

St Anne's Community Services

Kings Mill Court

Inspection report

St Anne's Community Services
1-12, 14, Kings Mill Court, Bent Street
Huddersfield
West Yorkshire
HD4 6PD

Tel: 01484545365

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Kings Mill Court is a complex of 12 self-contained flats in the Newsome area of Huddersfield. The service provides personal care and support for up to 12 people with complex physical needs, behaviours that challenge and/or learning disabilities. People live in tenancies agreed with a landlord. Staff were on site 24 hours a day. At the time of our inspection, the service was providing care for 12 people. The flats had a communal lounge and kitchen on the ground floor and secure gardens which provided a private leisure area.

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.

People's experience of using this service

The outcomes for people using the service truly reflected the principles and values of Registering the Right Support in the promotion of choice, control, independence and inclusion. The registered manager constantly looked for ways to improve the service. They had pro-actively engaged people and involved them at every opportunity and used excellent communication techniques and resources to include people and respond to any issues that arose.

Kings Mill Court was exceptional at placing people at the heart of the service. The managers and staff of the service had a strong focus on people having as many opportunities as possible to develop their confidence, gain new skills and become as independent as they could.

There was a very positive culture in the service. Staff attributed this to the strong guidance in the service and believed the high levels of positivity in the service stemmed from outstanding leadership. People experienced excellent levels of staff support and interaction to lead fulfilling lives.

People's voices were of paramount importance in the service. Staff shared the same hopes and aspirations for people to continue to live the lifestyle of their choice. People we spoke with during our inspection highly praised the service and the impact it was having on them. People were supported by staff who were determined to ensure people could make their own choices. Staff assisted people to make their wishes a reality.

Through exceptional care planning people had become significantly more independent and less socially isolated. People had been introduced to new activities, which had led to the development of hobbies, friendships and self-confidence.

There was a strong focus on treating people with equality. Bespoke techniques were used to involve and empower those with communication difficulties to ensure their voices were heard and valued. People told us they were highly valued, shown great respect and their dignity preserved.

People told us they were happy and safe, and staff knew who to contact if they suspected any abuse had taken place. Individualised risk assessments promoted positive supported risk taking. A robust system of learning from incidents kept people safe.

Staff felt very supported with an induction and role specific training, which ensured they had the knowledge and skills to support people.

Meals were planned along with each person around their tastes and preferences and healthy lifestyles were promoted. People were supported to maintain good health and had access to healthcare professionals and services.

People were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Mental capacity assessments and best interest decisions had been completed where capacity was in doubt.

The registered provider had excellent systems of governance in place to drive improvements to the quality and safety of the service and to promote and share excellent practice.

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

Rating at the last inspection

At the last inspection the service was rated good (last report published 07/01/2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service and re-inspect in line with the current rating. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Kings Mill Court

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection took place on 1 and 3 July 2019 and was announced on both days to ensure someone would be in the office to speak with us. The inspection was conducted by one inspector.

Service and service type

This service provides personal care and supported living to people living in their own flats in a shared building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises; this inspection looked at people's personal care and support service.

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.

What we did before the inspection

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

The registered 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.

During the inspection

We spoke with six people who used the service. Some people who used the service used non-verbal communication methods. As we were not familiar with their way of communicating we used different methods to help us understand their experiences. We spent time in the communal areas observing the care and support people received. We spent time looking at three people's care plans and other records. We looked at three records relating to staff recruitment, supervision and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager two senior support workers and two support workers.

After the inspection: We spoke with one family member.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff we spoke with knew how to ensure people were safeguarded against abuse and the procedure to follow to report any incidents. People were empowered by staff through safeguarding awareness training to speak up about abuse. One person said, "If any one bullies me, never leave it too late, always report to a member of staff."

Assessing risk, safety monitoring and management

- Risks were minimised by detailed risk assessments, with clear directions for staff, and included the positive benefits of the right to take risks. They included taking part in a variety of activities outside the home, support to stay safe, use of equipment, falls, mobility, nutrition and hydration, choking, finances and specific health conditions. Photographs of the correct use of equipment were included to support excellent risk management. One person said, "I phone down [to staff] if I hurt myself. There is always someone around." People had been involved in decisions about risk and their safety, for example regarding drinking alcohol or managing their own medicines.
- Fire safety measures were in place, and people and staff were aware of the procedure to follow in the event of the need to evacuate the building.
- Staff members we spoke with knew how to support people if they experienced behaviours that may challenge others and how to prevent this from occurring through diversions and proactive person-centred support.

