

The Frances Taylor Foundation St. Anne's Apartments

Inspection report

3E Lansdowne Road, Hove, East Sussex,
BN3 1DN
Tel: 02085697646
Website: www.ftf.org.uk

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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?

Requires improvement 

Overall summary

We inspected St Anne's Apartment's on the 22 and 23 June 2015 and this was an announced inspection which meant the provider knew we were coming. St Anne's Apartment is an extra care supported living service that provides care and support to adults with a learning disability and mental health needs. The service is staffed 24 hours and had the governing ethos of a service that is flexible, a home for life whilst supporting people to be autonomous and independent. There were 12 people using the service at the time of our inspection. The age range of people receiving support varied from 21 – 85 years old.

People who used the service lived in their own flats. Five flats were two bedded and two were single bedded flats. There was also a communal dining area and kitchen along with outside gardens. The flats were all located within one building along with the services office. The Care Quality Commission inspects the care and support the service provides, but does not inspect the accommodation they live in.

St Anne's Apartment's belongs to the organisation the Frances Taylor Foundation. The Frances Taylor Foundation is part of the UK charity the Poor Servants of

Summary of findings

the Mother of God. As a faith based charity the underlying principles of care and respect for each individual informs all of the organisations work. The charity has numerous services across London, Sussex and Merseyside.

There was a registered manager in post. 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.

Systems were in place for the recording of incidents and accidents. However, incidents and accidents were not monitored overall for any emerging trends and themes. Feedback was regularly sought from people, support workers and relatives. In March 2015, satisfaction surveys were sent out to support workers and relatives, however, the feedback had not been collated to monitor for any trends or identify how improvements to the service could be made. Despite the above concerns, people received the care that met their needs. However, we have identified the above as areas of practice that needs improvement.

People were thoroughly involved in the inspection. People invited us into their flats to talk about the care and support they received. People had written us letters and support workers had spent time with people explaining the inspection process and informing people of the role of the Care Quality Commission.

People spoke passionately about living at St Anne's Apartments. One person told us, "This is one of the best services I've been in. It's the staff that make the difference." Another person told us, "This place was a God send for me and my family."

There were enough qualified, skilled and experienced support workers to meet people's needs. Staffing levels were calculated according to people's changing needs and ensured continuity of one to one support. Thorough recruitment practice was followed to ensure support workers were suitable for their role. People were involved in the recruitment process, sitting on interview panels and posing questions they wished to ask potential support workers.

People received an outstanding level of support that met their psychological needs. The ethos of the care was very much person centred and people received support that enabled them to reach their goals, learn new skills and promote their well-being.

Support workers provided the support that people required which enabled them to manage their medicines safely; people were encouraged to self-medicate and stored their medication in a locked cabinet in their flats.

People received support with meal preparation, food shopping and menu planning. Support workers worked with people to promote their independence with cooking or provided full assistance when needed. Support workers had received training on the Mental Capacity Act 2005 and always sought and obtained people's consent before they provided support. When people declined or changed their mind, their wishes were respected.

The registered manager and the support workers approach promoted an environment where people could develop new skills. They promoted people's independence, encouraged them to do as much as possible for themselves and to make their own decisions. Support workers and people spoke highly of the registered manager. One support worker told us, "She's the best manager I've ever had."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

St Anne's Apartment was safe. People were protected from abuse and avoidable harm. Risks were recognised and managed in ways that enabled people to make their own choices, take informed risks and to be as independent as they could be.

Thorough recruitment procedures were followed in practice. Medicines were administered safely and people were able to self-medicate with supervision when they chose to.

The service had sufficient numbers of suitably trained support workers to keep people safe and meet each person's individual needs and preferences.

Good



Is the service effective?

St Anne's Apartment was effective. People received an outstanding level of support which enabled them to continually develop their life skills and independence.

People received support from support workers who had received effective training to enable them to deliver a high level of support. People praised their key workers. The service had an exceptional focus on meeting the psychological needs of people.

Support workers understood the Mental Capacity Act, 2005 (MCA) which meant they could take appropriate action to ensure people's rights were protected. People received the right level of support for them to effectively meet their nutritional needs.

