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	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 19 May 2016 and was unannounced.

Sutherland Court provides personal care to seven adults with complex physical needs and learning disabilities. The home is comprised of two large adjoining bungalows known by staff as house one and house three. The home is located in a residential area of Lightcliffe Halifax close to shops, cafes, and leisure facilities. At the time of the inspection there were seven men living at the home.

The last inspection was in January 2014 and at that time the provider was compliant with all standards and regulations inspected.

The home had a registered manager. 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 the service was safe. Staff understood how to recognise and report any concerns about people's safety and welfare. Before new staff started work the required checks were done to reduce the risk of people being supported by staff unsuitable to work with vulnerable adults. Staff were trained and supported to understand people's needs and provide them with safe and appropriate care and support.

People received their prescribed medicines safely. However, the home did not have the correct storage facilities for certain types of medicines. As these medicines were not currently prescribed or in stock for people who used the service there was no risk to people. We recommended the provider reviewed the storage arrangements for medicines to ensure they complied with current guidance and legislation.

There were enough staff to provide people with the support they needed and to make sure people were supported to take part in leisure activities in the local community. The home had their own transport which made it easier for people to go out regularly.

The home was clean, odour free and well maintained. Some parts of the home were in need of redecoration. Risks to people's safety and welfare were identified and action was taken to reduce or manage the risks. There were procedures in place to make sure staff knew what to do in the event of an emergency to keep people safe.

People were supported to have a healthy and varied diet which took account of their likes, dislikes and cultural needs. People's weight was checked regularly and action was taken in response to any unplanned weight loss or gain.

Staff obtained people's consent before providing support, care and treatment. When people were unable to

give informed consent decisions were made in their best interests. Best interest decisions were clearly recorded and showed appropriate consultation had taken place.

People were supported to access the full range of NHS services to meet their health care needs. There were procedures in place to make sure hospital staff were provided with information about people's support needs as well as their health care needs in the event of them admitted to hospital.

People told us the staff were kind and compassionate and this was confirmed by our observations during the visit. Staff knew about people's individual likes, dislikes and abilities. They supported people to exercise choice, make decisions and be as independent as possible.

People's support plans were person centred and included detailed information about their individual needs, preferences and abilities. People living in the home and their relatives were involved in planning and reviewing how care and support was delivered.

There was a complaints procedure in place and people's relatives told us they were confident they would be listened to if they had any concerns. There had not been any complaints about the service in the last twelve months.

The registered manager provided strong leadership and was enthusiastic about the service and their role. The staff team were equally enthusiastic and showed a strong commitment to supporting people to live active lives and achieve their full potential.

The provider had systems in place to monitor and assess the safety and quality of the services provided and there was evidence of a commitment to continuously improving the service. However, it wasn't always clear from the records what was being done to follow up on identified shortfalls in the service.

People living in the home, their relatives and others involved in their care had the opportunity to give feedback on their experiences of the services provided.

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.

People were protected by staff who knew how to recognise and report abuse. The required checks were done before new staff started work. Risks to people's safety and welfare were identified and managed.

There were enough staff to provide people with the support they needed.

People received their medicines safely but some improvements were needed to make sure all medicines were stored correctly.

The home was clean, odour free and well maintained. Some parts of the home were in need of redecoration.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to carry out their roles.

People were supported to have a varied and nutritious diet and dietary preferences were catered for.

People were asked for their consent to support, care and treatment. When people were unable to give informed consent the correct procedures were followed to make sure decisions were made in their best interests.

People were supported to maintain their health and had access to the full range of NHS services.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, compassion and respected their privacy and dignity.

People's individual needs and preferences were recognised and met.

People were supported to make decisions and be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their support plans provided detailed information about their individual needs, preferences and abilities.

People were supported to live active lives and take part in leisure activities in the home, in the local community and to go on holidays.

Information about the complaints procedure was provided in a suitable format.

Is the service well-led?

Good

The service was well led.

The home had friendly, calm and organised atmosphere. The registered manager was open, transparent and enthusiastic and provided strong leadership.

There were arrangements in place to monitor and assess the safety and quality of the services provided and there was evidence of a commitment to continuous improving the service.

People who lived in the home, their relatives and others involved with the service were given the opportunity to share their views about the quality services provided.

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.

This inspection took place on 19 May 2016 and was unannounced.