Staffing and recruitment

- The registered provider deployed sufficient staff to enable people to safely lead the life they chose.
- Recruitment procedures were safe.

Using medicines safely

- People were protected against the risks associated with medicines because the provider had appropriate arrangements in place. Medicines were stored and administered in line with good practice. Each person had a detailed medicines care plan, including for 'as required' medicines, such as Paracetamol. Staff had completed regular medicines training and competence assessments.

Preventing and controlling infection

- People were protected from the spread of infections by good staff practice and there was a good supply of personal protective equipment available.

Learning lessons when things go wrong

- The registered manager and provider demonstrated learning from incidents and proactive action to embed the prevention of future risks. For example, reviewing behavioural incidents and making adjustments to support, which reduced recurrence.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Physical, mental health and social needs had been assessed and care plans included detailed guidance and information to provide direction for staff and to ensure care was provided in line with current good practice guidance.

Staff support: induction, training, skills and experience

- Staff were provided with an induction, training, supervision and appraisal to ensure they were able to meet people's needs effectively. One staff member said, "At my induction dignity in the workplace was reinforced. I did the care certificate as well as Makaton (sign language), diabetes, epilepsy and autism awareness."

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

- Each person planned their own meals with support. Healthy eating was promoted, and people's nutritional needs were carefully monitored by staff if required.

Staff working with other agencies to provide consistent, effective, timely care

- The service promoted good relationships with community professionals to achieve best practice and help people to achieve good outcomes. We saw the advice of professionals was included in people's care plans.

Supporting people to live healthier lives, access healthcare services and support

- The service was proactive in identifying people's health needs, supporting them to access services and promoting healthy lifestyles. People had an up to date Health Action Plan and hospital passport to ensure information was easily shared between services. Gym equipment was available in the lounge, with a privacy screen to encourage use.

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. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The staff members we spoke with had a very good understanding of the Mental Capacity Act and it was clear from observations and records people's choices and human rights were promoted. Care plans started with the core principles of the MCA. We found people had their capacity assessed where required, to determine their ability to provide lawful consent in areas such as consent to the care plan, medical interventions and finances.

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong and visible person-centred culture, with staff going out of their way to ensure people were treated equally and fairly. People told us the team had a caring approach and told us the registered manager was particularly caring and supportive. One person said, "Staff are doing a fantastic job." One relative said, "Staff are lovely."
- We observed staff consistently treated people with a very kind and compassionate manner. We saw lots of laughter and joking between people and staff, with people's faces lighting up when staff entered the room. All staff and the registered manager spoke to us about the people they supported in a caring, respectful manner and it was clear they knew people very well. One staff member said, "I love it. I love the challenge. I wanted to do something worthwhile." A second staff member said, "The best thing is the clients. I absolutely love the clients, it's not a job to me it's a passion. When I see those guys with a smile on their face." A third staff member said, "The best thing about the service is the 12 individual personalities."
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights. They told us were proud to work for a service which supported people's unique differences and empowered people to choose how they wanted to live.
- The registered manager employed an ethnically diverse team and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds. Monthly themed days were held where each person chose a theme that was important to them, for example, an Indian evening. The registered manager involved people and staff in Eid celebrations to promote cultural awareness.
- The service was exceptional at helping people to maintain and develop relationships with their families and friends.

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

- The service was excellent at ensuring those with complex emotional, physical and communication needs were kept fully involved and engaged, demonstrating an excellent approach to equality. We saw people were consulted and involved in every aspect of their lives regardless of communication styles or disability. For example, consent forms used an easy read format and photographs, to promote true involvement for visual learners. This demonstrated an excellent approach to ensuring people had a voice. Staff demonstrated a detailed knowledge of people's individual mannerisms and communication methods, and how to interpret these. One person's communication plan contained great detail about gestures and nonverbal cues and what this usually meant, with the outcome of reducing the number of instances of behaviour that may challenge others. We saw staff used Makaton sign language to communicate fluently during our inspection and enabled a person to meet their goals, for example arranging to meet their partner.

- People experienced support from staff they chose or were matched with in line with their tastes and interests, including the preferred gender of care staff. One person expressed a preference for quieter staff members and the registered manager ensured they were matched appropriately. People had chosen their furnishings and décor. One person said, "I like my flat. I recently decorated with blue wallpaper with birds in it." Staff had accessed advocacy services for people when the need arose.