Good



Is the service caring?

St Anne's Apartment's was caring. Supportive and positive relationships had developed and support workers respected people's privacy and dignity.

People were at the heart of the service and were consulted about their care and treatment. People were involved in the design and formation of the support plans. Support plans were unique and individual to the person.

Support workers had a firm understanding of people's likes, dislikes and people had access to advocacy services.

Good



Is the service responsive?

St Anne's Apartment was responsive. People received support from support workers in order to undertake the hobbies and interests that were important to them.

Support workers were responsive to people's individual needs and had a firm understanding of the importance of personalised care.

Good



Summary of findings

People knew how to complain and people's views were listened to and acted on.

Is the service well-led?

St Anne's Apartment was not consistently well-led. We found areas of good practice, but also areas that require improvement. Incidents and accidents were not monitored for any emerging trends or themes. Feedback from people, relatives and support workers had not been analysed on how improvements to the running of the service could be made.

People and support workers spoke highly of the registered manager and their leadership style. There was an open and positive culture which focussed on people. The ethos and vision of the service was embedded into every day practice and quality assurance systems were in the place for the governing of the service.

Requires improvement



St. Anne's Apartments

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 checked 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 was the first inspection since the service was registered in March 2014.

This inspection was carried out on 22 and 23 June and was announced. We gave notice of our inspection to ensure people were prepared by support workers who explained the purpose of our visit. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR 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. We utilised the PIR to help us focus on specific areas of practice during the inspection. As part of the PIR, questionnaires were sent out to people who used the service, their relatives, support workers and healthcare professionals. We received responses from everyone living at St Anne's Apartment's, three relatives, four healthcare professionals and four support workers. We have included their feedback within the body of the report.

On the day of the inspection, we spoke with four people, three support workers and the registered manager. Over the course of the two days we spent time reviewing the records of the service. We looked at three support workers files, complaints recording, accident/incidents, safeguarding recording, staff rotas and records of audit, quality control and feedback from people and support workers. We also reviewed four care plans and other relevant documentation to support our findings.

Is the service safe?

Our findings

People told us they were happy with the support they received at St Anne's Apartments and that as a result they felt safe in their own flats. One person told us, "In summing up, I feel totally safe living here and that's really important to me." Feedback from relatives and healthcare professionals included that they felt people were safe from abuse and or harm.

St Anne's Apartment's adopted a positive approach to risk taking. Positive risk taking involves weighing up the benefits of taking the risk against the impact of not taking the risk. One support worker told us, "Many people come to us and initiate their own positive risks and we support them to do so." Being independent and moving on was a key goal for many people living at St Anne's Apartment. To enable independence, risk assessments were in place to empower the person to undertake tasks independently. Where people were keen to go out to the local shops, day centres or meet friends independently, work was done in conjunction with the person about travelling alone and safe routes to take. Support workers often shadowed the person travelling and worked with them on which bus routes to take and when to get off the bus. This work would be repeated until the person felt confident and safe to access the community alone.

Support workers had a firm understanding of the risks to people and clearly understood the strategies to promote people's freedom and independence whilst keeping them safe. The registered manager told us, "We work with people on making good decisions about who's involved in their life." The registered manager and support workers had a firm understanding of hate crime and recognised the risks people could face in the community and how they could find themselves in vulnerable situations. The registered manager told us, "Work is undertaken with people on keeping them safe in the community, what good friends look like and what bad friends may look like." One support worker told us, "We use social stories with people on how to make friends, keeping themselves safe, meeting new boyfriends or girlfriends or being aware of strangers." Social Stories describes a situation, skill, or concept in terms of relevant social cues, perspectives, and common responses in a specifically defined style and format. The goal of a social story is to share accurate social information in a person centred and reassuring manner that is easily

understood by its audience. Support workers recognised that it was important for people to meet new people, make friends and meet new partners. Support workers worked in partnership with people in joining dating websites and accompanying on first dates or supporting people to go speed dating.

