

St Anne's Community Services

St Anne's Community Services - Daleholme

Inspection report

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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

We carried out an unannounced comprehensive inspection of this service on 10 March 2016. We found that the service required improvement to become Safe, Effective, Caring and Well-Led. We identified breaches of Regulations 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the registered provider submitted an action plan telling us the action they would take to make the required improvements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anne's Community Services – Daleholme on our website at www.cqc.org.uk.

This inspection was comprehensive, to review the improvements made by the provider to meet the Regulations, and to provide a new rating for the service. The inspection was carried out on 12 March 2017 over one day and was unannounced.

St Anne's Community Services – Daleholme is a purpose built service which provides residential accommodation and personal care. The service is registered to support people with a learning disability. There were five people living there at the time of this inspection.

We found that improvements had been made and the provider was now meeting the Regulations.

The service had a registered manager who had been registered with the Care Quality Commission since 2010. 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.

St Anne's Community Services - Daleholme provided good care and support for the people that lived there. People were encouraged to lead lives in line with their own preferences and choices. The emphasis was on supporting people to be as independent as possible. People were involved in making decisions about their care and how the service was run.

Care and support plans contained clear and up to date information about how people wanted their needs met. There were good opportunities for people to discuss any concerns or ideas that they had.

People were supported in having their day to day health needs met. Health services such as dentists, GPs and opticians were used as required and there were close links with other services such as the local North Yorkshire County Council's Community Learning Disability Team.

Staff were knowledgeable about the needs of each person and how they preferred to live their lives. Staff received the training they needed and were supported through regular supervision meetings with the registered manager. There were safe recruitment practices in place for new staff and there were a sufficient

number of staff on duty to meet people's needs.

There were good systems in place to keep people safe. Staff were confident about their responsibilities in relation to safeguarding and also knew who they could contact regarding any concerns they had about the service. There was a positive approach to risk taking so that people could be as independent as possible. Risks in people's day to day lives had been identified and measures put in place to keep people safe. The focus was on how each person benefited from the activity undertaken.

The staff team were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. Three people at the service had a DoLS authorisation due to the level of supervision provided by staff. Staff had been trained in the MCA and had a good awareness of issues relating to capacity and consent.

The service was well led. Staff told us that the service was well managed and that there was good support. The registered manager promoted a culture of respect, involvement and independence. There were good systems in place to make sure that the quality of care was maintained and areas that required improvement were identified and necessary action taken.

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 told us they felt safe at the service. Staff had a clear understanding of their safeguarding responsibilities.

There were good systems in place to protect people from the risks associated with day to day activities and the environment.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Staff provided safe support with people's prescribed medicines.

Is the service effective?

Good ●

The service was effective.

Staff received the support they needed to carry out their roles effectively. The staff team had a good understanding of the needs of each person at the service.

People were supported to consent to decisions about their care, in line with legislation and guidance.

People received the support they needed to stay healthy. People were able to decide what they wanted to eat. Sufficient amounts of food and drink were available.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff and were treated with kindness and respect.

People were encouraged to express their opinions and make decisions about their care and support. People were encouraged to be independent and were supported to spend time in the way they wanted.

People were encouraged to be independent and were supported to spend time in the way they wanted.

People were given time and space to be alone if they wanted privacy.

Is the service responsive?

Good ●

The service was responsive.

People were involved in contributing to how their care and support was provided. Individual preferences were taken into account and people were supported to take part in activities of their choosing.

The staff team knew people well and could identify if someone was unhappy. Appropriate action was taken if a concern or complaint was raised.

Is the service well-led?

Good ●

The service was well-led.

There was effective management of the service and a clear culture which promoted respect and involvement.

The registered manager had good oversight of the service. Staff told us that they felt supported by management.

There were effective systems in place to make sure that the service continued to deliver good quality care.

St Anne's Community Services - Daleholme

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 registered 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 was carried out to check that improvements had been made following our comprehensive inspection on 10 March 2016, and to provide a new rating for the service.

This inspection took place on 12 January 2017 and was unannounced. The inspection team was made up of one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We reviewed the Provider Information Record (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.

