St Anne's Community Services

Detailed Findings

Inspection report

Trafford Place
Carville
County Durham
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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

Overall summary

This inspection took place on 14, 15 and 18 December 2015 and was announced. The provider was given 48 hours' notice because the location provides personal care and support to adults in their own homes. Therefore, we needed to be sure that someone would be in the office. At the time of our last inspection the service was meeting our regulatory standards.

The service provided support to adults with a range of learning disabilities living in their own homes. They provided one to one personal care and support for people, this also included social care in their community.

At the time of our inspection there were 27 people receiving a service across various supported living schemes in County Durham.

The service had been operating for 12 years. Two of the scheme locations did not currently have a registered manager in post the third scheme did. A registered manager is a person who is 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

Summary of findings

and associated Regulations about how the service is run. Both the acting managers had submitted applications to CQC to be registered managers for each of the other two supported living schemes operated by the provider.

We found every person had a personalised care plan and risk assessment in place. Staff were aware of these risks and worked on a multi-agency basis to minimise those risks. When we visited people in their own homes, we saw an up to date paper copy of their care records were kept in a file. One person confirmed that they had been involved in developing their care records.

We found regular quality monitoring of the service had been undertaken. We also saw that the area manager completed regular spot checks and detailed audits in people's homes. This was to observe staff practice, check people's records such as their personal care plans and medicine records to make sure they were up to date, reviewed and evaluated and to ensure people were treated with dignity and respect.

St Anne's has been an accredited Investor in People since 1996. In 2010 the organisation was recognised as a Gold Standard Investor in People and had retained this standard since then.

We saw staff had received Mental Capacity Act and DoLS training as part of the Care Certificate induction training.

We found people's medicines were well managed. The provider had a medicine recording chart that was easy to use and described what medicines had been prescribed for and any potential side effects.

On the second day and third day of our inspection, we visited 21 people in their own homes. We observed staff speaking with people in kind, compassionate and respectful ways.

People told us they felt their dignity and privacy were respected by staff. One person said, "The staff are very good at what they do and I like living here."

The service had a complaints policy which provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw pictures had been used to help people understand the information. The support staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the registered manager or registered provider.

In addition, we looked at 10 service users' satisfaction surveys. All were consistently satisfied with the care and support they received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medicine and this ensured people's safety.

People were safe because the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good

Is the service effective?
The service was effective.

People were involved in the assessment of their needs. Care plans reflected people's current individual needs, choices and preferences.

Staff had the right skills and knowledge to meet people's assessed needs.

Staff received regular supervision and an annual appraisal

Good

Is the service caring?
The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights.

Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

People told us they were treated with kindness and their privacy and dignity was always respected.

Good

Is the service responsive?
The service was responsive.

People, and their representative's, were encouraged to make their views known about their care, treatment and support needs.

People were involved in decisions and had their individual needs regularly assessed and met.

People told us they felt confident to express any concerns or complaints about the service they received.

Good

Is the service well-led?
The service was well-led

There was a registered manager and two acting managers in post.

The acting managers had submitted applications to be registered managers for the schemes they managed.

A quality assurance system operated to help to develop and drive improvement.

Good

Summary of findings

The service worked in partnership with key organisations, including commissioners, specialist health and social care professionals.	

Detailed Findings

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 14, 15 and 18 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was led by a single adult social care inspector.

Before we visited, we checked the information we held about this service this included, inspection history, safeguarding notifications and complaints.

We also contacted professionals involved with people who used the service, including; Commissioners of services and Local Authority Safeguarding staff. No concerns were raised by any of these professionals. Prior to the inspection we also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give people a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection, we spoke with people who used the service. We reviewed four people's care records held in the office, and with people's permission, we looked at a further two held in people's own homes.

We looked at six staff recruitment files and checked staff supervision records. We spoke with eight staff, the area manager of the service, two acting manager's and a registered manager.

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.

Good

Is the service safe?

