what they were doing well and where they were exceeding people's expectations.

End of life care was not routinely discussed with people. However, the registered managers assured us they would have these conversations with people if they requested it or their health needs changed.

Good

# Is the service well-led?

## Our findings

At our last inspection in July 2017 we found the service was not always well managed. We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because their quality monitoring and assurance systems were not being operated effectively. During this inspection we found improvements had been made.

The service was run by three registered managers supported by a team of four deputy managers. Together they formed a strong and cohesive management team and provided clear leadership. The service had a very positive culture. All the management team and support workers we spoke with told us they were proud to work for St. Anne's and were proud of the support they provided to people who used the service.

These views were echoed in the staff survey carried out across the organisation in 2018. The staff survey had also identified areas of where improvements could be made and these were being addressed. For example, the organisation had introduced a newsletter to keep staff informed about developments in other areas and to provide a forum for sharing good news stories.

Support workers within the service told us they felt well supported by the management team.
In May 2018 a support worker had written, "This letter is to appreciate and recognise [name], our line manager, for the support we get from her. She is very professional and always willing to listen, she takes every workers opinion and considers it regardless of how small or big. She is there every time we need her."

People who used the service knew the registered managers. When we visited people in their homes we saw they were relaxed and comfortable in their interactions with the managers.

The provider told us following the last inspection they had improved their audit systems This was confirmed by our findings during this inspection. The service had an ongoing improvement action plan which was reviewed at weekly intervals. The registered managers told us the improvement plan kept growing as they were continuously identifying new ways of developing the service.

Managers and deputy managers carried out monthly audits covering all aspects of the service. They included medication, care and support records, capacity and consent, menus and food records, finances, health and safety checks and training for support workers. We saw these audits had been effective in bringing about improvements to the service and to the quality of life experienced by people who used the service. For example, an audit of one person's behaviour had shown that over a 12-month period there had been no incidents in the community. As a result, the service had been able to reduce the level of support the person received when out in the community. This had been beneficial to the person as it was less restrictive, had improved their social interaction and gave them more money to spend as they only had to pay for essential items for one support worker.

The service had established excellent links with other agencies to support their aim of continuous service improvement. In one recent example they had worked with an external organisation on an initiative called

the Canary Project.  The aim of the project was to explore how technology could be used to get a better understanding of people's support needs. In this case the focus was on overnight support. Discreet motion sensors were used, with permission, to monitor people's level of activity overnight. The findings were still being reviewed at the time of our inspection and had not led to any changes in practice.  However, the external agency had been very complimentary about the experience of working with the St. Anne's team in Bradford. They commented, "The team were always considerate of the people they support, putting them at the forefront of every discussion. Its clear people are at the heart of what they do. The staff were open to suggestions and recommendations and able to make judgements of where changes could be made based on the collaborative review."