

St Anne's Community Services

St Anne's Community Services - Queensway

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 Services Queensway is a residential care home providing personal care to six people at the time of the inspection. The care home accommodates six people in one adapted building.

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.

The service was a large home, bigger than most domestic style properties. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Medicines were managed safely. Staff were recruited safely, and there were enough staff to take care of people. Care plans and risk assessments detailed what care and support people needed to reduce risk to them. Relatives told us they felt people were safe. We have made a recommendation about the management of disclosure and barring services (DBS).

Staff received appropriate training. A plan was in place to ensure training was kept up to date. Staff were supported and felt supported by the management team. Staff received supervision. People's needs were assessed, and outcomes recorded. People were offered a choice of food and drink. The service worked with other health care professionals.

We observed some kind and caring interactions throughout the day between staff and people using the service. Relatives told us staff were kind and caring. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. Relatives told us staff treated people with dignity and respect, they were involved with the planning of their relative's care and their views were listened to.

Some people's end of life wishes had been explored and documented. There was a complaints procedure and people knew how to complain. People's likes, and dislikes were recorded in their care plan and staff knew people and their preferences well. People's communication needs were in their plans. People had a good range of activities in place and people were happy with what was on offer.

People spoke highly of the manager who they said was approachable and supportive. The registered manager understood the regulatory requirements. People told us they thought the service was well led.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

The last rating for this service was good. (Published February 2017)

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.

St Anne's Community Services - Queensway

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

Queensway is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 inspection

We reviewed information we had received about the service since the last inspection in January 2017. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

During the inspection

We reviewed a range of records. These included two people's care records and medication records. We also looked at two staff files around staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and a variety of audits implemented by the provider. We spoke with three staff, this included the registered manager and care staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and recruitment records. We spoke with two professionals who regularly visit the service. We spoke with three relatives about their experience of the care provided.

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.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us the service was safe. One person told us, "[Relative] is definitely safe, they [staff] understand [person] very well." Another person told us, "Oh yes [relative] is safe, they look after them well."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately. One staff told us, "I have had to raise safeguarding concerns before, I know how to do this, and I know I would be supported."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

Assessing risk, safety monitoring and management

- People's care files included appropriate assessments of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- The service was adequately staffed.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.
- Copies of disclosure and barring services (DBS) certificates were not kept in staff member's files.

We recommend the provider considers current guidance on handling DBS certificate information and update their practice accordingly.

Using medicines safely

- Medicines were managed safely.
- Risk assessments were completed for the safe management of people's medicines and reviewed at regular intervals.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked every 12 months. Records showed staff were up to date with medicines training.
- Protocols were in place for medicines prescribed for use 'as required'.

Preventing and controlling infection

- Relatives told us they always found the house to be clean when they visited. We observed the property to

be clean during the visit.

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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 requires improvement. At this inspection this key question has now improved to good. 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

- Assessments of people's needs were comprehensive, and outcomes were identified. Care and support were regularly reviewed.
- Support plans were tailored to the person's needs and contained detailed information about the person and how they wished to be supported.

Staff support: induction, training, skills and experience

- Relative's told us, "I know staff have recently had their training upgraded."
- Staff were trained to be able to provide effective care. One staff member told us, "We receive regular training updates, I find it useful and helpful to my role."
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time. One staff member told us, "I have supervision, it is very useful. They ask how I am doing; do I have any issues."
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.

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

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- Only one person required their food and fluid intake monitored, however, the service recorded what people had eaten in daily notes to help monitor and identify early if there were any concerns.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.
- We observed people receiving their food as recorded in their plans of care.

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

- The service had excellent relationships with other organisations involved in caring for the people they supported.
- When people needed to go into hospital, and it was appropriate to do so, their key worker would go with them to hospital, so a familiar person was with them. Hospital passports were in place to support effective transition between services. This meant that key information was available on people's needs should they

be admitted to hospital.

- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.
- The registered manager has joined the patient participation group at the local doctor's surgery. They have attended meetings where the surgery staff were involved.

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

- The home had a secure garden area that people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside whilst maintaining a safe environment for them. People were being supported to grow vegetables.
- General redecoration and refurbishment were on-going to make sure people were provided with a well-maintained environment.
- Specialist equipment was available when needed to deliver better care and support.
- People's bedroom doors had either a photo of them, or a picture they had painted with staff support to help them identify their rooms.
- People's bedrooms had recently been redecorated. People had been involved with choosing colours and furniture. The bedrooms were individualised and personalised with family photos and things of interest to the person.

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.