During this inspection, we looked around the premises and spent time with people in the lounge and dining area. We looked at records which related to people's individual care. We looked at two people's care planning documentation and other records associated with running a care home. This included, training records, the staff rota, audits, medicine records and records of meetings.

Some people were not able to provide detailed feedback, however we spoke with all the people at the service and have included their responses where appropriate. We spent time observing how people led their lives during the day and the support that they were given by staff. During the inspection, we also spoke with

three members of staff and the registered manager.

Is the service safe?

Our findings

At our last comprehensive inspection on 10 March 2016 we found that the service required improvement to become safe. This was because the systems for recording incidents and accidents was not robust and there was no analysis to identify trends so that steps that could be taken to minimise risks. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found that there had been improvements and the registered provider was now compliant with this Regulation. Accidents and incidents had been clearly recorded. Incident forms included details of the incident and action taken. The registered manager recorded any comments as necessary and these were then passed to the area manager to review. We noted that monthly team meetings now included a section to discuss learning from incidents. This meant care staff had an opportunity to review what had happened and to make any suggestions to reduce risk.

Two people who used the service told us, "I feel safe", when asked. One person added, "I talk to staff if I am upset. They are helpful". Care staff told us it was a safe service. All staff had received appropriate training in safeguarding. Those we spoke with were confident about keeping people safe and understood safeguarding procedures.

We looked at how the service protected people from harm or abuse. There was a safeguarding policy in place which had been regularly reviewed. The policy included the principles of abuse, prevention, accountability and the process to follow when raising an alert. There was also a copy of the local multi-agency policy and procedure for staff to refer to. We found that when there had been safeguarding incidents, these had been reported to the appropriate safeguarding authority.

A whistleblowing policy was in place and this was displayed in the kitchen for staff as a reminder. The staff we spoke with were aware of the policy and how to use it. One staff member said, "I know what to do if I had any concerns. I wouldn't hesitate to blow the whistle".

Risks associated with people's day to day lives had been identified and there were clear, up to date risk assessments in place. These included risks associated with bathing, epilepsy and moving and handling. There was a positive approach to risk taking, with the emphasis on encouraging independence. Risk assessments included information about how to minimise each risk and what the consequence would be of the risk occurring.

Workplace risks had also been identified and clearly recorded. These included, for example, environmental risks such as security and infection control. Health and safety checks relating to gas, electrics, fire and water had been carried out and systems were inspected as necessary. There were no avoidable hazards seen in the building and equipment had been checked to ensure it was safe to use. Personal evacuation plans were in place for each person, which described the support they would need in the event of an emergency.

The 'fire file' included information about the house layout and details of the location of emergency lights and alarm call points. There was also a fire safety risk assessment and an evacuation plan in place. Emergency lighting, fire-fighting equipment and alarm servicing was fully recorded and up to date.

The service had systems in place to make sure only suitable applicants were employed to work with people who used the service. Checks included two references, proof of identification and a criminal background check. The checks in place meant the provider could make sure new staff were of suitable character and competence. The registered manager told us that there had been no new recruitment since the last inspection.

The staff rota showed that there were between two and three staff working at all times during the day. At night there was one staff member awake as well as a sleep-in member of staff. The registered manager told us that staffing levels were based on the needs of people who used the service. There was a small team of permanent staff who had all been at the service for a number of years. The registered manager was supernumerary to core staffing numbers but helped on shift regularly. None of the people or staff we spoke with felt there were any issues with staffing levels and all told us that people received the support they needed in a safe way.

There were safe systems for the storage and administration of people's medicines. Medicines were stored in a locked cabinet. Most medicines were received from the pharmacy in blister packs which contained guidance on the medicine as well as a description of each tablet. Medicine administration records (MARs) stated whether a medicine was in the blister pack or separately boxed. This assisted staff in making sure the correct medicine was administered. There was information about the use of 'as required' medicines and, when these had been administered, there was a description of why it had been needed. Each person had a medicines support plan which gave guidance on what medicines were for, any possible side effects and allergies. A record was kept of medicines no longer used and which had been returned to the pharmacist.

