

St Anne's Community Services

Aachen Brook St Anne's Community Services

Inspection report

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Date of inspection visit:
20 January 2020
21 January 2020

Date of publication:
21 February 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Aachen Brook St Anne's Community Services is a nursing respite service and can provide respite for up to six adults with a learning disability and or physical disability. At the time of the inspection one person was using the service and eighteen people had respite care agreed but were not currently residing at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support.

People's experience of using this service and what we found

The leadership and team working within the service was excellent. This ensured everyone received high quality and personalised support. The staff team worked in partnership to continuously improve the service and this achieved good outcomes for people. Everyone without exception, praised the leadership and the person-centred approach to care.

There were excellent relationships with people's relatives where a whole family approach ensured that the care provided was flexible and tailored to meet the needs of people's lives. Relatives told us the service went the extra mile to achieve this and was a 'home from home'.

Staff empowered people to live fulfilling lives. Staff kept people safe with the minimum restrictions necessary. Care plans and risk assessments were detailed and positive risk-taking promoted people's independence.

The staff were strong advocates for people and endeavoured to access the best possible support available. This meant people received timely care and support from health professionals and other agencies, which had a positive impact on their lives.

Staff treated people with dignity and respect. Staff treated people as individuals and used a strengths-based approach which focused on people's abilities and promoted their independence. The service followed best practice guidance to ensure a high level of care provision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Aachen Brook St Anne's Community Services

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Aachen Brook St Anne's Community Services is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from partner agencies including the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

People were unable to speak with us because of their conditions. We spoke to five relatives about their experience of the care provided. We spoke with eight members of staff including the area manager and the registered manager. We reviewed a range of records. This included three people's care records and one person's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of evidence including quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risks of abuse, discrimination and avoidable harm.
- Staff completed regular safeguarding training. They knew how to identify and report any concerns. The service had a whistleblowing policy in place and staff were confident to report to outside agencies if required.
- Restrictive practices were minimised. Staff knew people extremely well and used positive communication and promoted people's preferred routines.
- There was an easy read client guide and policy that covered safeguarding.
- The registered manager reported safeguarding concerns to the local authority and the Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management

- Staff promoted positive risk taking and people received support to take maximum control of their lives.
- The service had effective systems in place to ensure that all areas of the home were safe. This included up to date safety certificates for gas, electric and lifting equipment and regular checks of fire safety equipment.
- Systems were in place to identify and reduce the risks involved in the delivery of care to people. Care plans and risk assessments were very detailed with clear guidance on how to reduce the risk of avoidable harm.

Staffing and recruitment

- Staffing levels and recruitment were safe.
- Staff were very positive about the level of staffing. They told us, "There is always enough staff to meet people's needs. The staffing here is excellent. Extra staff are sometimes in place. We are never short staffed" and "Our staffing levels are good. We can take our time and it is not task orientated. It is led by people's needs. It is a home from home".

Using medicines safely

- Medicines were safe.
- Staff received training and competency assessments before they provided support to people with their medicines.
- Staff provided person centred care. Staff supported people to access regular medicines reviews where medication was reduced or discontinued where appropriate.
- Staff stored medicines securely and at an appropriate temperature that was in line with the manufacturer's recommendations.
- Staff kept accurate records of the medicines they administered.

Preventing and controlling infection

- The home was visibly clean and tidy and relatives told us this was always the case.
- Staff received training in infection control and food hygiene and understood their responsibilities. We saw personal protective equipment such as gloves and aprons were readily available around the home.

Learning lessons when things go wrong

- Staff reported an open culture and were encouraged to report accidents and incidents.
- The provider had a comprehensive system to record accidents and incidents and staff were clear about their responsibilities. Systems were in place to review these for wider learning and to reduce the risk of the same accident or incident occurring again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs before they used the service to ensure information was up to date and their needs could be met. Relatives told us, "They are amazing, I wasn't ready for respite at the time. They introduced it gradually over a two to three-month period. It was never rushed. It was done at my pace. I went on holiday for the first time in 20 years as I felt able to".
- People experienced positive outcomes due to the excellent and proactive use of positive behaviour support. Analysis of behaviours and how staff could work to reduce them focused on improving people's quality of life.
- The registered manager provided staff with information and best practice guidance from recognised sources about people's conditions and care needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans identified people's needs and provided staff with detailed guidance on how to support people.
- Care plans had a 'Health Action Plan'. This detailed health care professionals involved in the person's care and their contact telephone numbers, a list of medical conditions and what they mean.
- All the relatives we spoke with confirmed people's access to health care was excellent. Relatives told us, "[family member] needs are very well attended to and they have reduced the medication, for example. They have taken a great deal of time and care to identify [family member] needs and have worked with the doctors to get the medication right. [family member] has less seizures now. His quality of life has improved since he has come here in every way".
- Staff went beyond their roles, to support people in hospital, to help ensure continuity of care and to improve people's experiences in hospital.
- Staff provided effective oral health care. Detailed oral health care plans were in place to support this.