Risk assessments covered a variety of areas including falls management, urinary tract infections (UTIs), epilepsy and mobility. Risk assessments looked at the description of the hazard, consequences of hazard, person at risk, current control measures and risk rating. One person had been identified as suffering recurrent UTIs (water infections). Their risk assessment clearly identified that due to the UTIs, their level of mobility could be impacted along with suffering heightened levels of confusion. Detailed management strategies were in place which provided clear guidance to support workers on how to manage the risks and the actions to take if it is suspected the person was experiencing a UTI.

People were supported to self-medicate safely by keeping their medication in a locked place in their bedrooms. One person told us, "I take my own medication but support workers help me in monitoring my blood sugars." Another person told us, "I used to take my own medication, but I became unwell and wasn't taking them. Now I've agreed with my key worker for staff to look after my tablets." For people who self-administered their medicine, individual arrangements were in place for the ordering of medicine. One person had a weekly delivery which support workers helped them check. Other people were solely independent with ordering their own medicine and expressed no need for additional support with this. The service had a focus on promoting people's independence with medicine administration, but also recognised that some people may also require support. Support workers completed a medicine round whereby people were supported or prompted to take their medicine. Support workers maintained a medicine administration record which demonstrated medicines were taken as prescribed. Support workers monitored this process closely and recorded when people had taken their medication.

Support workers were trained in safeguarding issues. Support workers were aware of their responsibilities to be vigilant and observe for any signs of bullying or harassment, and what to do to keep people safe. One support worker told us, "The training on safeguarding was

Is the service safe?

good and if anyone makes a disclosure, I know how to raise a safeguarding concern.” Safeguarding policies and procedures were in place and we found support workers had raised safeguarding concerns following any disclosures or altercations between people. Support workers clearly understood that abuse was not to be tolerated and should always be reported.

There were sufficient numbers of support workers available to keep people safe. The staffing team consisted on four support workers throughout the day and one sleeping support worker at night. Each person had their own core support hours per week as funded by the local authority, which included one to one support alongside support to meet their day to day needs. One support worker told us, “We use a shift planner each week to determine staffing levels and whether more staff are needed to meet the needs of people if their care needs increase, or they need support to access appointments.” The registered manager told us, “We work on a model of support that is flexible; we can increase and reduce one to one support dependent on the needs of the person.” Staffing levels at night had recently been increased to include a waking night support worker due to increased night time needs of some people.

Our observations throughout the inspection noted that support workers had sufficient time to provide one to one support and meet people’s individual needs. One person told us, “If I’m ever feeling low, support workers or my key worker always has time to talk with me, or we go out together.” Support workers confirmed they were happy with the number of staff available. One support worker told us, “The service is so flexible, and we often work around the needs of people. For example, we could work until 23.00 to accommodate someone going to an evening activity.”

Tenancy agreements were in place for each person, which outlined the contract of their tenancy agreement along with the terms and conditions. The registered manager told us, “If anyone breaches their tenancy agreement, such as anti-social behaviour, we will meet with the person and implement strategies to help them maintain their tenancy, such as work with the challenging behaviour team.” People told us they enjoyed the freedom their own flat brought along with the level of independence it involved. St Anne’s Apartment opened in March 2014, as part of the opening

and development; people were involved in the choosing of titles, curtains and decoration. The registered manager told us, “As people couldn’t really visit the flats until they were completed and built, we involved people as much as possible in the design and decoration of the flats and their flat individually.”

The registered manager worked with the landlord to ensure that the premises and flats were secure for people to live in. Any maintenance issues people reported to their key workers and the registered manager. Many items within the flats were still under guarantee, such as the fridges and hobs. Other items that required repair, a maintenance man visited the flats as and when required. Fire safety was effectively managed with fire drills and evacuations practised. The service had a dedicated fire warden who worked with one person ensuring all fire safety equipment was serviced and maintained. Staff commented that due to the person’s previous fear of fire bells, they worked with a support worker to overcome this fear and now looks forward to the checking of fire call points. People had personal evacuation plans in place which considered their ability to safely evacuate their flat in the event of a fire. All support workers were trained in first aid and fire awareness.