Staff confirmed that they were only able to administer medicines after being trained and then signed off as competent by a manager. There was a list of 'approved' staff in the medicines folder as well as sample signatures so that it could be identified from the records who had administered medicines each day.

Is the service effective?

Our findings

At our last comprehensive inspection on 10 March 2016 we found that the service required improvement to become effective. This was because not all care staff had had sufficient training to support them in their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider submitted an action plan telling us the action they would take to make the required improvements.

During this inspection, we found the registered provider had addressed our concerns and the service was now compliant with this Regulation.

At this inspection we spoke with staff about the training they received. Comments included, "Training is pretty good quality", and, "I get the training I need. It's very good". Staff told us they were trained in key areas of practice such as safeguarding and moving and handling. Training records confirmed this and showed that training was updated in a timely manner. Staff demonstrated a good understanding of care principles and relevant legislation. This demonstrated to us that training was effective.

We observed that there were good relationships between care staff and people who used the service. One person told us, "Support staff are alright", which was repeated by another person when we asked them. The staff we spoke with described a good working environment. Comments included, "It's pretty good here. A regular, stable staff team", "It's a very supportive and good team" and "We all get on pretty well".

Staff were well informed about the people they supported and had a clear understanding of each person's needs. The team of staff were all permanent and most had worked at the service for a long time. This meant there was a consistent approach to care and support from a stable staff team who knew people well.

Staff were supported through regular supervision and a yearly appraisal with the registered manager. This gave them opportunities to talk about their development and goals for the future. Appraisals allowed staff to review their progress and look at objectives for the coming year, such as training needs. There were monthly team meetings where staff had an opportunity to discuss anything related to the service they delivered. One member of staff explained, "We have team meetings where we discuss new approaches to work". Minutes of the last team meeting showed there had been a detailed discussion of each person who used the service, training, safeguarding, dignity awareness and client involvement.

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 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 and staff were aware of the principles of the MCA and DoLS procedures. DoLS referrals and authorisations had been made as required where people were restricted in their movements. There were currently three people who had a DoLS authorisation in place. We noted that the last team meeting included a discussion about MCA and DoLS, including where staff could find information and a check that all staff were aware of why DoLS authorisations were in place.

The registered manager told us that, where people lacked capacity, a best interest meeting was held when important decisions needed to be made. A best interest meeting is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. Where best interest meetings had taken place there was information in support plans about the decisions made and the reason the person lacked capacity for that decision. The registered manager described how one person had best interest meetings last year about dental work and finances. They were unable to show us records of these meetings, explaining that they had been carried out by a social worker and a copy had not been received. However, we did see that the DoLS authorisation for one person correctly included the use of a sound monitor in their bedroom as a restriction of their liberty.

People were supported to maintain good health. Each person had a Health Action Plan which gave details about health needs and how these were to be met. Care records showed there were good links with health professionals to support people when needed. These included the community learning disability team, dentist, GP and optician.

Where people had particular health needs there was clear guidance in place about how these should be met. For example, one person had a history of epileptic seizures. There was clear guidance in their care plan about epilepsy management, as well as emergency contacts if needed. Staff were trained in the administration of medicines, when required, to help manage a seizure.

There was information available to staff about the support people required with eating and drinking. One person had swallowing difficulties and there was evidence that the Speech and Language Therapy (SALT) team had been involved to offer guidance. This person required a thickener in all their drinks and the staff on duty were aware of how it was used. Eating and drinking guidance was clearly written in the person's care plan.

People were provided with sufficient amounts of food and drink. A picture menu was displayed in the kitchen with meal suggestions chosen by people whom used the service. People decided on a menu each week and helped with the weekly shopping. Meals were usually cooked by staff, with the assistance of people who used the service. One person liked to help out by laying the table ready for meals. We observed throughout the day that people were provided with plenty of fluids to make sure they were adequately hydrated.

Is the service caring?

