

St Anne's Community Services

# St Anne's Community Services - Cherry Tree Dispersed

## 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

This inspection took place on 7 and 10 January 2019 and was unannounced on the first day.

The Cherry Tree Dispersed Scheme provides 24-hour care for adults with learning disabilities, in two houses in a quiet residential area of Wetherby, just outside of Leeds. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection there were eight adults with learning disabilities using the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion so that people with learning disabilities and autism can live as ordinary a life as any citizen.

At our last inspection in May 2016, we rated the service 'good'. At this inspection, the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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. The registered manager also managed two other of the provider's services and split their time between managing these services.

People told us they felt safe. Sufficient staff were employed; however, we have recommended that the provider keeps this under review. Staff were safely recruited. Risks to people's health were assessed and understood. Staff were trained to recognise and respond to safeguarding concerns. Some problems relating to the cleanliness of the premises were identified at the inspection; the registered manager addressed these promptly. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had regular training, supervisions and appraisals to support them to provide effective care. People had choice around what they ate and were supported to maintain good health.

We observed kind and caring interactions between people and staff. There was a positive and inclusive culture at the service. The provider promoted a culture of dignified and respectful care. People were supported to increase or maintain their independence and were involved in planning their care.

Care plans were person centred, detailed and updated as and when people's care needs changed. People were supported to lead active and fulfilling lives. Systems were in place to manage complaints. Information was provided in a range of accessible ways and staff provided effective support to help people communicate.

Quality assurance processes were in place to monitor the quality of care delivered. The registered manager and staff worked in partnership with external health and social care professionals to ensure people's health and social care needs were met. We received positive feedback about the management team. They were described as supportive, effective and committed to providing good quality care and support for people.

Further information is in the detailed findings below.

## 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 has improved to Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# St Anne's Community Services - Cherry Tree Dispersed

## **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 7 and 10 January 2019 and was unannounced on the first day. We gave notice of the second day as we needed to be sure people would be in when we visited. The inspection was carried out by one inspector.

Before the inspection, we reviewed all the information we held about the service including statutory notifications. Statutory notifications, which are a legal requirement, provide the Care Quality Commission (CQC) with information about changes, events or incidents so we have an overview of what is happening at the service. We contacted relevant agencies such as the local authority commissioning groups, safeguarding and local Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke and spent time with all the people who used the service and spoke by telephone with one person's relative. We spoke with the registered manager, deputy manager, three members of staff and two agency staff members. We observed interactions between staff and people who used the service when in communal areas.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at two people's care plans and two people's medicines records.

# Is the service safe?

## Our findings

People who used the service were very relaxed and comfortable with staff. They told us they felt safe and well supported. One person said, "I am safe and very comfortable here." Another person said, "There is always a good atmosphere; no concerns at all." People's relatives also told us they thought people were safe. One said, "I am certain my [family member] is very safe." Staff told us they had received training so they understood how to keep people safe. All the staff we spoke with understood safeguarding procedures and knew they should report any concerns to the management team. They were confident any concerns would be acted on promptly. One said, "I have absolute trust in [name of registered manager] to act in people's best interests."

We saw that there were enough staff to meet people's needs. The registered manager told us they managed the staff rotas flexibly to meet people's needs and activities. One person who used the service said they thought people could get out more if there were more staff. There continued to be a reliance on agency staff due to vacancies and recent changes in people's support needs. Agency staff were usually regulars who had been working at the service for some time. Agency staff told us they received thorough handovers and good information on people's needs. Our observations showed agency staff knew people well. A person who used the service spoke highly of the agency staff. They said, "The ones we have are brilliant." There was a lone working policy and procedure in place for the times when there was only one staff member available. We recommend the provider keeps staffing levels and lone working under review to ensure people's needs and social needs can always be met in a timely way.

Medicines were managed safely and people received their medicines as prescribed. Medicines were securely stored at a safe temperature. Staff completed training in medicines management and their competency was assessed. Medicines administration records had been completed and signed with no omissions in recording. We identified guidance for staff on how to administer one 'as needed' (PRN) medicines was not fully recorded. The registered manager agreed to review this and contact the person's GP for more guidance. Medicine errors were identified through checks and audits. The registered manager made sure these were fully investigated and acted to reduce the risk of re-occurrence. For example, a new monitored dose system had just been introduced.