The inspection was carried out by one inspector and a specialist advisor with a background in learning disability services.

During the inspection we looked at three people's care records, medication records, two staff recruitment files, training records and other records relating to the management of the home such as maintenance records and audits. We looked around the home and observed people being supported in the communal areas, we observed the meal service at lunch time. We spoke with two people who lived at the home, four support workers, the housekeeper and the registered manager. Following the visit we spoke with two people's relatives by telephone.

Before we visited the home we looked at the information we had about the service which included notifications they had sent us. On this occasion we did not ask the provider to complete a Provider Information Return. 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.

Good

Is the service safe?

Our findings

Relatives of people living in the home told us they had no concerns about people's safety. One relative we spoke with said, "I like Sutherland Court, I wish I was living there myself."

Staff had a good understanding of their safeguarding responsibilities. They were able to tell us the signs they would look for which might suggest someone was being abused and knew how to report concerns about people's safety and welfare. They told us they were confident any concerns raised would be dealt with by the registered manager. However, they also knew how to report to external agencies such as social services, the police or the Commission if their concerns were not dealt with by the organisation. There were processes in place to make sure any safeguarding concerns were dealt with. The records we hold about the service showed safeguarding concerns were being dealt with and reported appropriately. This helped to protect people from the risk of abuse happening or going unnoticed.

The service supported people to manage their personal money. We found there were clear procedures for staff to follow and each individuals money was kept in tamper evident bags. The bags were sealed and a new tag and code was used and recorded after each transaction. Receipts were kept for any money spent by people or on their behalf. The records and money were checked regularly, this helped to reduce the risk of errors and to make sure any errors which did occur were identified and dealt with promptly.

We looked at how people's medicines were managed. Overall, we found this was done safely but there was some potential risk related to the storage arrangements. The home did not have a proper cupboard to store medicines classified as controlled drugs and did not have a medicines fridge. This did not present a risk at the time of the inspection because none of the medicines in use needed to be stored in a controlled drugs cupboard or fridge. However, it was discussed with the registered manager as action was needed to reduce the potential risk.

We recommend the provider reviews the storage arrangements for medicines to ensure they comply with current guidance and legislation.

We found each person's medication administration records (MARs) were kept in a separate folder. Each individual folder included information about known allergies and any special instructions which staff needed to be aware of when supporting the person with their medicines. We saw the MARs were accurately completed.

At the time of the inspection none of the people living in the home were managing their own medicines.

In most cases we found there were clear guidelines, (PRN protocols), in place for staff to follow when people were prescribed medicines to be taken on an 'as required' basis. In one person's records we found there was no PRN protocol with the current MAR. However, the support worker we spoke with was able to explain circumstances in which this medication would be used. They told us the absence of an up to date PRN protocol was on oversight and this was dealt with before the end of the inspection.

Some people had 'rescue' medicines to be used when they experienced prolonged epileptic seizures. We found there were clear guidelines in place to tell staff when these medicines should be given and how long to wait before taking further action such as calling 999. In addition to training on the safe management of medicines all the support workers had received separate training on the use of 'rescue' medication.

We saw there were processes in place to make sure topical medicines such as creams and lotions were used properly and accounted for. This included the use of body maps to show staff where they should be applied. Similarly, we found when people were prescribed dietary supplements these were recorded on the MARs.

The support worker we spoke with told us people's right to refuse their medication was respected. They said if people continued to refuse medication they would ask their GP to review their medication. If the medication was deemed essential to the person's health and well-being and needed to be given covertly, (in a disguised format) a best interest decision would be made. We saw one person was having their medicines administered covertly. There was clearly documented evidence this decision had been made in the person's best interests and following consultation with other people involved in the person's care, such as the pharmacist.

Some people were prescribed medicines to help manage behaviours which could put them or other people at risk. In these cases we found people had regular six monthly reviews with a psychologist or psychiatrist and there were other strategies in place to support people to make sure medication was not being used inappropriately to control behaviour.

Staff we spoke with gave a clear account of what they would do in the event of a medication error. This included obtaining medical advice from the person's GP or NHS 111 services if it was out of hours.