Staff support: induction, training, skills and experience

- Staff received the support and training required to work effectively with people. This included specialist training delivered by external qualified medical staff. Staff told us, "We have lots of training we are lucky. We have time to access training. We access additional training such as bowel training and tissue viability training" and "The frequency is really good and we get external specialist training".
- New staff received an effective induction. One person told us, "It's the best induction I have ever had and I have worked in lots of places. It was thorough and detailed and I am happy with it. Very much so".
- Staff received regular support to understand their roles and responsibilities through well-structured and

meaningful supervisions. All the staff we spoke to felt valued and were positive about the registered manager. One person told us, "The support has been good. The door is always open and he always responds. He is a good communicator and a good listener".

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

- Effective care planning identified risks to people with additional needs around eating and drinking. Staff supported people to eat independently giving people additional support where needed.
- Staff were attentive at meal times. Staff interacted well with people and helped to make it a pleasant experience.
- Staff recorded people's likes and dislikes and gave people choices at every meal. One relative told us, "When [family member] arrives they are taken to the supermarket to choose food. They know what food and drink [family member] likes. The person-centred care is genuine here. The registered manager bought fancy straws as [family member] only drinks through a straw".
- Staff monitored people's weight and diets effectively and consulted professionals to understand how to best support people.

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

- The service had a fully accessible building that was adapted to meet people's needs.
- There was a sensory room and a new sensory garden space available for people to use.
- People's bedrooms were well presented, spacious, with modern furnishings and fittings and en-suite bathrooms.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. The registered manager had made appropriate applications for DoLS authorisations.
- Care plans contained guidance on how to support people to make their own decisions.
- Best interests meetings took place when people were unable to make their own decisions. This helped to ensure decisions were made in people's best interests and minimised the use of restrictions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service were unable to tell us about their experiences as they were nonverbal. We observed a dedicated and caring staff team who knew people well and treated them with respect. Relatives told us staff treated people with dignity and respect. One relative told us, "The staff are really caring, they know the clients well and they bend over backwards".
- The service provided outstanding support to people's relatives. Staff took one family member to see their husband in hospital every day when he was unwell and when another person was in hospital with seizures they collected a relative who had no access to transport to ensure they could visit their family member each day.
- Staff received equality and diversity training. Staff delivered care and support in a non-discriminatory way and upheld people's rights.
- Relatives told us staff were strong advocates for people. This helped to ensure people received the best support available to them. One staff member told us, "I had noticed a change and thought there was something up when the doctors said [person] was fine. All the doctor's observations were fine. We noticed behaviour change and withdrawal, so we kept going back to request further tests. We pushed for full blood tests and we eventually established the [person] had an infection in his gut".

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

- Staff supported people to have maximum control and involvement in their care. Staff had quality time with people to explore their communication styles. This gave people the space to express themselves and opportunity to further develop their own communication style which staff noted and recorded.
- Effective care planning was in place to support good practice. Clear guidelines enabled staff to support people to make their own decisions in all areas of their lives as far as possible.
- Health and social care professionals and families were routinely involved in people's care. Relatives told us, "I receive a daily summary" and "They always contact us if there is an issue. They are honest and open."
- Relationships and the trust built with people's relatives was outstanding. One relative told us when they had suffered a bereavement they had asked the registered manager inform their [family member] as they knew they would do this well and could offer the right support afterwards. This demonstrated a high level of trust.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they promoted people's dignity and independence with examples given around mobility, personal care and medication. People were encouraged to do as much as possible themselves,

Staff told us, "It is a core principle to treat people with dignity and respect. We have dignity meetings and champions. We respect privacy and their wishes".