Our findings

We saw clear guidance for staff on what abuse was and how it should be reported. Staff we spoke with were able to identify different types of abuse and were able to tell us how they would report concerns. They told us they had received training with regard to safeguarding adults during their induction period, followed by periodic updates. This was confirmed in the training records we looked at. This meant people were protected because staff had been trained to recognise and report abuse. In addition, we saw staff had been trained to distract people if they displayed behaviour that challenged the service. This meant people were protected from the risk of harm because physical interventions were not used.

There was also a whistleblowing policy, which told staff how they could raise concerns about any unsafe practice.

The service had a system in place to record and investigate safeguarding concerns. The acting managers and the registered manager for each supported living scheme understood their role and responsibilities with regard to safeguarding and notifying CQC and the local authority of incidents. There were arrangements in place to help protect people from financial abuse. We looked at records where staff supported four people to manage their daily finances. We found the service kept a detailed record and receipts for each transaction and there were two signatories for any withdrawals. This meant that people were protected from the risk of abuse.

We looked at the selection and recruitment policy and the recruitment records for six members of staff. We saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates and driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. We saw that the majority of staff had worked at the service since it was registered 12 years ago. We saw that (DBS) were renewed every three years for all staff employed.

Detailed assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of people. These assessments also formed part of each person's care plan and there were clear links between care plans and risk assessments. They both included clear instructions for staff to reduce the chance of harm occurring. Staff told us, "I know the risk assessment is very important in order to keep people and others safe", "We have got very clear protocols and we use a risk assessment threshold tool and everyone has individual risk assessments in their files." We saw there was guidance for staff to support people to take risks to help increase their independence.

Each person had a personal emergency evacuation plan (PEEP) in place to provide guidance if their home needed to be evacuated in an emergency. These included the person's name, assessed needs, details of how much assistance the person would need to safely evacuate the premises and any assistive equipment they required.

We discussed all aspects of medicines with the management team, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general. We saw the medicine records, which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. All medicines were checked at the handover of each shift. During our observations we saw medicine storage was in a locked cupboard in people's homes. We found that effective processes were in place to administer medicines safely.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, and 'as and when required' medicine protocols. These were readily available within the MARs folder so staff could refer to them when required.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas in people's homes including the laundry, kitchen, bathrooms, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control and made use of protective clothing and equipment.

Good

Is the service effective?

Our findings

People who used the service said, “My lovely staff look after me, they are good – I wouldn’t move anywhere else because it is so nice.” Another person said, “The staff are the best.” Another person told us they had received ‘guidance in the right way’ from the registered manager and staff.

The staff training records showed us there was an on-going training programme in place to ensure all staff had the skills and knowledge to support people. We looked at the records for six members of staff and we saw that they all had received a thorough induction. The records contained certificates, which showed they had completed mandatory training in, for example, moving and handling, first aid awareness, fire safety, medicines, infection control, health and safety, safeguarding, equality and diversity and food hygiene. The records showed that most staff had completed a Level 3 National Vocational Qualification in Social Care.

In addition staff had completed more specialised training to help them understand people’s needs for example mental capacity act, deprivation of liberty, dementia awareness, personality disorder/self-harm, managing challenging behaviour, loss and bereavement and autism awareness Staff files contained a record of when training was completed and highlighted in good time when up-dates were required.

Staff said they felt the service was effective because they encouraged people to be independent and made sure their preferences and choices were promoted. They said, “We always treat people as individuals and always in their best interests. We are all trained to a high standard and regularly supervised. It’s our job to put people first.” Another said, “We have a strong team and we deliver support with passion.

We saw staff received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Records showed that annual appraisals were also completed. Staff told us, “I see my team leader on a daily basis. “We have formal supervisions usually every three months, we get plenty of support.” This meant that staff were supported to provide care to people who used the service.

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. We saw staff had received Mental Capacity Act and DoLS training as part of the Care Certificate induction training.

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. We looked at records and discussed DoLS with the acting managers, who told us they were working with each person’s care coordinator and the local authority to ensure appropriate capacity assessments would be undertaken. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and ‘best interest’ decision making, when people were unable to make decisions for themselves. We saw some people had an independent advocate in place to help them to make important decisions that mattered to them.