The registered manager told us they usually had three support workers on duty during the day from 7.30am to 9.30pm. Overnight there was one waking staff and another support worker slept on the premises to provide additional support when it was needed. The registered manager worked Monday to Friday and was not included in the staff numbers and in addition there was a housekeeper who worked approximately 16 hours a week. The registered manager explained the staffing arrangements were flexible with extra staff starting and finishing at different times of the day to support people with one to one activities and outings. We observed this on the day of the inspection when there was another support worker on duty and two people were supported to go out shopping.

The registered manager told us the home used very little agency staff and when they did it was usually the same person as this helped to ensure continuity of care.

The registered provider had a HR (Human Resources) department and they supported the registered manager with staff recruitment. We looked at the files of two recently recruited staff and the records showed all the required checks had been done before they started work. This included references and a criminal records check with the DBS (Disclosure and Barring Service). This helped to reduce the risk of people receiving care and support from people unsuitable to work in a care setting.

The care records we looked at showed risks to individual's safety and welfare were identified and managed. For example, we saw ceiling track hoists had been fitted in the communal shower and bath rooms to make it safer and easier for people with reduced mobility to move around. The home also had a mobile hoist which provided 'back up' in the event of any problems with the track hoists. In the records of one person who had bed rails in place we saw the risk assessment did not include clear information about the alternatives that had been considered before the decision to use bed rails had been made. This was discussed with the

registered manager who gave an assurance they would deal with it as a matter of priority.

The home was clean, odour free and well maintained although some areas were in need of redecoration. The registered manger told us some work had been done, for example, one of the kitchens had been replaced and some new carpets had been fitted. They said they were waiting for the provider's estates department to let them know when further decorations and/or refurbishments would be done.

We saw there were systems in place for the prevention and control of infection. For example there were colour codes cleaning cloths, mops and buckets and gloves and aprons were readily available. The kitchens had been inspected by the environmental health department of the Local Authority and scored five, the highest rating, for food safety and cleanliness.

We looked at maintenance records relating to the fire safety systems, gas, electricity, water, hoists and slings and found they were up to date. This showed us the premises were managed properly to keep people safe.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us four people had DoLS authorisations in place and one of these had conditions attached. We talked to the manager about the conditions and looked at the person's care records. We found the conditions were being complied with. The registered manager told us DoLS applications had been submitted for another three people and they were waiting to hear the outcome.

The staff we spoke with demonstrated they understood their responsibilities in relation to the MCA, DoLS and best interest decisions.

Staff told us they had constant access to training and training was delivered in a variety of ways, such as e-learning or in face to face sessions.

We found staff were supported to develop their knowledge and skills to help make sure they were able to meet people's needs. All new staff had a period of induction training and staff who were new to care work or did not have relevant qualifications were required to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. In the staff files we saw new staff were supported during their induction by regular review meetings which monitored their progress.

There was a training matrix which provided details of all the training staff were required to undertake and how often it should be updated. This included training on safe working practices such as moving and handling, fire safety, infection control, safeguarding and emergency aid. In addition to training on safe working practices, staff received training on topics such as positive behaviour support, epilepsy, catheter care and the MCA and DoLS. Staff with responsibility for supporting people with medicines received training and in addition had a competency assessment which was done by observing their practice. Observations of practice were also done for staff involved in managing people's personal money.

There was a planned programme of staff supervision and appraisal. A visit by the local authority contracts compliance team in November 2015 identified some staff supervision and appraisals were overdue. The registered manager told us this had been dealt with.

We found people were supported to have a varied and balanced diet which took account of their likes and dislikes. Food for people living at the home was prepared by staff who had all undertaken food hygiene training. At lunchtime we saw the portion sizes were good. We saw one person did not wish to eat their lunch, staff told us the person preferred 'finger food'. Staff offered the person a number of alternatives; they opted for a bagel with soft garlic cheese and ate all of it.

We saw people were able to choose where they wanted to have their food and drinks. This could be in their room, the lounge or the kitchen/diner. We saw drinks were available throughout the day and people showed a preference for hot beverages.

The records showed people's weights and Body Mass Index (BMI) were monitored and action was taken in response to any concerns identified. For example, we saw one person had been prescribed a dietary supplement to take when it was needed because their appetite varied.

One person who lived at the home followed a Halal diet. We saw staff had put together an information booklet with details of the kinds of food which the person could and could not eat and a selection of recipes. There were also pictures of the various dishes and this was used to help the person choose what they wanted to eat.