- One relative told us, "If there are decisions to be made about welfare or money for things like new furniture or clothing, [relative's] keyworker always gets in touch. We are involved in the decision-making process, to make sure it's in [relative's] best interest. Some decisions need to be made immediately, we understand that, but we are always consulted."
- The manager understood the need to include any conditions applied to people's DoLS in the care planning process to demonstrate they had been met.
- Mental capacity assessments we saw were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf.
- Support staff told us they had received training in the MCA and DoLS. This helped them to understand how to protect people's rights.

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

- Relatives told us, "Absolutely delighted with the care that [relative] is getting at Queensway, it's superb. The carers that have been assigned to [relative] are especially impressive. The whole set up is fantastic, they tick all the boxes." "The last time I saw [relative] with carers it was obvious there was real affection, [relative] was respected and cared for really well."
- One staff member told us, "I really care for the people here, I love to see them happy, anyone can come here and see how happy people are."
- Staff we spoke with were positive about their role. One staff member told us, "It's like my second home, I love the clients and when they are happy. It is a good place to work."
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.

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

- One relative told us, "We are involved in the decisions around [relative's] care to make sure they get what he needs." Another person told us, "Registered manager always contacts me and informs me of changes and asks my view of what is being proposed."
- People were supported to express their views and to be involved in decisions about their care, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that, people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- On relative told us, "[Relative] is well looked after. I like the way the staff help [relative] to dress. [Relative] is always dressed in an appropriate way. When [relative] goes out they don't stand out from everyone else, they always look smart."
- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.

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 living at Queensway had an individualised plan of their care, based on their needs. Plans were reviewed regularly. One relative told us, "Its great we have a review coming up soon, so we are looking forward to that. It gives us a low down on years progress. I can't over state with how pleased we are with this. It's really brilliant."
- People's care plans were detailed and contained clear information about people's likes, dislikes, specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. One relative told us, "They know [relative's] likes and dislikes really well, even better than me now."
- We received extremely positive feedback from other professionals who visited. One person told us, "Staff advocate well for people. There are a lot of people who are non-verbal, and staff are able to explain well and help them communicate. Staff know people well. The home is calming with people coming and going all the time, people go out. I have visited at different time."
- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with.
- People were also encouraged to be involved in everyday life activities with staff if they wanted to, i.e. laying the lunch table and cleaning their bedroom.
- The staff used innovative and individual ways to support people during a disruptive time to ensure the best outcome for people. While renovations were taking place, staff planned with builders which rooms would be disrupted first then planned days out for people of varying length of time so people wouldn't be affected.

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 had communication passports in place. The plans presented the person positively as an individual and described people's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.

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

- Some family members told us, "We live quite a distance away and it is difficult to visit as much as we use to. However, the service is great, they help [relative] to come and visit us instead."
- The service was highly responsive to people's social needs, and actively promoted the importance of social contact and companionship to enable a good quality life. People were enabled to follow a variety of interests and activities. Ideas were initiated by staff based upon people's interests. There were a range of life enhancing and interesting events and activities for people to become involved with. These included going on holiday, shopping, to the cinema, arts and crafts and accessing other activities in the local community.
- One person was a volunteer for a local environmental group. They had developed relationships with local people and enjoyed attending the group. The person had received thanks for their participation in the group.
- Some people have volunteers visit who took them out on a regular basis. They developed positive relationship with people other than those paid to support.

Improving care quality in response to complaints or concerns

- One relative told us, "My direct point of contact would be the manager if I have any concerns. If discussions with them are not addressed or resolved I would get in touch with St Anne's or yourself [CQC]. It would be implausible that we would need to go above [registered manager], I feel confident [registered manager] would address all issues.
- There were systems and procedures in place in relation to complaints.
- Complaints were managed in line with the policy.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's needs and wishes.

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

- People were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with the registered manager on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- Relatives and other stakeholders had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people using the service, relatives and staff.

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

- There was an open and honest culture in the service. People were complimentary about the registered manager. Relatives told us, "I get a good impression about [registered manager], they really want the best for people."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The manager had a clear understanding of their role and the organisation, and the lines of managerial support available.

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

- The quality assurance systems which were in place to monitor the service had been effective in identifying areas for improvement. When issues had been identified, an action plan was put in place and action had been taken to make improvements. Senior managers also regularly completed audits and checks.
- There was a registered manager in post who provided leadership and support. We found the management team open and committed to making a difference to the lives of people living at the service.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager knew people using the service and their relatives very well. We saw they were kind, caring and very knowledgeable about people's lives and personalities.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with clinical commissioning groups (CCG), social workers, mental health services and Kirklees local authority.