The recruitment and selection of support workers assessed their character, skills and qualifications and whether they were suitable to support people. People living at St Anne’s Apartment took an active role in the recruitment of new support workers. Devising questions for the interview panel, and also being on the interview panel. One support worker told us, “It was really refreshing to answer questions which people had posed.” A full employment history was obtained from each support worker along with the reason they left former employment was detailed. A Disclosure and Barring Service (DBS) check was received. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with people. There was proof the identity of new support workers had been checked. The registered manager told us, “We have a strong emphasis of recruiting the right calibre of people and making sure people are happy with the support workers.”

Is the service effective?

Our findings

People had exceptional feedback about living at St Anne's Apartment and the level of support they received. One person told us, "This place was a God send for me and my family." Feedback from questionnaires sent out included, "I love living here, it has changed my life." Results of the feedback also found that people felt their support workers had the skills and knowledge to provide the care and support they needed. One person told us, "My key worker is the best." One social care professional told us, "There are some tenants who have complex needs particularly around communication and understanding, trust and engagement and the service endeavours to work at a pace appropriate for the individual and to access and use support tools which can help enhance support such as use of: - social stories, photos and symbols, phone texting and written information."

The registered manager and support workers all had in-depth understanding and were all familiar with the individual needs, strengths, and preferences of the people they supported. The registered manager told us everyone had a designated key-worker who coordinated their care and support. We saw that people were involved in daily one to one discussions with their keyworker and that monthly meetings were held. One support worker told us, "Every time I'm on shift I always make sure I spend 10 – 15 minutes with the person I key-work to see how they are, how they are getting along and to provide regular emotional support." The registered manager told us, "Although people have key-workers, we also make sure that all support workers work with people, are aware of their needs and enable people to feel comfortable with all support workers."

St Anne's Apartment had a strong sense of promoting and meeting people's psychological needs. There was a real sense and emphasis placed on the importance of emotional support and St Anne's Apartment had adopted a culture whereby people received daily input from support workers and their key workers to meet their psychological needs. In the evening, support workers spent half an hour to forty five minutes with each person providing emotional support, chatting or going out for a walk with them. The registered manager told us, "To provide effective care we need to ensure the psychological needs of people are met. We support people with very complex needs who can be

very anxious and we wish to support them as much as possible." People were grateful for this level of input and praised this level of input every day. One person we spent time with showed us their weekly planner which referenced emotional support in the evenings. Another person told us, "They always make time for me."

Support workers demonstrated an outstanding level of understanding and respected people's individual needs, choices and preferences. People experienced a level of care and social support that meant they had a meaningful life, which promoted their wellbeing. The registered manager told us, "We work on a model of that care is flexible and person centred, but also ensures that people have a home for life." Many people before moving into St Anne's Apartment's had been living in residential care homes and the model of extra care supported living was a new concept. The registered manager told us, "Promoting new skills and independence is what we are working towards. For many people, when they first moved in, we spent significant one on one time with people to help them learn new independent living skills such as laundry, making the bed and cleaning. Tasks they had never done before living in a residential setting." Support workers spoke with pride of the achievements people had made and the new skills they had learnt.

The delivery of care was personalised and innovative. People were supported to do what was important to them. Goal setting was an important aspect of the delivery of care at the service. Each month, people and their key worker would discuss future goals, goals from the last month and their vision for the future. We spent time with one person who showed us their key worker monthly meeting and talked to us in depth about their goals and what they too hoped for the future. Moving on and independent living was a key goal for many living at St Anne's Apartment's. One support worker told us, "We work with people to set achievable goals that will help them achieve their main goal. We don't want to overwhelm people." One person was keen to obtain a qualification. Their key worker had been creative in contacting various colleges and working with the person to find the best college that would meet their needs. Another person had expressed an interest in drama. Their support worker had worked with them to find a drama group they enjoyed. People commented that support workers were creative and innovative in thinking of ways to help them achieve their goals.

Is the service effective?

People were very much a part of the inspection. People invited us into their flats to talk about the support they received and what they hoped for the future. One person had kindly written us a letter which they showed us and read aloud to us.