- Staff told us they would be happy for their family members to use the service. They told us, "Yes. The quality of care is extremely good. It is person centred. This is a breath of fresh air to me compared to other care settings where I have worked" and "Yes definitely. It is person centred. The health care plans are excellent and the pre-assessments are good".
- We saw copies of a regular dignity audit carried out by the management team.
- Good care planning considered people's abilities, choices and preferences. This helped to promote their independence. One person had a visual impairment and the care plan described in detail how to set the table at meal times as the person had preferences about the positioning of the utensils.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had an excellent understanding and knowledge of people's needs from working closely with them and through effective care planning. The detail available in care records to make sure people's needs and preferences were met demonstrated a high level of commitment.
- There was person centred information in people's care plans including their preferred routines and a section that recorded what was important to them. People had choices about how their care was delivered and staff had a good understanding of people's likes and dislikes.
- The service had a team day for two full days twice a year to review care files. This supported staff to share good practice and promoted consistency. It included a review of people's likes and dislikes and focused on objectives for each person.
- The home had regular staff who were attentive to people's needs. A relative told us, "[family member] has improved since coming here. "[family member] is brighter and has more stimulation, is interacting more and has more eye contact. "[family member] seems happier. This is the ideal place for them".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans provided guidance on how to communicate effectively with each person. These included details of any aids or equipment they needed to assist with communication and person-centred information detailing people's use of body language or behaviour styles for example.
- Staff received training called, 'sensory engagement for mental well being'. The training looked at simple sensory strategies, that could be employed to improve the mental wellbeing of people with profound and multiple learning disabilities, for example.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives gave good feedback about the activities and opportunities provided both in and away from the service. One relative told us, "[family member] loves it here. They like the change and the trips out. They always take them out. The person-centred care is genuine here. They know [family members] favourite tv programmes for example".
- People had access to a day centre during the week and staff took people out at weekends. The service had a sensory room and a new sensory garden and staff received training on the use of sensory items.

- The service had good links with the community. They liaised with a local school who provided a Christmas concert for people using the service.
- The staff held fund raising events throughout the year, in their own time, to raise money for additional activities and outings.

Improving care quality in response to complaints or concerns

- Effective systems were in place to manage complaints or concerns. The service had not received any complaints in the past twelve months.
- People and their relatives received information on how to make a complaint if they wished to do so. This included an easy read format. The registered manager and staff welcomed any complaints or suggestions for improvement.
- The registered manager had strong relationships with the relatives we spoke with. They held the registered manager in high regard and felt able to approach them if they needed to.
- Staff were adept at identifying when an individual was unhappy or distressed and would investigate the reason. This helped to improve people's experience of the service.

End of life care and support

- People were given the opportunity to make decisions about their preferences for end of life care. This took place in the initial assessment and then periodically in response to any changes or concerns.
- End of life training was available for staff and the service had the support of a local hospice if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a person-centred culture which was open, inclusive and promoted people's outcomes.
- Staff were positive about the registered manager's leadership of the home. There was an established team that reported good staff morale. Comments included, "I absolutely love it here. The quality of care is great. I have never experienced this kind of quality before" and "It is a lovely place to work, we have a fabulous team. It is very positive".
- Relatives were consistent in describing a high level of satisfaction with the service. People told us, "[Registered manager] has been very supportive. Staff have been amazing. Their support has been vital. The staff are no different when the manager is not there" and "[Registered manager] is caring and easy to get on with, he can be light hearted which helps make communication easy. It is like visiting a friend's house".
- The registered manager was committed to providing high-quality, person-centred care and had recruited and retained staff who shared that goal. They had a wealth of knowledge and strived to support the team to provide continuous improvements to people's lives.
- Staff demonstrated extensive knowledge of people's needs and a passion for their work.
- Staff told us the manager was approachable and hands on. They told us they felt comfortable raising ideas or concerns and there was an open-door policy.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of and understood their responsibilities in relation to the duty of candour. There was an open, inclusive and transparent culture in place with the registered manager operating an open-door policy where families and staff felt comfortable to raise concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regular auditing was in place to ensure the service was always improving. This included a clear structure aligned with regulatory requirements.
- All staff received effective support. Staff knew their roles and responsibilities and were proud of the quality of care provided.
- The service had demonstrated a transparent and open culture. The registered manager encouraged staff to talk about any incidents and to share their experiences. Lessons learned were then shared with the team to promote learning.

- The registered manager told us they attended a local learning disability forum and accessed support from Skills for Care. This helped to support them in their role by accessing best practice and learning from other practitioners.
- The provider complied with all regulatory requirements. This included the submission of notifications which they are required to send to us by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was good communication in place to engage staff. Regular team meetings and staff supervisions fully involved staff in the development of the service and in people's care.
- There were excellent relationships with people's relatives. The feedback we received from relatives reflected a holistic approach that considered the needs of the whole family.
- The service worked in partnership with other stakeholders. We saw a range of professionals were involved in people's care.