St Anne's Community Services

St Anne's Community Services - Fieldhead

Inspection report

Fieldhead
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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 January 2016 and was unannounced. At the last inspection on the 25 August 2014 the service was meeting all of the regulations we looked at.

Fieldhead provides residential care for up to five people with learning and physical disabilities and autism. The home is a detached, two storey house that is situated in its own grounds in Langthorpe. It is close to the local community amenities and facilities of Boroughbridge, including shops and pubs.

At the time of our inspection there were four people living there. They had lived together at this service for a number of years.

The service had a registered manager. A registered manager is a person who has 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 and associated Regulations about how the service is run.

People received their medicines safely. The service had robust measures in place to ensure staff received medicines training and were then assessed further to check they were competent. There were clear systems in place for ordering, storage and disposal of medicines. Regular medicine stock checks and audits took place which meant if any errors were detected these could be put right in a timely way.

Risk assessments and risk management plans were detailed and specific to each individual. Staff could tell us about these and we saw they were adhered to throughout our inspection.

People were protected from avoidable harm. Staff had up to date safeguarding training and knew how to report suspected abuse. Staff were confident the management team would act appropriately to keep people safe.

Staff worked in line with the principles of the Mental Capacity Act (2005), we saw records of mental capacity assessments and best interest decisions. The service ensured, when required, people had access to independent advocacy. This demonstrated the service ensured people's rights were respected.

The service offered staff a good induction and ongoing training and support. This meant people who lived at the service were supported by an effective team of staff and could be assured that staff had the skills and knowledge to support them well.

People had access to a balanced diet. Where people had specific dietary or nutritional needs the service had sought advice from appropriate healthcare professionals and we could see this was adhered to by staff.

Staff knew people well, this meant they were able to provide support which was in line with people's

individual needs and based on their preferences. Staff supported people to make decisions about their day to day lives and respected these.

Care was planned and delivered in a person centred way which was based on individual preferences. Care plans were reviewed on a regular basis and contained up to date information about people.

Although staffing issues did not impact on people's safety we did see a reduction in activity which people could take part in. We found activity plans focused on information about accessing community services. There was a lack of activity planned within the home.

Staff morale was good. Staff told us they were well supported by the management team.

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.

The service had vacancies for support workers, however this had been well managed and meant people had support from a consistent team of staff who knew them well.

People received their medicines in line with the prescribing instructions. This meant people could be assured the service managed their medicines safely.

People had detailed risk assessments and risk management plans which staff understood and followed. This meant people were supported to remain safe.

Is the service effective?

Good

The service was effective.

Staff supported people to make choices about their day to day lives. The service worked in line with the principles of the Mental Capacity Act (2005).

People had access to support from appropriate healthcare professionals. Each person had a hospital passport which contained up to date information about their individual health and social care needs.

The service ensured staff completed mandatory training, and offered the opportunity for staff to attend more specialised training. Staff were supported through regular one to one discussions with their manager.

Is the service caring?

Good

The service was caring.

There was a good rapport between staff and people who used the service. Staff knew people well and could tell us about their likes and dislikes.

People were supported to be as independent as possible.

Staff ensured people received care and support which respected people's choices and promoted their dignity.

Is the service responsive?

Requires Improvement

The service was responsive.

People's care plans were person centred and contained information staff needed to know about how to support the person well.

Activities for people who used the service varied and were dependent on staff being able to drive. There was limited activity for people within the service. We have made a recommendation regarding this.

The service had a complaints policy and there was easy read information for people who used the service. The service had not received any complaints in the last 12 months.

Is the service well-led?

Good

The service was well-led.

People knew the registered manager well. Staff told us the registered manager was approachable and supportive.

The service had effective quality assurance systems in place. This meant people who used the service could be assured they received a good standard of care and if any issues were found they could be resolved in a timely manner.

The service had an open culture and staff morale was good.