People told us support workers enabled and supported them to make good choices and gained their consent. One person told us, “My key worker helps me make decisions.” Training schedules confirmed support workers had received training on the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make specific decisions. Support workers had a firm understanding of the legislation and the principles of the MCA 2005. One support worker told us, “One person has the capacity to make day to day decisions, but more complex decisions regarding finance they lack the capacity to make those decisions.”

In March 2014, changes were made by a court ruling to the Deprivation Liberty Safeguards (DoLS) and what may constitute a Deprivation of Liberty Safeguard. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. To deprive someone of their liberty living in supported living would require an application to the Court of Protection. The registered manager had a firm understanding of the court ruling and was working in partnership with the local authority about making an application in relation to one person.

People received high level input to help manage their nutritional intake and needs, shopping and meal planning. The registered manager told us, “Many people moved in from residential settings, whereby all meals were cooked for them. We implemented additional one to one hours to help people learn independent cooking skills.” Support workers spoke with pride of how far people had come along. Some people still required full support with meal planning, shopping and cooking. Without this level of input, people would be at risk of their nutritional needs not being met. Other people were continuing to learn more independent cooking skills. One person told us, “I’ve got really good at making quiches and cheese sauce.”

Support workers recognised the importance of enabling people to maintain a healthy diet. One support worker told us, “We work with people to try and help them lose weight or gain weight. We always think of new weekly menu ideas

based on the foods they like.” One person told us how they met with their key worker on a weekly basis and went over menu ideas and what new things they would like to try and learn to cook. They told us, “I can eat too much chocolate and I need help to eat healthily. They are very good and help me think of meals I like and that are good for me.” Creativity was used when thinking of weekly menus and support workers worked with people in making food they could store in their freezer and re-heat at a later date. One person commented that their level of input with their nutritional intake was just right. They told us, “Staff make sure I have a range of meals but I cook by myself.”

People received support which effectively managed their healthcare needs. Most people living at St Anne’s Apartments were living with complex healthcare needs and dual diagnosis (learning disability and mental health). Support workers had a firm understanding of the level of support required to enable people to be happy and healthy. One support worker told us, “We make sure people receive regular check-ups with the nurse, GP, chiropodist, dentist and optician.” Each person had a health diary appointment which included a list of all health appointments for the year. Following any appointments, support workers would record an overview of the appointment and any follow up information. One person had recently visited the nurse and it was clearly recorded that if they were still experiencing pain in two weeks to make a further appointment.

Where people experienced deterioration in their health needs, support workers acted promptly. Support workers had recently identified concerns with one person, an urgent appointment was made with their psychiatrist and the person’s medication was altered. One support worker told us, “We always monitor for changes in behaviour, presentation and mood and that can often tell us if someone is unwell or experiencing a decline in their mental health needs.” Support was provided to people who experienced difficulty monitoring and managing their own blood sugars. In partnership with the person, support workers checked their blood sugar levels throughout the day and provided guidance and advice on how to maintain a diabetic diet.

People received care and support from support workers had the skills, knowledge and experience to provide effective care. Support workers had received the appropriate training which enabled them to meet the

Is the service effective?

individual care needs of people. Training included food hygiene, epilepsy, diabetes and challenging behaviour. Training was provided through face to face training sessions and e-learning. Support workers regularly attended training provided by the local authority. The registered manager told us, “Face to face training has its benefits as it really embeds the training and brings it alive.” Through observed practice, supervision and competency checks, the registered manager had mechanisms to ensure the training was embedded into the everyday delivery of care.

Support workers were supported to continue with their professional development through supervisions and appraisals. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Support workers commented they found the forum of

supervision useful and would discuss areas of interest or any policy changes. The registered manager encouraged support workers to progress with their career and support workers were offered the opportunities to obtaining a Qualification Credit Framework (QCF). The registered manager demonstrated a strong understanding of the importance of having a skilled, dynamic, confident and experienced workforce. As part of having a dynamic and confident workforce, St Anne’s Apartment had signed up for the Social Care Commitment. The Social Care Commitment is the promise to provide people who need care and support with high quality services. Employers and employees, across the whole of the adult social care sector, sign up to the commitment pledging to improve the quality of the workforce.

Is the service caring?

