St Anne's Community Services

# St Annes Community Services - Northallerton

## 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 5 December 2018 and was announced. This was to ensure someone would be available to speak with and show us records.

This service provides care and support to people living in a 'supported living' setting, 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. On the day of the inspection there were three people receiving the regulated activity personal care.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

This was the first inspection of this service since it became registered with CQC in December 2017.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

Appropriate health and safety checks had been carried out to ensure people lived in a safe environment.

Staffing levels were appropriate although agency staff were occasionally used to cover absences or vacancies. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were supported in their role via appropriate training and regular supervisions.

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.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

Family members were complimentary about the standard of care provided by the service. Staff treated

people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

Activities were arranged for people who used the service based on their likes and interests, and to help meet their social needs. The service had good links with the local community.

Family members were aware of how to make a complaint and the provider had an effective quality assurance process in place.

## 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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, risk assessments were in place and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service and were supported with their dietary needs.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were assisted by staff in a patient and friendly way.

### Is the service responsive?

Good

The service was responsive.

Care records were up to date, regularly reviewed and person-centred.

People were protected from social isolation.

## Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

# St Annes Community Services - Northallerton

**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 5 December 2018 and was announced. One adult social care inspector carried out the inspection. We visited the provider's office to speak with the registered manager, and to review care records, policies and procedures. We also visited the home where the three people who used the service were supported.

People who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views, so we carried out observations and received feedback from four family members by telephone and email. In addition to the registered manager, we also spoke with the deputy manager and three care staff. We looked at the care records of the three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We 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.

Good

# Is the service safe?

## Our findings

Family members we spoke with told us they thought their relatives were safe. One family member told us, "No concerns with safety" and "I do think they [people who used the service] are safe." Another family member told us, "[Name] is supported by the same staff generally and gives no indication of feeling unsafe with them."

The service employed sufficient numbers of staff to support people with their individual needs. However, due to staff vacancies and absences, agency staff were occasionally used. Where possible the service used the same agency staff for continuity of care. The registered manager told us they had a process in place to gradually introduce new staff to people to ease the transition. One family member told us, "They've had to use agency staff the odd time. They always put someone on who knows [name] well." Another family member told us staff regularly worked overtime to cover absences. Staff we spoke with confirmed this but told us they were happy to cover absences.

The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to prevent unsuitable people from working with children and vulnerable adults.

Risks to people and staff were well managed. Accidents and incidents were appropriately recorded and analysed to identify any trends or lessons learned. Appropriate risk assessments were in place. These were regularly reviewed and up to date. A family member told us, "We've had a few incidents in the past but they were dealt with accordingly."

Checks were carried out to ensure people lived in a safe environment. These included health and safety, fire safety, and hot water temperatures. People were protected from the risk of infection. Regular audits were carried out and staff were trained in infection prevention and control. A family member told us, "Cleanliness and infection control always seems to be well-handled."

The registered manager understood safeguarding procedures and had followed them. The local authority had been informed of any possible incidents or allegations of abuse, and statutory notifications had been submitted to CQC. Staff were appropriately trained in how to protect vulnerable people and could describe the action they would take if they suspected abuse had taken place.

Appropriate arrangements were in place for the safe administration and storage of medicines. Medicines were stored in a secure cupboard and checks were carried out to ensure they were stored at the correct room temperature.

Medicine administration records (MARs) contained photographs of people to reduce the risk of medicines being given to the wrong person. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Records included information on any allergies, and were accurate and up to date. A family member told us, "Medicines are administered safely and on time as far as we are aware."

Good

# Is the service effective?

## Our findings

People received effective care and support from well trained and well supported staff. Family members told us, "On the whole, the staff do really well" and "The staff try to do their very best for [name]." Another family member told us, "Overall the care staff are very supportive."

Staff were supported in their role and received regular supervisions and appraisals. 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. Staff training was up to date and where it was due, it was planned. Staff were in the process of completing training in positive behaviour support, which was due to be completed by the end of December 2018.

New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Staff spoke positively about the training they received.

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

People were supported with their dietary needs. Menus were planned based on people's choices and preferences. Support plans included information on people's preferences, needs and the level of support required.

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. We checked whether the service was working within the principles of the MCA and found appropriate mental capacity assessments and decisions were recorded in the person's best interests. These included medicine administration, finances and hospital appointments.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, community learning disability teams, speech and language therapists (SALT), opticians, dentists and specialist consultants. A family member told us, "[Name]'s medical support is appropriate for his needs."

People had hospital passports in place. These were written to provide hospital staff with important information about the person, should they be admitted to hospital. People's health action plans were written in an easy to read format and described individual health needs, medical conditions and health professionals' contact details. These were regularly reviewed and up to date.

Good

# Is the service caring?

## Our findings

Family members were complimentary about the standard of care at the service. One family member told us, "They [staff] are caring." Another family member told us, "They do take time to get to know the people."

We visited the house where people were supported. We observed people were assisted by staff in a patient and friendly way. Staff we spoke with were able to describe the individual needs of people and how they wanted and needed to be supported.