St Anne's Community Services - Fieldhead

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 15 January 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we reviewed all of the information we held about the service which included reviewing notifications we had received. We spoke to the local authority contracts and commissioning team who did not have any concerns to report. We also contacted Healthwatch, however they did not have any information they could share about the service. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spent time with people who used the service and ate our lunch with two people. Because not everyone communicated verbally we spent time observing interaction between people and support staff. We looked at communal areas within the service, and we saw one person's bedroom, with their consent. We looked at two support plans and associated care records.

We spoke to the registered manager and deputy manager and two support workers. We looked at three staff files. We looked at documents and records that related to people's care and support, and the management of the home such as training records, audits, policies and procedures.

After the inspection we spoke with an independent mental capacity advocate (IMCA). An IMCA is a specific advocate to support people who lack the capacity to make their own decisions and do not have another

representative, other than paid staff.

Good

Is the service safe?

Our findings

The registered manager told us the service had four vacant full time equivalent support worker posts. This had been the case since the summer of 2015. The registered manager told us they were working hard to recruit new staff, but explained this was more difficult due to low unemployment in the area and the semi-rural location of the service. This meant the service had to use agency staff to ensure people received the support they needed.

Despite the staffing difficulties the service had managed the situation well. Support staff told us they were willing to work additional hours. The service had used agency staff and had mitigated the risks associated with this. For example on the day of the inspection the member of agency staff who was on duty had worked consistently at the service since September 2015. This meant the agency member of staff knew people well and understood their needs. In addition to this the registered manager explained they had one agency worker who worked on a weekend who had worked at the service for over a year.

The deputy manager was responsible for planning the rota. They told us when they planned the rota they ensured they had a good mix of staff who had different skills. They told us they always tried to ensure a member of staff who could drive was on duty, however this was not always possible. This meant that despite the challenges the service had in the recruitment of staff the service considered the need of people who lived there when planning staff rotas. There were minimum staffing levels and when we reviewed the rota for the last four weeks it reflected what we had been told.

Staff told us there were enough staff on duty to keep people safe. They said the difficulties the service had experienced with recruiting staff had not had an impact on the safety of people who used the service. Staff told us they were happy to work additional shifts and were committed to ensuring people received support from a consistent team of staff. The registered manager and the provider had recognised this was not a long term solution and had a strategy in place to try and address the issues.

The service had effective systems in place to ensure staff were recruited safely. We looked at three staff files and saw appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). An updated DBS was completed with each staff member every three years. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service. They were aware of the types of abuse and how to report concerns. The service had an up to date and comprehensive safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. Training records we saw confirmed this.

There had been one safeguarding incident since our last inspection. We could see the registered manger had referred this matter to the local authority. The local authority were responsible for leading safeguarding

investigations. Therefore, the manager had taken appropriate action to ensure this was investigated and people were protected from harm. However, the registered manager had failed to notify the Care Quality Commission (CQC) of the incident. We spoke with the registered manager about this because they have a legal duty to notify CQC of such events. The registered manager explained this was an oversight and agreed to submit the notification retrospectively. This was completed following the inspection and has now been received by the CQC.

Risk assessments and risk management plans were in place based on people's individual needs. They included a step by step approach and people were supported based on the principle of the least restrictive intervention which meant their rights were respected. We saw the support people received reflected the plans which were in place. For example one person had their drinks thickened because they had difficulties swallowing, staff understood the need for drinks to be thickened to reduce the risk of the person choking.

Accidents and Incidents were recorded and kept in each individuals care plan. These were completed by the member of staff who had observed the incident and they were reviewed by the registered manager and the area manager. There was a record of action taken and the review by managers ensured there was an overview of incidents within the service. This demonstrated the service was keen to look at trends or patterns of incidents and to learn from these to enable the right support for people. For example it had been noted one person had fallen on several occasions over a short period of time. We could see the occupational therapist had been appropriately consulted for advice and guidance, which had been followed, and the service had purchased a specific piece of equipment. Another example was one person had recently trapped their finger in a door so the registered manager had arranged for door guards to be fitted on all doors to prevent this happening again.