Respecting and promoting people's privacy, dignity and independence

- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. Staff were fully aware of people's right to privacy and autonomy. There was plenty of space for people to spend time alone, but people were also able to easily socialise with others.
- When people became distressed staff stepped in appropriately, making adjustments to the sensory environment or interacting with the person with good effect.
- People we spoke with said their privacy, dignity and independence were respected by staff. One person was now accepting some support with activities and personal care after many years of refusing this support. The person's relative fed back that there had been a marked improvement in the person's hygiene. This gave them more confidence in social situations and greater self-esteem. They were also spending time in communal areas interacting with peers and staff and enjoying more community activities. Each person's care plan contained evidence of how it met 'the dignity challenge'.
- Staff support to people had resulted in people achieving greater independence and new skills underpinned by growing confidence in their abilities. Staff were genuinely pleased and proud of people's achievements. One person was supported to manage their complex health condition and check their own health several times a day. A second person had never been on holiday and their keyworker was working with them to plan a holiday to a destination they had chosen and manage any related anxieties. The person had grown in confidence since the new management team had been in place and was now going out on day trips with support and spending time in communal areas with their new friends. They were also accepting support with food preparation and learning how to address their issues in relation to this.
- The service was designed to be accessible and to promote independent living and people were tenants in their own right. People we spoke with were proud of their individual flats and also enjoyed the communal spaces, facilities and social opportunities.

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 had improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person centred care was embedded throughout the service and captured in care plans. One person said, "Staff listen. The best thing is you can be on your own or with other people if you want. I went on a boat trip with [name of staff]. It's 'meal makers' tonight where someone helps me cooking." Staff had an in-depth knowledge of the people they supported. Staff were fully familiar with people's likes and preferences including the music they liked to listen to, signs of distress or pain and people's individual communication styles, creating a truly person-centred environment. We observed staff using this detailed knowledge to help people to relax, achieve their goals, have fun and reduce any distress. It was clear staff and the registered manager were extremely dedicated and passionate about people.
- Everyone received exceptionally well-planned and co-ordinated person-centred support that was unique to and inclusive for them. For example, one person's moving and handling support plan showed photographs of their specialist equipment and therapy regime. This promoted clear guidelines for staff as well as involvement and accessible communication for visual learners.
- Two people were nominated by staff for the local learning disability celebration of outstanding achievement awards for their individual achievements in achieving their goals.

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.

- There was a strong focus on treating people with equality. Bespoke techniques were used to involve and empower those with communication difficulties to ensure their voices were heard and valued. The service had taken innovative steps, over and above complying with the accessible information standard. For example, people, who wanted to, had completed training in Makaton sign language so they could communicate better with a fellow tenant to reduce isolation, facilitate friendships and good neighbourly relations. Assistive technology was used effectively to enable communication, such as a 'Big Mac' button to enable a person to easily call for assistance.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Through exceptional care planning people were enabled to lead fulfilling lives. One person said, "The best thing is going to Manchester to the cinema and being out with [name of staff]. I liked the cider." A second person said, "I'm going to Blackpool on the Pepsi Max. I went to Grease the musical." A third person said, "I

went to Yorkshire wildlife park. I like the pigs. I like [name of day centre]. I'm there tomorrow." People's support focused on them having as many opportunities as possible to gain new skills and experiences, increase in confidence, independence and to have fun. People were supported with interviews to secure voluntary work positions and took part in many person-centred activities of their choice.

- Staff and the registered manager pushed the boundaries with activities, focusing on ability rather than disability. One staff member said, "I love it here. You come in and remove the barriers that limit people from doing things they have always dreamed of." One person was provided with a power pack for their wheelchair to enable them to go out further in the community and promote independence, as well as to join a walking group.
- People experienced a sensory garden area where they grew vegetables which they used in the 'meal maker' group and lavender, which they used to add a sensory element to communal areas.

Supporting people to develop and maintain relationships to avoid social isolation

- Sensitive emotional support was provided for people with complex emotional needs in line with multi-disciplinary care plans. One person said, "Staff help me to calm down." A second person said, "I like to be on my own sometimes, but other times I spend time with [name of friend]." People's self-esteem was promoted by achieving their goals. For example, one person moved out of their bedroom and started to use the lounge in their flat, after many months of gradual coaxing and confidence building, decorating and improving their environment, combined with a persistent drive from the staff and management team.
- Staff were exceptionally committed to working with people and helping them maintain relationships that were important to them and to build new relationships. One person told us they were attending 'love to meet you' dating agency for people with learning disabilities.
- Personal relationships with people outside the service were respected and nurtured. People were supported to use Skype to keep in touch with friends and loved ones and most people had their own electronic tablets and computers.