People had access to food and drink. Staff told us menus were based on people’s preferences and their likes and dislikes. If people didn’t want what was on the menu then an alternative was always available. Staff told us, “People choose their own meals then we go shopping for the ingredients together. Some people helped to cook their own meals and make snacks and staff helped with this.” People could access the kitchen areas at any time, ‘and if able’ to make themselves a snack or drink of their choice.

People had regular checks on their weight and a record of what they had eaten and daily records were kept. We saw guidance was in place to support staff with offering healthy options to maintain a balanced diet whilst supporting the people to eat well. We saw a nutritional assessment completed and the Speech and Language Therapy Team (SALT) were consulted when required.

We saw people who used the service were supported to access healthcare services and received ongoing

Good

Is the service effective?

healthcare support. Care records showed people had access to a range of healthcare professionals. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The service had detailed handover arrangements in place for staff to pass on information between each shift which included a communication document to record daily household tasks, social activities, visitors and appointments. This meant staff were able to communicate effectively with each other to support the delivery of people's care.

We saw people lived in purpose built bungalows on three separate sites some people lived alone with 24 hour support and others shared their home with others. Each person's house was extremely well maintained and highly individualised to reflect people's taste.

Good

Is the service caring?

Our findings

During our inspection, we saw staff respected peoples' wishes and listened and acted upon what they said. We observed people being treated with dignity, compassion and respect. We saw people were relaxed in the company of the staff on duty; there was lots of friendly interactions between staff and people who used the service. People told us, "If I talk to my staff they will sort it out for me," "The staff are so good to me, we are friends" and "We always have a good laugh and joke together." Comments from people's relatives included; I have been very happy since my relative started receiving support from St Anne's. I get on with all the staff as they are very helpful and supportive." The standard of care delivered by staff has continued to be exemplary."

When asked about how they saw 'caring', staff said things like, "We promote independence, we involve the individual when making choices, we always promote privacy and dignity" and "We are all caring people, we treat people as equals and we work well as a team."

We saw staff interacted with people in a caring and professional way. The management team and staff that we spoke with showed genuine concern for peoples' wellbeing. It was evident from discussion that all staff knew people using the service very well, including their personal preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We saw all of these details were recorded in people's care plans. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For example we saw that staff gave explanations in a way that people understood sometimes using the same language, phrases, signs and gestures which gave people reassurance. Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoy humorous interactions and friendly banter.

Every member of staff that we observed showed a caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke about their desire to deliver good quality support for people and were understanding of their needs. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

We found people were involved in the running of the service and were supported to take up opportunities to make decisions and choices during the day. For example people chose what to eat, or where to sit in the lounge and what activities to take part in. We also saw people were comfortable to assert their views 'where possible' and preferences and were empowered and encouraged to be in control of their lives. We found the service spent time supporting people with their lives outside of the service for example, using the local and wider community facilities such as shops, day centres, clubs and restaurants. Staff also regularly supported people to meet and take part in activities and social functions with friends, acquaintances and family members.

We spoke with staff who gave examples of how they respected people's choices, privacy and dignity. When we visited people in their home's we saw this being put into practice. For example, we saw staff treating people with respect, actively listening to them and responding to their gestures and requests appropriately. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. For example staff ensured people's personal care was conducted in private and helped people to maintain their personal appearance. We found the staff team were highly committed to delivering a service that had compassion and respect which valued each person.

The management team told us the people who used the service had capacity to make many decisions in some areas of their lives. For more complex issues, they also consulted care managers, family members and advocates to make sure decisions made were in the person's best interests. We found the service spoke up for people in their care. We looked at records and found people were involved in making decisions about their lives. For example, for those people who shared their accommodation, meetings were held so people could decide and agree about decisions affecting their home such as activities redecoration, meal choices and holidays.

The staff showed excellent skills in communicating verbally and through signs, gestures and body language. Observation of the staff showed that they knew the people very well and could anticipate their needs very quickly. For

Good

Is the service caring?

example when people talked about their feelings. Staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns.