Staff had the necessary skills to ensure people received their medicines safely. All of the staff we spoke with told us they had received medicines training, and were clear about their responsibilities to ensure people were given their medicines safely. This was confirmed in the training records we saw. As part of their training staff were observed administering medicine. This was carried out by the registered or deputy manager we saw records of these observations for two members of staff and noted they took place approximately 25 times before the member of staff was signed off as being competent to administer medicines to people. This showed the service took seriously the importance of ensuring people received their medicines by competent staff.

The service had a medication policy and a copy of up to date NICE (national institute for health and care excellence) guidance, Managing Medicines in Care Homes. This was readily available in the office for staff to refer to. There were clear protocols and support plans for people who needed 'as required' medicine.

We looked at the Medication Administration Records (MAR) for two people and could see these had been completed correctly. Medicines were stored securely in a locked cabinet in the office. Temperatures within the room were recorded on a daily basis to ensure medicines were being stored safely and their effectiveness was not compromised.

The service had a system in place to ensure medicines were ordered and received safely into the home and surplus stock was returned in a timely manner. The deputy manager explained to us that medication audits took place on a regular basis and at each shift handover all 'as required' medicines and boxed medicines were counted. This stock check ensured that if there were any errors they could be rectified in a timely manner.

When people had been prescribed additional medicines, for example a course of antibiotics, these had been

added to the MAR charts by hand and signed by the member of staff who had added it. We spoke with the deputy manager about good practice guidelines which suggest a second check is completed and signed on the MAR. They agreed to incorporate this into their medicines management in the future.

People had emergency evacuation plans in place. We saw fire alarm tests took place each week. There was a record of fire safety checks and these took place in line with the service's fire safety policy. Window restrictors were in place to prevent the risk of people falling. The service had up to date gas and electric tests so people could be confident their home was safe.

The service was clean, however there were some communal areas which looked a bit 'tired' and were in need of redecoration. The deputy manager told us two bedrooms had been redecorated and they had a rolling programme of redecoration within the service. The registered manager explained one of the corridors needed to be re plastered following treatment for damp. The bathroom door on this corridor needed to be replaced. This was because it was wooden and water had got under the bottom and resulted in cracks. This meant germs could harbour and increased the risk of people acquiring infections. The registered manager confirmed the maintenance team had been contacted and were due to fit a new door.

Good

Is the service effective?

Our findings

Staff were supported to have the knowledge and skills they required to deliver effective care. The service had recruited some staff who had previously worked with them as agency support workers. This meant the registered manager had the opportunity to observe their practice and interaction with people before they were employed. In addition to this, staff completed a six month probationary period. The registered manager explained this could be extended if the member of staff was not meeting the expected requirements. We saw records of meetings which had taken place to review how staff were doing during the probationary period. These were detailed and provided staff with clear feedback about their performance.

Staff completed mandatory training which included; fire safety, first aid, safeguarding adults, medicines and moving and handling training. In addition to this staff completed training based on the individual needs of people who used the service such as autism awareness. One member of staff told us they were encouraged to undertake additional training and they said this was discussed in supervision, "We talk about the support I need and how I am getting on. I can go on any training which would help me support people." We saw one member of staff had enrolled on a medicines course at a local college.

We looked at three staff files and saw records of supervision taking place on a regular basis. Supervision is an opportunity for staff to discuss any training and development needs, concerns they have about the people they support, and for their manager to give feedback on their practice. The supervision notes were detailed and we saw positive feedback and constructive criticism was given, with suggestions of appropriate training courses where gaps were identified. Staff told us they found supervision valuable and that they were supported by the registered and deputy manager.

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. The application procedures for this in care homes are 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 were being met. Three people who used the service had an authorised DoLS in place. The service had submitted a request to the local authority (the authorising body) for another person who lived at the service and they were waiting for the outcome of this. Where required, people had been supported by independent mental capacity advocates which demonstrated the service was working within the principles of the MCA.

We saw staff consult people and seek their consent throughout the inspection. Staff offered people choices

to support them to make decisions. Staff we spoke with understood the principles of the legislation.