Our findings

People commented that support workers were kind, caring and compassionate. Feedback from questionnaires from people living at St Anne's Apartment found that 100% of people agreed that support workers treated them with kindness and respect. Feedback from relatives and friends also agreed that support workers were kind and caring.

Positive caring relationships were developed with people. One person told us, "The support workers are the best, I can always talk to them." We observed support workers interactions with people, these were characterised by kindness, warmth and empathy. It was clear support workers had spent time building rapport with people and gained their trust. During the inspection, one person became visibly upset. The support worker responded with kindness, providing comfort to the person and reassurance.

We observed the day to day approach adopted by support workers. The registered manager and support workers showed concern for people's wellbeing. The support workers knew people well, including their preferences, likes and dislikes. Support workers were able to tell us in detail the individual needs of everyone, what made them unique and their personality traits. Support workers took the time to engage with people, enquire how they were, go for cups of tea in their flats and also go out and about with people. People received care and support that centred on them as an individual and respected their individuality. One support worker told us, "We have one person who absolutely loves one direction while another person has the best sense of humour."

People's privacy was respected and people were supported in a way that respected their dignity. People described to us how support workers effectively ensured that their privacy was respected. One person told us, "They always knock before they come in and wait for me to call out." Another person told us, "They always make sure I'm happy for them to come into my flat." Support workers had a firm understanding that people's individual flats were their own home and should only go in when invited or people have provided consent. Support workers understood how to promote and respect people's privacy and dignity, and why this was important. Throughout the inspection, we observed support workers knocking on people's front doors, checking they were warm enough when going out independently and respecting people's boundaries.

People spoke with pride about living at St Anne's Apartment, having their own flat and tenancy. One person told us, "Having my own space is really important to me." People held keys to their own flats and to the front door of the building. It was clear that people chose how they wanted to spend their day, what they wanted to wear, what they wanted to do, and where they wanted to go. They came and went as they pleased, and followed a wide range of activities programme which they had devised. Each week, people would meet with their key worker to devise their weekly planner.

Five flats at St Anne's Apartments were two bedded. Support was undertaken with people before they moved into the service about who they may wish to live with. The registered manager told us, "Some people had identified who they wished to live with. For example, some people chose to live with their friends who they knew from day centre." People confirmed they get along with their flatmate, but also received support if things were not working out. One support worker told us, "We hold regular flat meetings to see how people are getting along and whether we can implement any mechanisms to make things easier for people."

People were at the heart of the service and were actively involved in making decisions about their care, treatment and support. Each person had creatively designed and implemented their own support plan, 'all about me'. From the perspective of the person, it included information on what was important to them, their daily support needs, how they best communicated, who was important to the person, what they can do independently and what they want to achieve. Thought and consideration had gone into how information could be provided to people in a format that was suitable for them. The use of pictures was implemented to help people feel more involved in their support plans and to allow people to creatively display who they are and what's important. For many people pictorial support plans helped them to understand the information in an easier format. One person told us, "I always go over things with my key worker and I decide what it's important to me."

Support workers respected people's confidentiality. We saw that they protected confidential information and did not discuss people's personal matters in front of others. Confidential information was kept securely in the office. Handover took place in the office with a sign on the door

Is the service caring?

informing people and that support workers would be available shortly. People received support to help maintain relationships with the people that cared most about them. One support worker told us, “Maintaining friendships is important and family contact. We work with people to ensure they remain in contact with those who are close to them.” Another support worker told us, “We also involve family as much as possible, providing regular updates, phoning when needed and also being a support for them.”

The registered manager and support workers recognised that people’s views and voices needed to be heard when making complex decisions. The service had information about advocacy services that they could share with people and followed guidance that was provided by the local authority. Support workers had been working recently with an independent mental health advocate when decisions were required regarding the future care needs of someone. An advocate can help people express their views when no one else is available to assist them.

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. The service placed a strong emphasis on ensuring people's social needs were met and people enjoyed a variety of experiences. One person told us, "We are always looking for new things to do." Feedback from healthcare professionals included praise for St Anne's Apartment. Healthcare professionals felt that St Anne's Apartments consistently acted upon their advice and guidance.