Our findings

At our last comprehensive inspection on 10 March 2016 we found that the service required improvement to become effective. This was because there was not always a respectful approach to people and privacy was not always maintained. We identified this as a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider submitted an action plan telling us the action they would take to make the required improvements.

During the inspection, we found the registered provider had addressed our concerns and the service was now compliant with this Regulation.

Throughout this inspection we observed that staff spoke with people in a friendly manner, listened to what was being said and responded in a way that was understood. The service was centred around the people that lived there and what they wanted to do. The atmosphere was light hearted and relaxed.

We observed that people were treated with dignity and respect by the staff on duty. One member of staff told us, "I haven't noticed a lack of respect. We have had professional boundaries training. We treat everyone with respect".

Care staff told us that dignity was strongly promoted by the organisation. We observed that care staff respected people's right to privacy and everyone had a private space they could go to if they wanted. When people were supported with personal care, this was carried out behind a closed door, to protect people's privacy and dignity. We noted that people were provided with easy to understand information about their rights, in the service user guide. This included the right to respect, privacy and dignity as well as the right to confidentiality.

People made positive comments about living at the service. These included, "It's alright here" and "I like it here". One person, when asked if they liked living there, responded, "Yes".

Care staff told us that people were well cared for. We observed that, where support was provided, this was carried out at a suitable pace for each person. Care staff talked to people about what was happening and sought agreement before starting with a task. Care plans contained guidance for staff about including people through appropriate communication, for example, "Can I help you a shave?" or "Can I give you your medicine?". This showed how staff encouraged people to be included in day to day tasks and activities.

We looked further into how people were supported to be involved with day to day practices in the service. Each person had a monthly one to one meeting with their provided an opportunity for people to understand more about their rights. We saw that recent meetings had included topics such as dignity and respect.

Some people had sections in their care plans that documented any end of life wishes they or their families had. These had been put together with the involvement of each person. Staff had been trained in end of life care so that they understood how to care for somebody appropriately. This was particularly important as most people who used the service had expressed a wish to stay in the service whatever happened.

Is the service responsive?

Our findings

At our last comprehensive inspection on 10 March 2016 we found that the service required improvement to become effective. This was because there was a lack of meaningful activities when people chose to stay inside. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found improvements had been made and the registered provider was no longer in breach of this Regulation.

We looked at the activities available for people who used the service. On the day of our inspection, some people chose to stay in while other people went out to the shops or for a walk. Two people chose not to go out and spent time in the lounge watching TV and listening to music. Staff spent time sitting and chatting, trying to engage with people.

There was a friendly and relaxed atmosphere in the service. One person had their hair done and another person went for a walk. One person enjoyed sitting outside and 'watching the world go by'. People told us about some of the activities they enjoyed doing. These included, shopping, a visit to the café or pub, attending church and trips out in the car.

Each week an activity planner was drawn up which included activities with each person every day. These included activities such as personal shopping, baking and walks out. The registered manager explained that they tried to encourage people to get out each day but some people preferred not to do much. This was confirmed by one person who said, "I choose not to do much. I prefer to stay at home". Daily notes recorded if they had chosen to stay in or did not want to participate in anything. One person required support from two staff when outside, to keep them safe. We asked the registered manager how this was managed when there were only two or three staff on duty. They explained that they would try to go out during handovers when there were more staff, or would arrange for extra staffing if there was a particular event the person wanted to attend.

Staff told us it could sometimes be difficult to engage people in activities as some people preferred to stay in and watch TV. One staff member commented, "It can be difficult to motivate people to do things. We try each day". Throughout the inspection, we observed staff encouraging people to be involved in meaningful activities, but also respecting people's choice if they preferred not to join in.

People received person-centred care which was responsive to their needs. Care and support plans were detailed, clearly written and focussed on individual needs and preferences. Each person had a monthly meeting with a keyworker where they reviewed the support provided and thought about whether there needed to be any changes. This was one of the ways the service was responsive to people's changing needs.

People's care plans had been reviewed recently to make sure that care and support reflected their current needs. Progress against identified goals had been discussed and an action plan set up for meeting new goals and supporting with any issues. For example, one person had goals to achieve a reduction in a medicine and to have a more personalised bedroom space.