We reviewed the menu plans and saw people had access to a varied and balanced diet. One person was on a specialised diet and there was clear guidance in relation to this within their care plan. All of the staff we spoke with were able to tell us about the adjustments this person needed to their diet and drinks to keep them safe.

People had regular drinks and snacks throughout the day. The kitchen was accessible and people who were able to could get their own drinks. Staff joined people to eat their meals together. This gave the service a friendly, family based feel and people clearly enjoyed eating together.

No one who used the service was at risk of weight loss or gain. We saw weights were recorded but between July 2015 and December 2015 they had not taken place on a monthly basis. The deputy manager explained the weighing scales had broken and they had been using scales from another local service (within the St Anne's group), or asking people to be weighed when they visited the doctor or community nursing team. The registered manager told us this was under review and if needed the service would purchase their own weighing scales.

We saw evidence of relevant health professionals being contacted on a regular basis to ensure people had good access to healthcare. This included routine health checks such as the dentist, optician and chiropodist. In addition to this some people had regular support from community nursing services and psychiatrists. The service identified when people needed specific intervention based on their changing health care needs and sought the advice required to ensure people received the right care and support. Examples of this included requests for occupational therapy advice and speech and language therapy.

Each person had a hospital passport. This ensured that if they had to visit hospital there was clear guidance for hospital staff about the support they needed. This contained essential information staff would need to know and it was especially important as some people who lived at the service would not be able to tell hospital staff about their needs. Everyone had a health action plan and these were person centred and were clearly written by staff who knew people well.

Good

Is the service caring?

Our findings

All of the interaction we observed between people who used the service and staff was warm and compassionate. Staff spoke to us about people with compassion and explained how they wanted to support people to lead happy and full lives. A member of staff told us how they were keen to support one person to visit their home town which was by the sea. They said they had taken them for a day trip and it was the first time they had heard them sing. The member of staff explained they were arranging a holiday so the person could enjoy more time there.

Staff were knowledgeable about the people they supported. They could tell us about people's likes and dislikes and this reflected what we read in people's care plans. Care plans contained information about people's life histories and how they had come to live at Fieldhead.

One person used single words to communicate. We saw staff recognised these words and responded appropriately to ensure the person's needs were met. Other people communicated effectively with staff via non-verbal communication. Guidance about this was documented in people's care plans. This was important because the service used agency staff who would not necessarily know people as well as more established staff members.

The service had instructed advocates to support people with specific decisions and which was independent of the service. For example an advocate was involved in a decision for people to use their benefits to purchase a car which would be shared by everyone who lived at the service. We could see various options of transport had been considered and there was a strong sense of the service recognising the need for people to be involved in their local community. The use of advocates showed the service recognised the need to support people who lived at the service to be as involved as they could be in decisions about their lives and support.

People were supported to make their own decisions, for example how they wanted to spend their time. One person enjoyed sitting in the car on the driveway and staff left the car door unlocked to enable the person to do this as they wanted. Two people liked to go to the local supermarket with support staff.

We saw evidence of people being supported to be as independent as they could be. For example getting their own drinks throughout the day and one person enjoyed having a cigarette in the garden. A risk assessment had been completed to ensure they were supported to be as independent as they could be whilst staying safe. Staff supported people's choices throughout the inspection. They were respectful of people's personal space and respected the need for people to have time and space on their own.

Staff respected people's privacy, they knocked on bedrooms doors and waited for permission before entering their room. One person liked to lock their bedroom door when they went out. Staff understood this was important to the person and respected their choice to do this.

Requires Improvement

Is the service responsive?

Our findings

People received care and support which was responsive and person centred. Support plans contained information about people's experiences, what was important to them and their likes and dislikes. All of the people who used the service had lived with each other, in the same house, for over 20 years.

Care plans provided staff with detailed information about the person and how they should be supported to ensure they received good care which was in line with their wishes. Care plans focused on people's well-being both in terms of their physical and mental health. For example people who used the service had individual needs in relation to their learning disabilities and also had additional support needs which were associated with ageing. The service had assessed these needs and taken steps to ensure people could continue to be supported at the service. For example they had purchased equipment and considered the design of bathrooms.