People led a varied and active social life and took part in hobbies and interests that were important to them. People met with their key workers on a weekly basis to plan their week ahead and what activities, social outings and events they wished to attend. People confirmed they could plan their weekly activities around what was important to them. Many people attended their chosen day centres on certain days, some people worked, others attended college and others were being supported to find activities they enjoyed doing. One person told us, "I really enjoy swimming and I'm going swimming this afternoon." Support workers had a firm understanding of people's hobbies interests and activities that were meaningful to them.

St Anne's Apartments promoted people's engagement and social inclusion with their community. Some people were involved in local projects throughout Brighton and Hove. One person was an advocate for a 'speak up' project about people living with learning disabilities. Another person was involved in a local arts project held in connection with the local university. One person spoke passionately about this charity that supported them to attend local music gigs in the area. Support workers worked in partnership with local charities and projects to help promote people's inclusion in the community and opportunities for social engagement. One support worker told us, "Many people go on holidays with the charities and we have one person who is going away soon with other people from the charity, which is a new experience for them and something they haven't done before."

Support workers recognised that people's ideas of meaningful activities varied from one person to another. While some people were still active within the community, other people spent more time in their flats. One support worker told us, "For people who don't go out as much, we still ensure their social needs are met and any feelings of social isolation are reduced." Support workers recognised

that some people required additional support to meet their social needs. One support worker told us, "For the older people living here, we encourage them to do activities they enjoy, such as knitting, puzzles, taking them out for walks to trips to the theatre." During the inspection, we spent time in the communal area where people were observed sitting together with cups of tea doing jigsaw puzzles.

The service was committed to organising group activities on a weekly basis. These included cooking group every Monday, music group on Saturdays, arts and craft and a roast on Sunday. On the inspection, the Monday morning cooking group was taking place. People were observed enjoying making a pizza together and commented they would spend their lunchtime together eating the pizza. Trips out were also organised and offered. One support worker told us, "We regularly do trips out, we go to the pier, to shows or where people want to go."

People's support needs were regularly reviewed and support workers were responsive to people's changing needs. Each person had their own health action plan and hospital passports. Hospital passports were specifically designed for people with learning disabilities by the NHS. It includes key information on people's medical background, along with important information staff should know about them. This included information that is important to the individual along with key information on their health and social care needs. People were actively encouraged to contribute towards their health action plan and hospital passports. They were written from the perspective of the person and included key information which was pertinent to the individual.

Support workers worked in partnership with people to manage their changing needs and recognised the importance of providing personalised care. One support worker told us, "We are supporting one person with the management of their anxiety and breathing difficulties and how we can respond to their needs when required." One person was experiencing complex healthcare needs which required daily monitor and the input from other healthcare professionals. Where changes to provision of care were required, support workers ensured the person still received personalised care that reflected their preferences, wishes and autonomy. This included the use of telecare and increased night time support.

From our observations, it was clear people received care that was personalised and responsive to their needs.

Is the service responsive?

People were empowered to make their own decisions and choices. The registered manager told us, “We offer people the opportunity to receive their care from an alternative agency or have other carers from a different care agency, but so far people have chosen to receive care from The Extra Care Supported Living Service.” Despite the varying age range and needs of people residing at St Anne’s Apartment, support workers had a firm understanding of what it’s like living with a learning disability, mental health need and complex health need. Support workers had a good awareness of the aging process and the impact this had on individual’s health and psychological well-being.

Communication was valued within St Anne’s Apartment’s. One support worker told us, “The communication here is excellent.” Through the forum of handovers, communication books and emotional diaries support workers were kept aware of any changes in people’s needs on a daily basis. During handover, we heard support workers coming on duty being updated on changes, given key information and informed of any outcomes or feedback from visits from healthcare professionals.