Overall, the service was clean and well maintained. However, we saw there was a build-up of red mould in one of the shower rooms and three shower chairs had rust on the legs making them difficult to be kept hygienically clean. The registered manager addressed these issues at the time of our inspection through cleaning and reporting the shower chairs to the manufacturer as they should still be under warranty. The kitchen cupboards in one kitchen had flaking paint and chips making them harder to keep clean. The provider had conducted a kitchen survey and this kitchen had been identified as in need of renewal when budget was available. There were records of recent maintenance checks including gas, fire, lift and electrical safety.

The provider continued to safely recruit new staff. Appropriate criminal checks and references were completed prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

Risks to people's personal safety had been assessed and plans were in place to minimise them. Risk assessments gave guidance to staff about the nature of the risk and the steps that could be taken to minimise risk and ensure people's safety. Assessed risks included choking, falls and managing money. Staff showed a good understanding of the risks to people and supported people with the assistance they needed. For example, a person at risk from choking had their food cut in to small pieces and staff sat with them to observe them while eating.

Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary.



# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

We asked people and their relatives if staff had the skills to care for them or their family member. Feedback was positive and included; "I think all staff do a good job of looking after people; some are better cooks than others though" and "Staff come across as very well trained and knowledgeable about my [family member]." We saw staff were competent in their roles and had a very good knowledge of the people they supported which meant they could effectively meet their needs.

People's needs were assessed and care records provided effective guidance on how to support people as they wished. Staff understood people and knew their needs well. We saw they responded positively to any upset or distress people showed. Staff worked well with relevant health professionals to ensure there were supportive strategies in place to help people manage any anxiety.

Staff told us that they received regular mandatory training and could request additional training if required. New staff completed an induction and worked alongside other staff to get to know people and their needs. There was a system of probation meetings in place to assess staff's progress in their role. Staff had regular supervisions and an annual appraisal to support their learning and development. Staff told us they felt supported in their role.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The registered manager had completed mental capacity assessments and made best interest decisions if needed. They had also made sure appropriate DoLS applications had been submitted and re-applied for as needed. Staff understood the importance of getting consent before providing care.

People told us they enjoyed the food and were offered choices. We saw there was a varied menu and people were involved in menu planning. Staff supported people to make sure they ate and drank enough. Care plans and risk assessments detailed the support people required with eating and drinking. This also included people's like and dislikes. People were supported to follow a healthy eating plan with attention to dietary needs such as low-fat diets.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. People had access to a GP, optician, dentist and community nursing teams. Each person had a 'health passport', which contained important information that would need to be shared if the person was admitted to hospital to ensure they received care and support in a consistent manner.

The registered manager had taken part in a pilot scheme to look at falls reduction for people who were at risk from falls. This had helped to identify that a person's ill health led to an increase in falls for them and early intervention on their health issues had reduced falls to zero.

The accommodation was designed and adapted to meet people's needs and expectations. There was sufficient communal space to enable people to move about in safety and comfort. People had their own bedrooms that were decorated to their personal tastes.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

We observed kind and caring interactions between staff and people who used the service. Staff took time to chat to people and we saw many occasions of informal cheerful conversations between staff and people. Staff were kind and patient in the way they supported people. People told us they were supported well and that they liked the staff. One person said, "I like the staff, they are good friends. We go shopping, have a nice cup of tea and a big breakfast". Another person said, "I like everyone, everyone is lovely." A relative said, "Nothing is too much trouble; all the staff are so lovely and kind."

There was a warm and relaxed atmosphere in the service. People clearly had good relationships with staff and they appeared relaxed in their company. Staff demonstrated a good knowledge of the people they supported. They knew people's preferred routines and how they wished to be supported. They knew their likes, dislikes, support needs and things that were important to them such as family and background issues.

People were treated with dignity and respect and were encouraged to make decisions about their care and support. We saw they were always asked before any interventions took place. Staff listened to people's choices and respected their decisions. The registered manager and staff showed a strong commitment to promoting dignity within the service. We saw annual dignity days were held and a poster had been made and displayed by people who used the service to say what they considered dignity to be.

Staff were mindful of people's appearance and understood the impact of this on their well-being. One staff member said, "It is important for people to look nice, people like to be smart and have pride in their appearance." We saw people looked well cared for which is achieved through good care standards. Staff spoke with confidence and pride about the care they provided. It was clear they were highly motivated to provide person centred, dignified care.

People were supported to maintain their independence as far as possible. Aids and adaptations such as high low beds and shower chairs were used to assist people. Some people liked to participate in household activities such as cooking, cleaning and setting the table. One person told us they managed their own medication and how staff had helped them with this. Another person told us they had worked all their adult life and liked to continue to keep busy around the house.