People had busy lives. They had opportunities to make decisions and choices during the day, for example, whether to go out, take part in activities, what to have for their meal, or whether to spend time at home or visit family or friends. Care plans also included information about personal choices such as whether someone preferred a shower or bath. The staff said they knew people very well but made sure they read the care plans to find information about each individual or to update themselves and check their needs.

Good

Is the service responsive?

Our findings

People received consistent, personalised care and support. Their care and support was planned proactively with them and their care coordinators and for some people, with those that mattered to them. For example, during the initial assessment, people's relatives were advocated on behalf of them, were fully involved in identifying people's individual needs, wishes and choices and how these should be met. If necessary, they were also involved in regular reviews of their relatives care plan to make sure they were up to date. People's plans were reviewed every six months or sooner if their needs changed. We saw people were supported by a range of professionals and this was reflected in their care plans.

Each person's individual care and activity plans were based on a profile of the person and assessment of their needs. This provided information about the person's background and social history. People's support needs and how to meet them were set out in a written plan that described what staff needed to do to make sure personalised care was provided. This included detailed guidance about how to communicate with the person. There were activity plans and guidance about the person's choices and preferences in relation to how people wanted their care and support delivered. There were clear instructions for support staff about how to protect each person's dignity and how to support them to move around in their home safely and if necessary, outside in the community. One person told us, "I sit down with my two key worker's every week and we look at my care plan to make sure it is up-to-date and we talk about the things that I want to do. I like to help out in the kitchen and keep everything nice and clean."

We looked at six people's care plans to see what steps were taken to reduce risks whilst supporting people to be as independent as possible. We found risk assessments were linked to care plans describing the action staff were to take to reduce the likelihood of harm. For example, the support some people needed to shower safely or when out in their community. The staff we spoke with said they would immediately report any changes to a person's care needs to make sure risk assessments and management plans were kept up-to-date. This meant staff had up-to-date information to guide their practice and meet people's needs safely.

We spoke with staff about the people they provided support to. They had a good understanding of peoples' health and social care needs. With people's permission, we looked at the daily notes kept in their homes. These provided evidence of what support each person had been given each day. One person confirmed that the records about their care, treatment and support were up to date and correct.

The service was flexible and responsive to people's individual needs and preferences. The management team gave examples of how they had worked alongside other health and social care professionals in a flexible way to meet the person's needs. For example, with people's GP, district nurse, learning disability team, mental health team, pharmacist and care managers. This demonstrated how the service worked in partnership with other health and social care professionals to promote the health and wellbeing of people who used the service.

We watched as staff supported people and engaged with them about familiar places, people or recent occasions and activities. This was very effective for those people who may have been feeling stressed or anxious. Staff gave us examples of the different ways they worked with people depending on their preferences. We looked at peoples' care plans which confirmed these ways of working had been written so staff would be able to give consistent support. For example, staff had specific ways of using positive language and phrases, facial expressions and gestures to reassure people who may otherwise have become anxious or upset.

The service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and companionship. Staff were proactive and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links. We found people's cultural backgrounds and their faith were valued and respected. The way that activities were planned and carried out for each person was effective. People enjoyed taking part in their chosen activities and there was evidence that staff had researched people's preferences. The staff showed us records of the activities that people were involved with; there were photo mementoes of these taking place. People referred to these in their conversations and with smiles when we talked with them. One person said they had recently started horse riding which they enjoyed. Several people had their own

Good

Is the service responsive?

mobility cars which they used with support from staff on a daily basis for shopping and social activities. One person had a season ticket for Sunderland AFC and they attended every home match with their keyworker. On the day of our inspection several people told us they were going to a Christmas party that afternoon. Another person told us he was going to see his sister that morning with his keyworker.

The registered manager told us about how the service helps to make a difference in people's lives through a scheme for people with learning disabilities called 'People's Voice' for example, every quarter service users and other community groups meet at a local community centre. Each month there is a different training theme where visiting professionals provide training such as independent living skills, oral heath, how to keep safe and nutrition. People who used the service were awarded a certificate for all the training they had received. The registered manager told us this gave people a sense of achievement and boosted their self- esteem.

