

## St Anne's Community Services

# St Anne's Community Services - Greenacres

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 21 January 2016 and was unannounced. At the last inspection on the 25 June 2014 the service was meeting all of the regulations we looked at.

Greenacres is registered to provide residential, personal and social care for up to five people with learning disabilities. Greenacres is a large detached bungalow a main road outside of Ripon. The immediate local area has a number of services and amenities. The registered provider is St Anne's Community Services. At the time of our inspection there were five people living there.

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 were provided with safe care and support. Staff understood the needs of people who lived at the service. They told us about the risk assessments and risk management plans which were in place to support people to stay safe. These were detailed and person centred. Where appropriate they had been developed by the service and supporting health and social care professionals.

There were sufficient staff to meet people's needs. The service had a stable staff team and they did not have any vacancies. The registered manager told us they did not use agency staff which ensured people had continuity for their support.

Medicines were safely managed. The service reviewed accidents and incidents to make sure action had been taken to keep people safe. Staff we spoke with were able to tell us about the procedure they would follow if they had any concerns about suspected or actual abuse. The service had an up to date safeguarding and whistleblowing policy to support staff.

Staff were supported to deliver effective care. There was access to regular training and we were told staff received a thorough induction which they found helpful.

The service worked within the principles of the Mental Capacity Act (2005). Staff and the registered manager demonstrated a good understanding of the legislation and we saw consent was sought routinely throughout our visit. People were supported to make their own choices.

People told us the food was good, meals were varied and nutritious and people were involved in the planning and shopping for meals. We did not see any concerns regarding weight loss or gain.

The service ensured people had access to routine and more specialist healthcare as required. Each person

had a health action plan and a hospital VIP card which demonstrated the service took people's health needs seriously and ensured these were met.

People were well cared for by a staff team who were kind and warm. Care plans were detailed and provided staff with the guidance they needed to ensure people received the care and support they needed. They were written based on people's strengths and contained information about the support they needed to achieve their goals.

Care was planned and reviewed with people who lived at the service and their relatives. Care plans contained information which was individual to the person and they were up to date.

People knew how to make a complaint and the service had not received any complaints in the last twelve months.

The service was well-led and staff morale was good. The registered manager and the provider had systems in place to evaluate the care provided.

## 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.

People had risk assessments and risk management plans in place to support them to remain safe. Staff understood the types of abuse and how to protect people from avoidable harm.

Medicines were managed safely from staff who had received suitable training. The service had an up to date medicines policy in place.

There were enough staff to keep people safe. Staff had been recruited safely and were assessed during their induction period to ensure they were suitable for the role.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to develop the skills and knowledge required to deliver effective care. There was a range of training available and staff told us they had regular supervision which they found supportive.

Staff sought consent from people before care or support was provided. Where people were unable to give consent staff followed care plans and we could see records of best interest decisions. This meant the service was following the principles of the Mental Capacity Act.

People were involved in planning for meals, and had a balanced and varied diet.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well. Care was provided in a patient and kind manner and people were supported to achieve their goals.

People were supported to be as independent as possible. Staff advocated on behalf of people who used the service.

People were encouraged to share their feelings and staff responded with warmth and kindness.

### **Is the service responsive?**

The service was responsive.

People's needs were assessed and reviewed. People and others who knew them well were involved with this. Responsive care was planned and delivered.

New people were well supported with the transition of moving into the service.

People were supported to be involved in activities which were meaningful to them. There was a strong sense of pride about the roles people undertook within the service.

People knew how to make complaints but, since our last inspection, no one had needed to.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The views of people who used the service were sought and valued. This meant people were given the opportunity to contribute to the running of the service.

People were supported by a stable staff team. The registered manager had the time they needed to manage the service, which they did well.

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.

**Good** ●

# St Anne's Community Services - Greenacres

## **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 21 January 2016 and was unannounced.

The inspection was undertaken 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. We spoke with two people and one visiting relative. We looked at communal areas within the service, and we saw two people's bedrooms. We looked at three support plans and associated care records.