The provider promoted dignified and respectful care practices to staff. Care records described how staff should respect people's privacy and dignity whilst carrying out personal care. Staff told us how they respected people's privacy and family members did not raise any concerns in this area. A family member told us, "We believe that [name] is treated with dignity and respect."

Staff supported people to be independent and people were encouraged to care for themselves where possible. Care records described what people could do for themselves and what they required support with. For example, "With prompt, [name] will remove his clothing but he needs assistance with buttons and laces", "On prompting, and with some support, [name] will put his dressing gown on and put his towel in the laundry bin" and "Give [name] plenty of time to do things himself and encourage him with verbal and physical prompts."

People were supported with their communication needs and were given information in a way they could understand. Communication support plans described people's individual needs and how staff were to support them. For example, one person was able to understand short sentences and instructions, and staff were directed to use communication tools and photographs to aid communication. Verbal and physical prompts were also used to remind the person what they were doing. Their support plan described the different signs for staff to look out for to identify the person's mood and how best to support them at that time.

People's preferences and choices were clearly documented in their care records, including choice of clothing, activities, and whether they had any religious beliefs or needs.

Records were kept securely in people's homes and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates.

Good

# Is the service responsive?

## Our findings

Care records were regularly reviewed and evaluated. Records were person-centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered.

Records included important information about the person, such as description, next of kin contact details, medicines and health diagnosis. We saw these had been written in consultation with the person and their family members. One family member told us, "They always ask our opinion" and "We are involved in reviews." Another family member told us, "We are involved in [name]'s care, activities and daily routine." However, one family member told us they had not been involved in reviewing their relative's care records. The registered manager told us invitations were sent to all family members to attend meetings but would ensure this concern was addressed.

Support plans were comprehensive and detailed. These described the area of need, what was the desired outcome and what staff were to do to support the person. For example, one person's personal care support plan described what they could do for themselves with regard to washing and bathing. Staff were to support the person by encouraging and prompting them. The desired outcome was for the person to develop their skills and independence in this area.

Handover files and daily notes were in place that recorded important information such as health and wellbeing, activities, diet, finances, and any other information to be handed over to other staff.

The provider had an end of life policy and procedure in place. Due to the sensitive nature, the registered manager told us end of life needs had not been discussed with people or their family members but it would be discussed when the need arose.

People were protected from social isolation. Records described people's individual needs and preferences, and the level of support required. For example, when accessing the local community. One person's support plan described how they had an "active lifestyle" and enjoyed walking, cooking, shopping, swimming, bowling, visits to pubs and cafes, and physical activities. The support plan stated the person was "willing to try new things once they have been risk assessed." Staff we spoke with described the activities they supported people with. One staff member told us, "There are lots of activities. It's not boring." A family member told us, "They are getting [name] involved in more activities now." Another family member said they were involved in planning activities for their relative. They told us, "[Name] attends numerous activities and is supported in doing so. There are times when it is difficult to fill his time adequately and we are active in identifying opportunities for him."

The provider's complaints policy described how to make a complaint and the action to be taken on receipt of a complaint. It also described how compliments, comments, concerns and complaints provide "valuable feedback about people's experiences, and can be used to inform, develop and shape services and to make sure the same mistakes are not repeated in the future." There had not been any recent formal complaints

recorded at the service. Family members we spoke with told us they were aware of how to make a complaint.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since December 2017.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

Family members told us communication with the service was good. One family member told us, "We hold regular meetings with the scheme manager to review and monitor the quality of care provided" and "The service is generally well managed." Another family member told us, "They [registered manager] are very accommodating. At short notice, if I need cover, they will arrange." However, one family member told us communication with the service could be better regarding changes to staff.

Feedback on the quality of the service was obtained from family members and visiting professionals via annual surveys.

Staff we spoke with felt supported by the management team. One staff member told us, "I can ask [registered manager] or text them anything. I always get the right answers" and "I really enjoy it." Another staff member told us, "I love it." Staff told us they worked well together as a team. Regular staff meetings took place and staff were invited to complete online surveys. The registered manager told us staff were supported to apply for the provider's management development programme, which led to a recognised qualification.

The service had good links with the local community and local organisations. The service ran an activities club at the house where people were supported. People from other services were invited to attend and take part in games, activities, and arts and crafts.

Regular audits and quality assurance checks were carried out. The provider's quality and safety team visited the service annually to carry out a quality and safety audit. The audit involved a review of records, discussions with staff, and observations of interactions with people who used the service. The audit was based on CQC's five key questions and identified areas of good practice, areas for improvement, recommendations and actions. For example, the most recent audit identified one person's support plan had not been reviewed within the required timescale. We saw this had been actioned.

The provider's area manager visited the service every two months to carry out their own audit. Recommendations and actions were recorded. The registered manager and deputy manager visited the house where people were supported several times per week and carried out their own checks. These included audits of care records, health and safety checks, finances and medicines audits.