People's care records showed they had access to a range of NHS services such as GPs, district nurses, psychologists, physiotherapists, occupational therapists, opticians and podiatrists. One relative we spoke with told us an epilepsy nurse specialist was involved in their relatives care and this helped to make sure they had the right treatment.

Good

Is the service caring?

Our findings

The relative of one person who had moved into the home last year said they had improved since going to live at Sutherland Court. For example, they said staff had supported the person to get new clothes and now they were always nicely dressed. They said the staff really cared about their relative and added "[Person's name] is happy and I am content."

We saw people were supported to keep in touch with family and friends. One person who used the service spent five days with their family and two at Sutherland Court. Another person was supported to have home visits on alternate weekends. People's relatives told us they were kept informed about any changes in their care and support needs. In people's records we saw evidence that people living in the home, their relatives and if appropriate advocates were involved in making decisions about their care, support and treatment.

We saw staff knew about people's individuals needs and supported them with warmth and compassion. For example, a key support worker acted as an interpreter for a person with limited verbal communication to enable us to have a conversation with the person about an upcoming holiday. It was evident from the person's demeanour they were very excited and looking forward to their holiday with their key worker.

We saw staff supporting people to be independent. For example, we saw two people go out shopping with staff to buy new clothes for their holidays. When they returned to the home they were visibly excited to show the other staff what they had purchased. We saw they were enjoying the experience so much they wanted to hug the staff. In another example, at lunchtime we saw adapted cutlery was available to help people independently.

We saw the relationships between people living in the home and staff were comfortable and relaxed. For example, we saw people seeking out staff if they needed something such as a drink, magazine or even a hug.

We saw people's bedrooms were personalised in a way which reflected their interests and tastes. For example one person was a fan of a particular TV show and staff had used this information to create a feature wall in their bedroom. This showed staff were mindful of and respected people's individuality.

We observed people had unrestricted access to both bungalows and the secure gardens. We observed one person seek out the solitude of their bedroom at regular intervals during the day. Staff explained they liked to go to their room but choose to leave the door open as they liked to see staff moving around the home. We saw the same person was confident to approach staff to request a cup of coffee on a regular basis.

We observed staff treated people with dignity and respect, for example by knocking on bedroom doors before entering. We saw staff spoke with people in an appropriate way and in a manner which people understood.

The provider, St Anne's Community Services, has adopted a person centred model of care called Positive Behaviour Support (PBS). PBS is promoted by BILD (British Institute of Learning Disabilities) as the preferred

approach when working with people with learning disabilities who exhibit behaviours described as challenging. PBS is based on the use of least restrictive practices and is fundamentally rooted in person centred values, aiming to enhance community presence, increasing personal skills and competence and placing emphasis on respect for the individual being supported.

The registered manager told us none of the people living at the home presented with behaviours which challenged. Therefore staff working at the home had only completed an introduction to PSB training.

The registered manager told us the service had not set out to provide an exclusively male environment but had evolved that way over time. They said they did sometimes get referrals for female clients but invariably these clients chose not to move in as there were no other women living in the home.

Good

Is the service responsive?

Our findings

A relative of a person who used the service told us they had no concerns about the care and support provided. They said, "They do look after him." They told us their relative didn't walk very well and hand rails had been put in place to help them get around the home more easily. Both relatives we spoke with told they were kept informed about what was happening. For example, one told us their relative had been seen by their GP and prescribed antibiotics because staff had identified they were having some issues with their health.

People's needs had been assessed. In the care records we looked at we saw detailed life histories had been completed. This helped staff to know and understand people as individuals. This information was reflected in people's support plans which were personalised and included information about their preferences and choices. The support plans were reviewed every month and changed in response to any changes in people's needs. In addition, we saw there was an annual review which gave people who used the service and/or those acting on their behalf and relatives an opportunity to say what they thought about the service and be involved in planning future care and support.

Each person's care records included detailed information about their preferred daily routines from the time they liked to get up to the time they preferred to go to bed. For example, one person's started with the entry, '[person's name] wakes up naturally around 8am' and continued to detail how they liked to spend the remainder of the day until 10pm which was their preferred bed time.

The care records contained 'Health Action Plans' with details of people's health care needs and the actions being taken to help them to meet these needs. For example, we saw two people had been referred to their GP because of they were slightly underweight and another person had been referred because they were slightly overweight. In all three cases appropriate action was being taken to support people to achieve and maintain a healthy weight. We saw people with specific on-going health care needs were supported by the district nursing team.