We spoke with two support workers and looked at documents and records that related to people's care and support, and the management of the home such as meeting records, policies and procedures. We looked at the training records for one member of staff who was working on the day of our visit.

The registered manager was not available on the day we visited the service but we spoke with them on the telephone after the inspection visit.

## Is the service safe?

### Our findings

People told us they felt safe and one person said, "I like living here." A relative we spoke with told us the service was safe and said, "[Name] is settling in better than I could have ever imagined."

The service had detailed risk assessments and risk management plans that helped staff know how to keep people safe. The service had assessed risks relating to people's behaviour which could place themselves or others at risk of harm. We saw evidence of detailed risk assessments and risk management plans which had been developed with people or their representatives, health care professionals and care staff. This approach ensured people had individual plans in place to keep them safe. Staff were able to tell us about the risks involved for each person who lived at the service and knew what strategies they should use to keep people safe.

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. Staff told us they would ensure immediate action was taken to keep the person safe and then they would share the concerns with the registered manager.

Services registered with the Care Quality Commission (CQC) have a legal responsibility to notify the commission of any safeguarding incidents within the service. The last safeguarding notification made by the service was in May 2015. We spoke with a member of care staff about this incident and they were able to provide us with a detailed account of the action the service had taken to safeguard the person and other people who used the service.

Staff demonstrated a good understanding of the safeguarding policy and associated legislation. The registered manager confirmed there had been no incidents of a safeguarding nature within the service since the last notification.

Accidents and Incidents were recorded and kept in each person's 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 and a check that appropriate action had been taken. This demonstrated the service looked at trends or patterns of incidents and learnt from these to enable people to remain safe.

The service had sufficient staff to meet people's needs. The registered manager told us they had a stable staff team which included five full time support staff. They did not have any vacancies within the service. The registered manager told us they had not had to use agency staff. This meant people were supported by a core staff team who they knew and trusted. We reviewed the rota for the last four weeks and this reflected what we had been told.

The registered manager told us the organisation had effective recruitment and selection processes in place.

They said all recruitment was managed via their head office. We were unable to see any staff files, because these were kept securely and the registered manager was not available to access these on the day of our visit. However, we spoke with a member of staff who had been recruited within the last 12 months and they told us about the checks which had been undertaken by the organisation before they were able to start work at the service. They said they had a Disclosure and Barring Service check (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who needed personal care. In addition to this the organisation had sought two references from previous employers. The member of staff said they had been available to start work but were not able to until all of the checks had been returned. This meant people could be assured that staff who supported them had been safely recruited.

The provider had a whistleblowing information poster which was displayed in the office as well as an advice line should staff need any support. This demonstrated the provider valued their staff and recognised the need to support them to do a good job for the people they supported.

Medicines were managed safely. Medicines were supplied to the home in a Monitored Dosing System (MDS). MDS is a medication storage device designed to simplify the administration of solid oral dose medication. We reviewed the medication administration records (MARs) for three people who used the service and found these were up to date and accurately completed. Medicines were stored securely in a locked cupboard in the office.

The service had a medication policy which provided staff with guidance and in addition to this staff received medicines training. Once this had been completed the registered manager observed staff administering medicines before signing them off as competent. This meant the registered manager ensured staff had the skills required to safely administer medicines. Some people needed 'as required' medicines and the service had developed clear support plans and guidance so that staff knew how to identify when these were needed. People could be confident they would receive their medicines safely.

The organisation had robust systems in place to ensure people's monies were safe. Whenever money was spent there was a clear record of the amount and a receipt. Records were signed by two members of staff. The registered manager regularly checked that these records were accurate. This meant people were protected from the potential of financial abuse and showed the service respected the importance of keeping people's money safe.

Risk assessments were in place to ensure people had the support they needed should there be an emergency in the service. The service had a fire safety policy and we saw regular fire tests and associated checks took place. Records of residents meetings showed staff had spoken to people who used the service about what they should do in the event of a fire. This demonstrated the service had taken measures to support people to remain safe and supported people to understand what to do in an emergency situation.