Support plans contained good information about preferences and approaches for helping with individual needs. For example there was a section on life skills which explained what each person could do well, how they liked to live and the support needed to do this. There was detailed information about personal care needs which was clearly written and easy to understand. This gave a clear picture of what people could do for themselves and how they preferred to be supported when they needed assistance.

Care plans contained useful guidance on how to support communication with people who used the service. Each person had a 'communication passport' which gave clear information about the different ways in which people could express an emotion or choice. This was supported by an assessment of comprehension which described how to communicate, both verbally and non-verbally. For example, how a person tells you if they are bored, happy or hungry.

A record of complaints and compliments received was held in the office. This showed that no complaints had been recorded over the last year. We noted that an easy to understand complaints leaflet was displayed on a noticeboard and the 'service user guide' also gave information about how to complain and included contact details of the Care Quality Commission (CQC). A comprehensive complaints procedure was in place which gave information about how complaints should be managed and timescales for response and investigation.

People were given opportunities to raise any issues or complaints in keyworker meetings. Staff confirmed that they made sure people understood what they should do if they were unhappy about something. Records of keyworker meetings confirmed this.

Is the service well-led?

Our findings

At our last comprehensive inspection on 10 March 2016 we found that the service required improvement to become effective. This was because the quality assurance and governance processes in place had failed to identify the issues found during the inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection, the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation. A registered manager was in place who had been registered with the Care Quality Commission in 2010. They had been at the service for over 20 years and had good oversight of the service and a thorough understanding of each person's character and needs. The registered manager spoke knowledgeably about the service and had a clear understanding of the requirements of the Health and Social Care Act Regulations.

There were processes in place to make sure that the quality of the service was monitored and action taken where improvements were required. The registered manager carried out a range of checks and audits to make sure standards were maintained. These included monthly audits of health and safety, medicines management, care plans and accidents and incidents. We noted that records held by the service were up to date and completed as required. The registered manager told us that all audit information was sent to the area manager as an extra review.

The registered provider carried out two quality and safety audits at the service each year. These were formal visits where the provider assessed the standards at the service. The area manager also visited every month to monitor the service and provide support to the registered manager. They wrote a brief report which made reference to the five domains of Safe, Effective, Caring, Responsive and Well-Led. The report included recommendations and actions for improvements which were reviewed at the next visit.

Although people who used the service made no comments about the manager, care staff were complimentary. Comments included, "There have been changes. New things put in place. The manager has worked hard to put everything right. They are a very good manager", "I can speak with the manager any time" and "The [Registered manager's] door is always open".

The registered manager told us, "Clients are well looked after. I have an open door policy. We see it as a home for life here. We adapt to people's changing needs. I'm here to speak up for residents. I have clear expectations of staff. We have been together as a team a good few years". The registered manager said that they received good support from the registered provider.

Care staff described a positive culture promoted by the registered provider. One staff member said, "The culture is good, positive. We all have the same goals. Everybody is looked after. We listen to people". Another member of staff told us, "St Anne's are very supportive. They are very good. The culture is about being supportive, empathy and encouraging independence. All positive. Care is the priority. Everything is done

really well. I can't fault it". We looked at the registered provider's business plan which also described their ethos and culture. Aims included, "To provide high quality personalised services" and "To strive to be a diverse and inclusive organisation".

Staff, people who used the service and their relatives were given opportunities to be involved in how the organisation developed. St Anne's arranged 'focus meeting's once a year for all the St Anne's staff. These were meetings where all staff could get together to review progress in the organisation and discuss ideas for the future. There were also 'Making it Happen' meetings every month where people from all the local St Anne's services attended. The focus of these meetings was on sharing ideas and thoughts about services provided. These meetings were made sociable and fun and information was provided in a way that people could think about and discuss according to their level of understanding.

Annual surveys were sent out to people who used the service, families, stakeholders and staff. These gave interested parties an opportunity to feedback their views about the service. The registered manager explained that surveys were returned to Head Office and a summary of the feedback was sent to them for review.