People's care was reviewed on a regular basis and changes in people's needs were recorded. Staff were able to tell us about people's needs and their preferences. This meant people were provided with support by staff who knew them well. This was important as some people who lived at the service would be unable to tell staff what support they needed. Reading people's care plans provided a sense of the person and what mattered to them.

People's care plans contained a record of the activities they enjoyed taking part in. Although we saw one person was supported to visit their relative in a local care home, and people were involved in food shopping with staff and trips out, there was a lack of meaningful activity for people on a day to day basis. For example the deputy manager told us one person enjoyed swimming but this was not something which they had been supported to attend on a regular basis because of staffing issues within the service.

We spoke with an advocate who raised concerns about the activity options for the person they supported. The deputy manager explained that with current staffing difficulties they had to carefully plan staff on duty who could drive, however it was not always possible to achieve this and so activities outside of the service were limited at times.

Activities people had access to included; swimming, bowling, eating out and a local social group called the Railway Club which involved spending time with people who lived in the other homes run by St Annes. The service did not have structured day time activity plans for people which included meaningful stimulation within the service.

We recommend the provider reviews the activities available for people who use the service and develops individual plans which include activity both within the service and the community.

There was a complaints policy and information which was accessible to people who used the service. The registered manager told us they had not received any complaints or compliments since we last inspected. People were encouraged to give feedback at their monthly meeting with their key worker. This

demonstrated the views of people who used the service were valued.

Good

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager and a team of support workers. Staff were clear about their responsibilities and demonstrated a good knowledge of people who lived at the service.

People who used the service knew the registered manager well and we observed positive interactions between them. The registered manager knew the people who used the service extremely well, having supported them for some time. They were able to tell us about the strengths of the service. These included people being well supported and cared about, strong links with the local community and a supportive staff team who recognised each other's strengths. The registered manager told us they thought they were, "on the ball" with people's changing healthcare needs and we saw repeated evidence which confirmed this to be the case. They were also open about areas within the service which needed improving or developing.

Staff we spoke with told us the registered and deputy manager were approachable. They told us they were confident the management team would respond to any concerns appropriately. The provider had a whistleblowing information poster which was displayed in the office as well as an advice line which operated should staff need any support. This meant the provider valued their staff and recognised the need to support them to do a good job for the people they supported.

Staff morale was good and people described a supportive environment with a commitment to ensure people were able to lead fulfilling lives.

Regular staff meetings took place. This allowed staff the opportunity to review care practices. We saw detailed records of these discussions with actions about what needed to happen to address issues. Staff were also kept up to date with changes within the organisation and wider changes such as updates to key legislation like the introduction of the Care Act (2015) and the new CQC inspection process. This meant staff had the opportunity to consider changes in legislation and what that meant for their individual practice and that of the organisation.

People who lived at the service had the opportunity to attend a session called, 'Making It Happen' which took place across the organisation every two months. This was an event which supported people who used the service to be involved in developing the organisation. It demonstrated the organisation valued people and the contribution they could make to how it was run. The deputy manager explained they had supported one person to attend and as a result had developed questions they would want to ask potential new staff members. We were told this would be considered when new staff were recruited. This demonstrated to us that views of people who used the service were valued and respected.

The service had effective systems in place to monitor the quality of the service delivered. We saw clear evidence of audits completed by the registered and deputy manager which included medicines, accidents and incidents and care plans. The provider also completed monthly audits of the service. These looked at specific areas in detail, for example one month they reviewed whether the service was working in line with

the principles of the MCA. During the audit they looked at paper records, observed practice and interviewed staff on duty. There was a clear record of any improvements which were required. The provider had linked these areas of the audit to the CQC inspection process which showed they were supporting staff to understand this.

The registered manager understood their role and the legal responsibilities for informing CQC of notifiable events. However, they had not notified CQC of one safeguarding incident which they told us was an error. In addition to this they had failed to notify CQC of the three authorised DoLS which were in place. They told us they did not realise they needed to do this. We have written to the provider to ensure they understand this.