## Is the service effective?

### Our findings

The service had structured systems in place to support staff to deliver effective care. One member of staff told us they felt well supported. They said that although they had significant experience within social care they had been supported to undertake a thorough induction when they started to work at the service. This included classroom based learning at the organisation's head office which helped them to learn about the organisation and its values, as well as completing mandatory/basic training. In addition to this they shadowed more experienced members of staff and worked a number of shifts as a supplementary member of staff. This meant they were supported to get to know people who used the service and understand their routine and preferences.

The registered manager explained the organisation had a six month probationary period. This allowed the registered manager to assess whether the member of staff was suitable for the role within the service. During this period the registered manager and the member of staff had regular meetings to review progress and to look at any development needs the staff member might have.

All new staff were required to complete the Care Certificate. This is a national set of standards for social care workers and supports care staff to understand and develop fundamental standards in care. This demonstrated the provider understood the importance of providing staff with the skills, knowledge and support they needed to deliver effective support to people who lived at the service.

Staff told us they were well supported. They said supervision took place on a regular basis and that they could speak with the registered manager at any time if they had any concerns. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their manager to give feedback on their practice.

People told us the food was good. People who lived at the service and staff all came together at lunch time and ate at the dining room table. We were told this happened every day and people had their main meal at lunchtime. This was something which had been decided with the people who lived there. The atmosphere was relaxed and respectful. People talked about what they planned to do in the afternoon, and staff encouraged everyone to contribute to the conversation.

We were told people planned their meals together for the week ahead, and that this usually happened over Sunday lunch. Each person had a choice of a meal, but they discussed this as a group to make sure people were happy with the choices. A member of staff told us people were offered alternatives each day if they did not want the planned meal.

People who used the service went shopping with staff and this enabled them to be involved. We looked at the menu for the last two weeks and saw they contained varied meals which provided people with a balanced diet. On the day of our visit people enjoyed homemade stew with potato, vegetables and dumplings. We observed a member of staff remove carrots from the stew for one person in line with their individual preference. This showed staff respected people's choices and knew their likes and dislikes.

Records we looked at confirmed people were weighed on a regular basis. We did not see any concerns regarding weight loss or gain for anyone who lived at the service.

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. Throughout the inspection we saw evidence of staff supporting people to make decisions and seeking consent. The service had mental capacity assessments in place and there were clear records of best interest decisions. These are decisions made on behalf of someone who is unable to make these themselves. There was a clear record of who was involved in this decision which included the person's representative alongside health and social care professionals. This meant people could be confident their care and support would be delivered in line with their wishes.

The service had one authorised DoLS in place. We reviewed the paperwork and could see this had been completed correctly and was in date. Staff we spoke with understood the MCA and DoLS. In the office there was a DoLS checklist in place which meant staff had an easy reference guide should they have any queries. This demonstrated the service had taken steps to ensure staff understood and worked within the principles of the legislation.

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. 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. One example of this included requests for speech and language therapy.

People who used the service had health action plans and hospital VIP cards. These documents ensured people's routine health care needs were identified and supported on a regular basis. The VIP cards meant that if someone was admitted to hospital the staff looking after them on the ward had the key information they needed to support the person.

## Is the service caring?

### Our findings

People were supported to be as independent as possible. Examples of this included people being involved in the day to day running of the service via their individual roles. Care plans contained information about people's strengths as well as details of the support they needed. They contained information about people's goals and the support they needed from staff to achieve these. This demonstrated a person centred approach to planning care.

We observed people to be relaxed and at ease in the company of staff. People were supported by staff who were familiar to them and who they trusted. Staff had the time they needed to support people and all of the interaction we observed involved the member of staff working at the person's pace

People were supported to maintain relationships with their families and friends. This included supporting people to visit those they cared about. Some people's relatives lived in care homes and staff supported visits on a regular basis. The service welcomed visitors. One relative said, "I am welcome to pop in whenever I am passing. There is no restriction on the time I visit. Staff are always welcoming and approachable and have worked with me to understand [Name's] needs."