People were encouraged to raise complaints or concerns about the quality of the service they received. The people we spoke with knew how to make a complaint if they needed to. One person said, “I can talk to the manager or my key worker if I’m worried about anything or unhappy.” Feedback from relatives from questionnaires reflected that the service responded well to any concerns or complaints. People were provided with information about how to make complaint in a format they could understand. Pictures were used to make the process easier for people to identify with. Since opening in March 2014, the service had received eight complaints. Information was available on the nature of the complaint and the action taken. However, it was not consistently clear when and how feedback to the complainant was given. The registered manager told us, “We always give feedback to a complainant and keep them updated on the nature of their complaint, but we don’t formally document.” Despite this, people felt their complaints were listened to and acted upon.

Is the service well-led?

Our findings

St Anne's Apartment provided an open and empowering culture. The registered manager encouraged a culture of honesty and transparency. People and support workers spoke highly of the leadership style of the registered manager. One support worker told us, "She's the best manager I've ever had." Although people had high praise of the management, we found areas of practice which were not consistently well-led.

Mechanisms were in place for the recording of incidents and accidents. Support workers understood the importance of recording all incidents and accidents. Documentation included information on the time, location, nature of the incident/accident and who was involved. Each incident/accident considered then considered any further action and what that incident/accident meant for the person involved. For example, one person suffered a seizure which was unusual for them, support workers consequently organised a neurology appointment and informed their GP. However, mechanisms were not in place to monitor incidents and accidents on a regular basis to help identify any emerging trends or themes. We looked at the incidents and accidents for the month of May and identified one person who had three incidents in one month. These involved falls, bruising and being unwell. The lack of a central audit for incidents and accidents meant we could not easily identify if any work had been undertaken in relation to the three incidents collectively. It was clear that following each incident, action was taken, but on the whole we could not see what action had been taken in relation to the person suffering three incidents in one month. Providers and registered managers are required to have systems and mechanisms in place to enable them to identify patterns or cumulative incidents. We have therefore identified this as an area of practice that needs improvement.

Systems were in place for gaining feedback from people, relatives and support workers. Satisfaction surveys had been sent out to people in July 2014. Responses included 'I'm happy here'. 'I'm alright, I'm safe and well looked after.' In March 2015, satisfaction surveys were sent out to staff and relatives. However, the results of the feedback had not yet been collected, analysed or fed back to people, staff and relatives. The provider's internal audit had already identified this as an action and the registered manager

acknowledged this needed to be done. Therefore we were unable to see how the service had made improvements following feedback from stakeholders. We have therefore identified this as an area of practice that needs improvement.

There were various systems in place to monitor or analyse the quality of the service provided. The organisation had a system in place whereby managers of other services within the Frances Taylor Foundation audited one and others services. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. The audits covered a range of areas including care plans, communication, medication, risk assessments, staff records and supervisions and reporting systems. Each audit included general feedback from the person undertaking the audit along with recommendations and action plan. Monthly reports were also produced by the registered manager and sent directly to the director of quality of care for the organisation. The monthly reports also covered the running of the service. These included staffing issues, people who use the service, health and safety and service development. A clear and robust mechanism for monitoring the running of the service was in place.

St Anne's Apartment's fostered a culture of openness and honesty. The registered manager told us, "We all work to the values and beliefs of the Frances Taylor Foundation." The Frances Taylor Foundation was established in 1994 and in 2014, celebrated 20 years of operation. The organisation has clear visions and values in place which govern the running of the service. These include 'Their dignity is respected, their independence supported and their uniqueness valued.'

Support workers had a firm understanding of the visions and values of the organisation. One support worker told us, "I was excited to come and work for this organisation due to their visions, it's all about the person's dignity and respect and putting them first." The registered manager told us, "We all work together and I want to support my team as much as possible. Being honest and open is imperative." The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. The intention of the regulation is to ensure that providers

Is the service well-led?

are open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment. Policies and procedures were made available to support workers.

Support workers and people spoke highly of the registered manager. Support workers commented that she was approachable, available for advice and easy to talk to. People commented that they found the registered manager easy to talk to and was always available to

support them. The registered manager received support from their line manager and once a month received supervision. Mechanisms were in place for the registered manager to keep up to date with best practice, policy and legislation changes. The registered manager told us, "I regularly attend meetings with other managers from the provider. Speakers are organised and we focus on specific areas of changing practice such as the Care Act 2014."