Improving care quality in response to complaints or concerns

- The management team created an open culture, where complaints and concerns were welcomed and learned from, for example, house rules regarding the communal TV were agreed at a tenants meeting following one tenants complaint. One person said, "If I have a complaint, I talk to manager. Yes they do make it better." An accessible and comprehensive complaints procedure was shared with people and representatives and complaints were appropriately managed when they arose.

End of life care and support

- End of life care was not currently being delivered at the service. Discussions about people's end of life plans and wishes were recorded where people wished to do so, and staff were booked on training for the registered providers award winning end of life care tool, 'Doing it my way.'

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 had improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- The shared vision of a highly successful and inclusive service was driven by exceptional leadership. One person said, "I enjoy living here. The manager is good." We saw they gave the registered manager a high five. One relative said, "The manager is excellent. He came in like a whirlwind. Got everyone motivated. He involved me a lot more. I got to know the staff." Staff we spoke with were clear about the organisations core aim of, 'Making a difference every day'. We observed an extremely person-centred, warm and inclusive atmosphere within the service.
- The registered manager spoke passionately about their commitment to fully empower people to manage their own lives. The registered manager said their aim was to, "Empower, promote choice, dignity and a person-centred approach. I have achieved what I wanted to achieve with the staff and culture. There is a togetherness now, which has improved since I started."
- The service was continually being developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. Records showed staff had listened to people and their relatives, taken action and very significant outcomes were achieved, for example people accepting support, gaining confidence and socialising more. These outcomes had improved people's quality of life and developed their aspirations. Relatives confirmed the increased confidence and self-esteem. One relative said, "[My relative] is a lot more sociable now. He/she used to keep themselves to themselves. I'm very pleased. [my relative] is so happy living there, he/she is out every day."
- Staff praised their manager for positive high-quality leadership and support. One staff member said, "Well led-definitely. [Name of manager] does deal with concerns as quickly as possible. He is very keen on supporting staff and clients. Since [name of manager] came things have improved a lot." A second staff member said, "[Name of manager] has turned this place around. The clients and staff team love him. I feel I can say what I want. He is very approachable."
- The registered provider was open and honest and proactive in reflecting on incidents and sharing learning across their services.

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

- The management team constantly reviewed the service to optimise people's potential and good governance was fully embedded into the running of the service. The quality assurance team and managers from other services completed audits of each service within the organisation and ensured actions were

followed up to drive excellent care.

- There was a strong focus on learning from incidents and adverse events. For example, effective action following medicine errors.

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

- Leadership and management was of high quality and people who used the service and representatives were fully involved in how the service was run and operated. People were paid to take part in staff recruitment, for example shortlisting candidates, sitting on the interview panel and telephoning the successful candidate.
- People were encouraged to take on the role of 'Champions' for their areas of interest, for example we were greeted by the security champion, who checked our identity and explained their role. Other champions in the service performed important empowering roles, such as buddy champion, fire champion, activity champion and arts champion. The registered provider sourced training for people such as emergency first aid, fire training and Makaton to support the champion roles. Champions photographs were on display in the entrance to support accessible communication.
- Staff used symbols and photographs in tenants' meetings to support communication, involvements and decision making. One person said, "I go to tenants' meetings. Yes, they listen. We talk about what happened and any problems. Yes, things change." The registered provider completed an annual survey with people to gain feedback about the quality of the service and any issues were acted on.
- Staff told us they felt personally cared about and this in turn had led to positive team working. Staff were involved in the service through regular staff meetings.
- Family members felt the staff treated them as true partners. Recent compliments from family members were recorded about the marked improvement in leadership since the registered manager commenced their role. A relatives' survey was completed by the registered provider and all the feedback was positive.
- People were supported to use local community facilities to promote good community relationships, equality and inclusion. The service also participated in other multi-organisational events, such as a picnic in the park and football fun day and held a barbeque for relatives and friends to attend.

Continuous learning and improving care

- There was a well-developed culture of questioning practice, reflection, learning and improving care services supported by leadership development. The registered manager said, "I have undergone a 360 appraisal of myself that involved staff, clients and stakeholders for feedback." The staff team was high performing with shared goals and values. One staff member said, "I wanted to be part of the management team that was the driving force to make things better. I completed a level two diploma in team leading, supported by the service."
- The registered provider acted as a role model for other services sharing ideas and best practice between services and nationally. For example, they developed an end of life care accessible tool for people with learning disabilities called 'Doing it my way'. This was recognised nationally with a number of awards.
- The registered provider shared regular quality and safety briefings and best practice examples from within their services and elsewhere.

Working in partnership with others

- The registered manager and staff were highly committed to working collaboratively with professionals outside the service to achieve people's goals and outcomes, including physiotherapy and the local reablement team.