People's confidentiality was respected. Staff confirmed that they did not share confidential information inappropriately and made sure it was securely stored in the office. Staff treated people with dignity and respect. Staff told us how they supported people to maintain their dignity when they were assisting with personal care, and we saw staff discreetly encourage people to change clothes or have a bath.

Support staff talked to us about the importance of respecting people's wishes. They knew people's routines and respected these. People were supported to make decisions about how they wanted to spend their time. Some people liked quieter time in their bedroom. We could see this was part of their care plan, and helped the person understand their routine and the day ahead. They associated certain radio and television programmes with times of the day. A member of staff told us this reflected their experience of living at home with their family.

A member of staff explained how they advocated for people who used the service. They gave us an example of supporting one person on a recent trip to the opticians. The person had been reluctant to try on glasses and the optician had been unable to effectively carry out their eye test. However, the optician wanted to prescribe reading glasses based on the person's age. The member of staff explained how they sought the person's views on this and as a result challenged the optician. This demonstrated a person centred approach to care and a respect for the person's views.

Some people who had lived at the service had care plans in place which explained what they would like to happen in the event of their death. They contained information about who should be contacted and what they would like for their funeral. People who had recently joined the service did not have this information which suggested to us care staff undertook these conversations sensitively once they got to know people.

People were encouraged to talk to staff about their feelings. A member of staff explained that one person who had lived at the service had died. During the inspection we heard a person make reference to their friend and staff encouraged them to talk about their memories of them with kindness and warmth.

## Is the service responsive?

### Our findings

The registered manager completed a detailed pre admission assessment which included the views of the person, their family and any relevant health and social care professionals. This meant the service considered whether they could meet people's needs before they offered them the opportunity to move in.

People were supported to spend time at the service, meet the people who lived there as well as the staff team before they made a decision about whether they wanted to move in. This meant the service offered people the opportunity to make an informed decision about whether they would like to live there. For example we saw one person had been supported to visit for tea on a number of occasions and then spend overnight at the service to help them make their decision about moving in. A member of staff explained how important this was for the person and their family and acknowledged how difficult the transition could be for people and their loved ones. They told us they tried to make this as smooth for people as they could.

Staff were knowledgeable about the people they supported. They could tell us about people's likes and dislikes and this was reflected in people's care plans. Care plans contained good assessment information that helped staff understand what people's preferences were and how they wanted their personal care to be provided for them.

Care was planned with the person, their families and any other relevant people. Care plans contained information about people's experiences, what was important to them and their likes and dislikes. One person's family member had worked alongside staff to support them to understand the care their relative needed. This also helped them to gain confidence in the staff team. Staff we spoke with said they had time to read the care plans and they were an important tool in getting to know people.

Everyone who lived at the service had a keyworker. They spent time together on a regular basis reviewing their care and support. This meant that people had the opportunity to give their views on the support they received.

People were supported to undertake meaningful activity and contributed towards the running of the service and communal living. People told us they each had 'jobs' to do within the service and described these roles with enthusiasm. For example one person told us they were responsible for putting the rubbish out and bringing the milk in. Other roles included feeding the birds, sweeping the driveway and laying the table. We saw people did this independently whilst we were visiting. It was not prompted by staff and the people clearly took pride in their environment and contributed to the smooth running of the service. In addition to this people were supported to take part in activities and events outside of the service. For example people attended social groups, went swimming and visited people living in other services across the organisation. On the day of our visit two people went for a walk and a coffee and in the afternoon people took part in a quiz and had manicures.

One member of staff we spoke with said, "Getting activities right for people is important to us. It's a fine line between encouraging people and forcing people to do things. We want activity to be meaningful to people's

lives."

