

St Anne's Community Services

St Anne's Community Services - South Kirklees DCA

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

About the service

St Anne's Community Service – South Kirklees is an individualised service providing care and support to people with physical and/or learning disabilities, within their own home or in one of two supported living houses. At the time of the inspection the service was providing personal care to five people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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

People told us they felt safe and happy. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse had taken place.

Risk assessments were individualised and minimised risk whilst promoting independence. Staff were trained and competent to administer medicines.

Staff felt supported with an induction and role specific training, which ensured they had the knowledge and skills to support people. Meals were planned around the people's individual tastes and preferences.

People received a good level of support to lead a fulfilling life. They were supported to maintain good health and had access to healthcare professionals and services.

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

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.

Staff were caring and supported the people in a way that maintained their dignity, privacy, independence and cultural heritage.

People experienced person centred care and engaged in social and leisure activities which they chose and enjoyed.

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

The registered provider had good systems of governance in place to drive improvements to the quality of the service.

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

Rating at last inspection: At the last inspection the service was rated good and remained good at this inspection (last report published 15 December 2016).

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.

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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 two inspectors.

Service and service type:

This service is a supported living service and domiciliary care agency. It provides personal care to people living in their own houses or tenancies. It provides a service to people with physical and/or learning disabilities.

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 3 July 2019 and ended on 9 July 2019. We visited the office location on 3 July 2019.

What we did before the inspection

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service. Before the inspection, the provider completed a Provider Information Return (PIR). 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. We used all of this information to plan our inspection.

During the inspection

At the office base we spent time looking at the people's care plans, we also looked at staff records and various documents relating to the service's quality assurance systems. We spoke with the deputy manager and the manager. On the second day we visited two people in the two supported living houses to get their views about the service and spoke with five support workers.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Risks to people's safety were assessed and plans put in place to keep people as safe as possible.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service.
- The manager and staff understood their responsibilities to safeguard people from abuse.
- Concerns and allegations had been acted on to make sure people were protected from harm.
- Support workers held money on behalf of some people for safekeeping. Checks were in place to make sure people were protected from any financial abuse.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- People using the service were involved in the recruitment process. This meant they had their say about who they would like to provide their care and support.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery.
- The manager kept staffing levels under review to ensure there were enough staff on duty to meet people's needs and keep them safe.

Using medicines safely

- People using the service were supported to take their medicines by staff who had been trained to do this safely.
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff completed training in infection control. Gloves and aprons were available for staff to use.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which helped to prevent a reoccurrence.

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 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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- People could meet staff and visit the supported living houses, if appropriate, to see if they would like to live there.
- People's care and support needs were discussed with them and their relatives and a care plan put in place before they started receiving a service.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. Staff told us the training on offer was good and relevant to their role.
- Staff were given opportunities to review their individual work and development needs.
- Staff said they felt supported in their role.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles

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

- People were provided with a choice of food and drinks which met their needs and preferences.
- People went shopping to choose the food they liked and planned their own menu's.

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

- The service had good relationships with community health and social work services and we saw the advice of professionals was used to achieve best practice and help people to achieve good outcomes.

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

- The service was proactive in identifying people's health needs and promoting a healthy lifestyle. Records showed people had good access to external health professionals when required to meet their care and treatment needs.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the service was working within the principles of the MCA. Staff members had a good understanding of the MCA and it was clear from observations and records people's autonomy, choices and human rights were promoted. Mental capacity assessment had been completed and best interest decisions were in place in relation to, for example, medicines and finances.

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

- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- People were supported by staff who were kind and caring.
- People were relaxed and happy in the company of staff.
- The service had received several compliments. These had praised the work of staff and their knowledge of people's support needs.

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

- Knows what wants e.g. wanted hair cut today.
- Care plans contained details of how to recognise when people were unhappy or happy using non-verbal cues; including when they may be in pain or unwell and the steps to take to improve their wellbeing.
- Staff were aware of how to access advocacy services if the need arose.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's dignity. For example, when supporting people with personal grooming tasks. People looked well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style. Their homes were personalised to their taste with personal items and décor they had chosen.
- The service had an enabling ethos which tried to encourage and promote people's choice and independence. People were encouraged to do things for themselves in their daily life such as, food shopping, laundry, cleaning and helping prepare snacks. Care plans detailed what they could do for themselves and areas where they might need support.
- People were supported to develop positive relationships and to maintain contact with people who were important to them. Staff supported them to see their families or to speak with them as often as desired.

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 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

- People and their relatives/representatives were consulted about every aspect of their support. Care plans were person-centred and explained exactly how they people liked to be supported.
- Care plans specific to individual health conditions were also completed, including good practice information and guidance for staff.
- People were involved in regular person-centred planning reviews, where they set their objectives and goals. These were reviewed and updated regularly, or when needs changed.

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.

- People's communication needs were addressed through the care planning process.
- Staff used a variety of methods to communicate with people according to their needs. It was clear staff understood what people wanted and communicated well with them.

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.

- Care plans gave information about what people did and did not like doing.
- People were encouraged to participate in the local community and further afield.
- Staff were keen to give people as many opportunities as possible to try new activities.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and available in an easy read format.
- Records showed complaints which had been made had been investigated and responded to appropriately.

End of life care and support

- End of life care was not currently being delivered by the service. Some information was available in the care plans, but the manager agreed this needed to be developed to reflect people's personal wishes and preferences.

- One care worker told us they had recently completed end of life training which they had found very informative.

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 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

- Staff told us they felt supported by the manager and senior staff, who acted on any concerns. One staff member said, "I feel very much supported, all the managers are approachable."
- The organisations mission statement was, "To support individuals to achieve their aspirations by providing services that promote dignity, independence, opportunity and inclusion." We saw during our inspection these aims were being achieved.
- The registered provider understood their responsibilities with respect to the submission of statutory notifications to CQC. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

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

- Staff spoke positively about the manager. One person said, "[Name of registered manager] is very approachable. They care about the clients, same with all staff."
- Systems were in place to communicate within the service. Staff completed handovers, daily records and communication books.

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

- The manager had applied for registration with CQC and was nearing the final stage of this process.
- The registered provider had effective systems in place to assess, monitor and improve the quality and safety of the service. The staff and management team completed audits in relation to health and safety, fire safety, medicines and cleaning. Action required had been completed.
- The manager and deputy manager visited the services regularly to provide support and to ensure compliance with the provider's policies and procedures.

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

- The management team visited the services regularly and had an in-depth knowledge of the needs and preferences of the people they supported.

- The registered provider sought feedback from people using the service, family members, staff and professionals and the responses had been positive.
- People were supported to use local community facilities, which promoted equality and inclusion.

Continuous learning and improving care

- The registered provider reviewed information to drive up quality within the organisation. Their quality team completed regular visits to the service and sent out a quarterly learning bulletin to all services to support quality improvements.
- The registered provider also held regular managers' meetings and training to share up to date good practice.

Working in partnership with others

- The management team worked in partnership with community health professionals and organisations to meet people's needs and drive up the quality of the service.