When people were identified as being at risk of developing pressure sores because of reduced mobility pressure relieving equipment such as air mattresses were in place.

We saw VIP hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support should they be admitted to hospital.

The staff we spoke with demonstrated a good knowledge of people's individual needs and preferences. For example, they had a good knowledge of the halal diet and how halal food was obtained to support one person who lived at the home to meet their cultural and religious needs.

We found the staff we spoke with and observed during the day were highly motivated to support people as individuals. One of staff said, "You have to keep trying" when describing how they communicated with people to find out what exactly it was they wanted.

We found there were enough staff to ensure people were provided with the support they needed to access services and take part in leisure activities in the community. One person who lived at the home attended a musical therapy group at least once a week and as previously mentioned two people went out shopping for holiday clothes on the day of the inspection. The relative of one person told us their relative enjoyed a variety of activities which included going to the pictures, bowling and swimming. Another relative told us their family member particularly liked spending time in the gardens at the home. When we visited people were eagerly anticipating the arrival of some new garden furniture.

There was a complaints procedure in place and people living in the home were provided with information in an Easy Read format. Relatives of people who lived at the home told us they could speak to any of the staff or the registered manager if they had any concerns. They were confident any concerns they might have would be taken seriously and dealt with.

There was a compliments and complaints file. The registered manager told us there had not been any complaints since 2013 and that complaint had been resolved. The service had received two compliments in the past year.

Good

Is the service well-led?

Our findings

The atmosphere in the home was relaxed and organised. There was no rushing around; we saw staff going about their duties calmly and confidently. The registered manager told us they operated an 'open door' style of management and during the day we observed positive interactions between the registered manager, staff and people living in the home. We saw people living in the home were at ease and comfortable in each other's company and with staff. One person's relative told us it was like a 'family', they said they were regular visitors and when they went to the home they felt they were visiting everyone who lived there.

The staff were positive about their roles in the home and stated they enjoyed working at the home. One said, "It is the best job I have ever had." They told us they worked as a team and supported each other, for example by sharing car journeys to and from work and training sessions. There were regular staff meetings to help make sure staff were kept up to date with any changes.

The provider had systems in place for checking, auditing, the quality and safety of the services provided. This included monthly visits by an area manager. We looked at a sample of the reports completed by the area manager. The visits followed a structured format which was based on the Commission's five domains of safe, effective, caring, responsive and well led. Under each heading we saw the area manager recorded their findings and conclusions.

However, it was not always clear from the reports what action was being taken in response to identified shortfalls. For example, the report completed for the visit on 03 February 2016 identified the communal areas needed decorating. This was again identified in the report for the visit carried out on 01 April 2016 but when we visited on 19 May 2016 the registered manager did not know for sure when work on the redecoration would start.

On the 01 April 2016 visit report we saw under the responsive domain the area manager had checked one person's support plan and found it to be in 'good order'. They noted a visiting health care professional had made a positive comment about the clarity of the support plan.

Accidents and incidents were recorded. The provider used an electronic accident/incident recording system and the area manager was responsible for checking accidents/incidents were reviewed and any actions that needed to be taken were completed before the accident/incident forms were signed off.

The registered manager told us they did not have 'house meetings' for people living in the home. They explained it was more effective to consult with people individually. They told us people living in the home were consulted about changes. For example, before the new carpets had been fitted people had been shown carpet samples and asked what colour they preferred.

The registered manager told us the home had 'dignity champions' and one of their roles was to carry out dignity audits. These audits focussed on how people were supported to maintain their individuality. For example by checking people bedrooms were decorated and furnished to reflect their tastes and interests.

The registered manager told us survey questionnaires had been sent to people who used the service, their relatives and other stakeholders approximately five months before our inspection. They said people's relatives had not raised any concerns and there had been very little feedback from other stakeholders. The registered manager told us they also used a picture style survey to give people who used the service an opportunity to express their views. Following the inspection visit the registered manager provided us with a summary of the survey results. The results showed a high level of satisfaction with the service. For example, all seven people who lived the home and 26 of the 27 relatives who responded said they felt they or their relative were safe when supported by St Anne's. One relative said they were 'not sure'.

The provider had a number of external quality awards which included Investors in People – Gold, Mindful Employer and Stonewall Diversity Champions.