The provider had made information available about how to make a complaint. This was in the service user's guide and easy read pictorial formats to help people to understand its contents.

There was a written procedure and during spot check visits to people's homes, senior staff discussed people's satisfaction with the service with them and where appropriate with their family members. The complaints procedure was also included in an information booklet given to people when they started using the service. The acting managers and the registered manager were responsive to people's concerns. There had been no formal complaints about the service during the last 12 months. Records of complaints previous to this time showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. When we spoke with some people who used the service they were confident they would be listened to if they made a complaint. One person said, "I would tell my keyworker or the boss."

Many people who used the service were unable to verbally tell us about their understanding of how to make a complaint, however we saw people were very comfortable with the staff present and often smiling and reaching out to them affectionately and we saw staff were caring and considerate toward people's in their care.

Good

Is the service well-led?

Our findings

People who used the service said it was well led. We saw people were very comfortable in the presence of the acting managers and the registered manager for each supported living scheme that we visited.

Staff told us they were well led because, "Our management team ensures that we have all the relevant training that is needed to provide a very good service to the people that we support."

There were management systems in place to ensure the service was well-led. We saw the acting managers and the registered manager was supported by the area manager and there were regular monitoring visits to each of the schemes. These showed that the provider's senior managers had oversight of the quality of the service.

We found staff had worked with people for a long time, this meant people received continuity of care from people who knew them well. We saw the area manager and acting manager's and the registered manager for each scheme worked in partnership with a range of multi-disciplinary teams including the community nursing service, GP's, community psychiatric services, social workers, the learning disability team, occupational and physio therapists and speech therapists in order to ensure people's received good support in their own homes.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching their manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the people they supported. We saw documentation to support this.

At the time of our inspection visit, there was a registered manager for one scheme and the service had two acting managers who had both applied to CQC to become the registered manager for two of the three supported living scheme that the provider had in Durham. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The management team were supported by an area manager who was located at the Trafford Place office in County Durham.

The provider had in place arrangements to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw people's representatives were asked for their views by completing surveys. The outcome of the survey was presently being collated. We saw the results from last year were consistently positive about all aspects of the service.

St Anne's is a registered `not for profit` charity and also a registered housing association. The service had in place a `Council Management` this is a group of 20 people who are not employed by the service. They decide and advise about what the service should be doing and decide how to do it and in line with their legal responsibilities.

From our conversations with the acting manager's and the registered manager it was clear they knew the needs of the people who used the service very well. We observed the interaction of the manager's when we visited people in their own homes with the staff on duty and saw they worked together as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs effectively in their own homes.

We saw there were procedures in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The area manager, acting managers and the registered manager showed us how they carried out regular checks to make sure people's needs were being effectively met. We saw there were detailed audits used to identify areas of good successful practice and areas where improvements could or needed to be made. The audits we looked at were detailed and covered all aspects of people's care, including the general environment of people's homes, health and safety issues such as fire risk assessments to make sure these were up-to-date and water temperatures to make sure they were not too hot or cold. Audits also included checks on care plans, equipment to make sure it was safe, and administration of medicines. We saw records which showed where action was taken following any issues identified through this process.

St Anne's has been an accredited Investor in People since 1996. In 2010 the organisation was recognised as a Gold Standard Investor in People and had retained this standard since then.

Good

Is the service well-led?

The registered provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service. We saw risk assessments were carried out before care was delivered to people. There was evidence that these had been reviewed and changes made to the care plans where needed. In this way the registered provider could demonstrate they could continue to safely meet people's needs.

The management team told us they had developed a 'Positive Approach Development Plan.' This included areas such as staff training, best practice procedures, development plans, and quality assurance questionnaires and described progress made and targets that each area was expected to achieve. These were updated every four weeks through the registered provider's visits to people's homes.

All of this meant that the registered provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people. We found that the management team understood the principles of good quality assurance and used these principles to critically review the service.

The registered manager and provider had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.