People and relatives were involved in care planning and were asked how they liked their care delivered. One person told us they had been involved in drawing up their care plan and a relative described their involvement and how much they had valued this. One person told us they did not think they had access to their care records. We informed the registered manager of this and they said they would speak with the person to find out why they thought this.

Care plans recorded people's communication abilities and how staff should communicate with the person

effectively. Accessible information was available to assist people with their communication. This included information on safeguarding, complaints and care plans using symbols, pictures and easy words. Care plans also detailed people's cultural and religious preferences. People were supported to practice their faith should they choose to do so. One person told us how important this was to them.

# Is the service responsive?

## Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People told us they were provided with personalised care to meet their needs and preferences. One person said, "Staff help me with everything, they are good." Another person said, "Staff make sure we have everything we need."

Staff had assessed people's needs and used this information to develop person centred, individualised care plans. Comprehensive and person-centred care plans were in place for people which detailed their care needs and preferences in areas such as communication, personal care, mobility, eating and drinking and activities. Care plans were reviewed on a regular basis to ensure they were up to date. Daily records showed people received their support as planned and were assisted and supported to achieve their goals.

People's care plans showed any wishes or preferences people had for care and support at the end of their life and for their funeral. It was clear people were involved in identifying what they would like, for example, where they would like to be cared for at the end of their life and the type of service or music they would like played at their funeral. Staff spoke of the sensitivity needed when supporting people at the end of their lives.

People had opportunities to take part in activities they enjoyed and which met their abilities and interests. Each person had a weekly activity plan and were supported to do a range of activities within the home and in the local community. This included voluntary work, activity at day centres, classes and visiting places of interest, shopping or meals out. A number of people who used the service told us how much they enjoyed a local fitness class they attended and spoke proudly of awards they had gained at the class. One person spoke of how valuable they found the voluntary work they did. They said, "I love it, love helping out." People spoke of holidays they had enjoyed and told us they were looking forward to planning their next one.

People were supported to maintain relationships with relatives, friends and people that were important to them. People told us their relatives visited them at the service and they also spent time with relatives and friends on activities within the community. Staff understood the importance of people's relationships with family and friends and told us what they did to help people stay in contact.

There were appropriate procedures for managing complaints and concerns. These were in an easy-read format to help people understand the process. They included pictures, easy words and symbols to assist people to understand the information. We also saw people were asked at monthly house meetings if they had any concerns they wished to raise. The registered manager told us there had not been any complaints about the service since our last inspection. Some compliments had been received and recorded. A visiting health professional had said, 'What a lovely house and nice to meet the clients'. A relative had commented that they were happy with their family member's support plan, the service and their social connections.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The registered manager was supported by a deputy manager and a team of care and support staff. People who used the service were complimentary about how the service was managed. People said, "All the managers are very good and kind" and "[Name of registered manager and deputy manager] do a great job; things run smoothly." A relative told us the service was well organised and there was always someone available to speak with if needed. They said they had confidence in the service and were pleased with the support their family member received.

Staff said the registered manager was very approachable and always in the service so they knew of important issues that affected people. They said they were well-supported. Staff told us the registered manager and deputy manager were very person-centred and focussed on people's needs. We saw they had excellent knowledge of people's needs and it was clear they were well known to people. The registered manager and deputy manager were enthusiastic, caring and very committed to providing a good quality person-centred service.

Staff told us they were asked their opinions; felt listened to and valued. They said they were encouraged to put forward their ideas. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. The registered manager used these meetings to share information about good practice and to discuss any lessons learnt to improve the service.

Staff spoke positively and with pride about working at the service. Comments we received included: "I absolutely love my job" and "It's the people and the good team that make this such a good job." Staff described an open and honest culture in the service where everyone's opinions mattered. There were good systems of communication between the provider, registered manager and the staff team. These included regular team meetings, supervision, and daily handovers.

Procedures and systems were in place to enable the quality of the service to be monitored and assessed and looked for any improvements that could be made. Audits were completed by the management team and provider. These included checks on medicines, care records, finances, health and safety, equipment and cleanliness. We saw these highlighted areas for improvement and there were action plans in place to drive change and ensure improvements were made.

Annual satisfaction surveys were also used to obtain feedback from people, their relatives and professionals. We looked at the results of the last survey undertaken in February 2018, which were positive and complimentary about the service. People's comments included; 'All the staff have been kind to me' and 'Happy with the support I receive'.

The provider worked in partnership with other agencies when required for example healthcare

professionals, local authority commissioners and social workers.