Some people's care plans referred to them preferring to 'spend quiet time at home'. This included time spent watching television, listening to radio programmes, reading magazines and newspapers or sitting in the garden. The service had a large back garden which was secure. There was a patio table and chairs and we were told people enjoyed eating meals outdoors in the warmer weather. One person particularly enjoyed spending time in the garden and staff, along with their family, had supported them to buy a summer house so they could enjoy being in the garden even when it wasn't fine weather. They showed us this and were obviously proud of it. This demonstrated the service valued people's individual choices and preferences, and worked towards supporting these.

People were supported to go on holiday. One person told us they had been abroad and were planning a trip to Spain this year. They said, "I like flying, I prefer it to being in a car because I get travel sick in cars. I really enjoy the sunshine." They told us they would be going with another person who used the service and staff members would support them.

'Residents Meetings' took place on a regular basis where upcoming events and activities were discussed. There was a record of the registered manager checking with people they were happy with the jobs they each had within the service and whether people were still in agreement with these. This demonstrated people were included in the running of the service. The registered manager also discussed relevant topics such as 'stranger danger' and reminded people of the fire evacuation procedure. This meant people were routinely involved in keeping safe.

There was a complaints policy and information which was accessible to people who used the service. People were encouraged to give feedback at their regular meeting with their key worker or at the 'resident's meetings' which took place on a regular basis. This demonstrated the views of people who used the service were valued. The service had not received any complaints.

## Is the service well-led?

### Our findings

The service had a registered manager who was supported by five full time members of staff. We were told by the registered manager they were fully staffed and had a stable team of staff, some of whom had worked at the service for a number of years. The registered manager had the time they needed to ensure the service was well-led. Staff we spoke with told us they were well supported. One member of staff said, "The registered manager is brilliant. They are available 24/7 if we have any problems."

There was good staff morale within the service. It was homely and a relaxed environment to spend time in. The culture within the service was open and transparent. During our visit one person who lived at the service explained they met new staff before they came to work here. The registered manager explained prospective staff visited the service and people who lived there had developed a questionnaire which they were asked to complete. This demonstrated people's views were respected and valued.

One member of staff told us about the staff advice line which operates 24 hours a day. They explained they had called the advice line when they first joined the service and they were supported to take the action which was required to keep a person safe. They explained the person working on the advice line rang them back before their shift finished to check how they were feeling. This demonstrated a caring approach from the organisation and the member of staff explained they felt well supported through a difficult time.

People who used 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 to be involved in developing the organisation. It demonstrated the provider valued people and the contribution they could make to how it was run.

Team meetings took place on a regular basis. We reviewed the meeting minutes and could see they included information on the following topics; updates about individual people who lived at the service and their support needs, updated policies which had been introduced by the organisation, the Care Certificate and other available training and updates to legislation. There was a detailed record available for staff about changes in legislation including the introduction of the Care Act (2014) and the changes this had brought about in relation to safeguarding policies and procedures. The service had up to date policies and procedures in place which staff read and then signed to say they understood them. This meant staff were supported to keep up to date with good practice guidance.

The registered manager was not available on the day of our visit and so we were unable to see records of audits they completed. However, we spoke with them afterwards and they explained they completed regular audits of medicines, finances and support plans. We were also told the area manager completed a monthly audit of the service which was linked to the CQC key lines of enquiry which we use at all of our inspections. The registered manager sent us the provider audits for the last three months. These looked at specific areas in detail, for example one month they reviewed whether staff understood relevant legislation. During the audit they looked at paper records, observed practice and interviewed staff on duty. The provider had linked these areas of the audit to the CQC inspection process which showed they were supporting staff to

understand this. Based on their own assessment this showed the service was meeting the requirements of CQC.

The registered manager understood their responsibilities and was aware of the requirement to submit notifications to CQC. However, they had failed to notify CQC of the one authorised DoLS which was in place. They told us they did not realise they needed to do this. We have written to the provider to make sure they understand this and to communicate this information to the registered managers within the organisation.