St Anne's Community Services

St Anne's Community Services - Durham DCA

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 13, 14 and 19 June 2018 and was announced. This was to ensure someone would be available to speak with and show us records.

St Anne's Community Services - Durham DCA provides personal care and support to people living in their own homes or in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

St Anne's Community Services - Durham DCA was last inspected by CQC on 14, 15 and 18 December 2015 and was rated Good. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had three registered managers in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 who used the service, relatives and external professionals were extremely complimentary about the standard of care provided by St Anne's Community Services - Durham DCA. Staff treated people with dignity, respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were supported in their role via appropriate training and regular supervisions.

The provider and staff understood their responsibilities with regard to safeguarding and had received training in the protection of vulnerable adults.

Appropriate health and safety checks had been carried out and people lived in a safe environment. Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for

people who used the service and described potential risks and the safeguards in place to mitigate these risks.

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

Care and support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The plans made good use of personal history and described individuals care, wellbeing and support needs. Staff knew the people they were supporting and provided a personalised service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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

People and their relatives knew how to share their experiences or raise a concern or complaint and felt comfortable to do so.

People were supported to access activities based on their likes and interests, and to help meet their social needs. The service had good links with the local community.

The provider had an effective quality assurance process in place. People who used the service, relatives, visiting professionals and staff were regularly consulted about the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe and remained Good.	Good
Is the service effective? The service was effective and remained Good.	Good
Is the service caring? The service was caring and remained Good.	Good
Is the service responsive? The service was responsive and remained Good.	Good
Is the service well-led? The service was well-led and remained Good.	Good

St Anne's Community Services - Durham DCA

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 the 13, 14 and 19 June 2018 and was announced. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and social workers. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service. We spoke with six people who used the service, carried out observations and spoke with three relatives. We also spoke with the three registered

managers, the area manager, three deputy managers and seven care staff.

We looked at the personal care or treatment records of six people who used the service and the personnel files for four members of staff. We also looked at records relating to the management of the service, such as audits, surveys and policies.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe in the presence of staff and that their needs were met safely. One person told us, "I'm very safe" and a relative told us, "[Name] is happy and safe."

The provider's safeguarding policy provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. The registered managers understood their role and responsibilities with regard to safeguarding and notifying CQC and the local authority of incidents. Staff had received training in prevention of abuse and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

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

Staffing levels were sufficient to provide people with the care and support they required. One staff member told us, "I believe there is enough staff to cover all shifts within the service." People and their relatives did not raise any concerns over staffing levels at the service.

The provider's incident reporting policy and procedures provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were appropriately recorded, analysis was carried out to identify any causes or contributory factors and corrective actions took place. Staff were aware of the reporting procedures for accidents and incidents.

Risk assessments were in place for people who used the service and staff and described potential risks and the safeguards in place. The registered managers told us how risk assessments were based on promoting independence and agreeing controls that afforded the person maximum choice and control over their lives. Staff had received training in assessing risks.

An environmental risk assessment was carried out for each person's home that staff visited. This was to ensure staff were aware of any potential hazards in the home. Each person had a personal emergency evacuation plan (PEEP) in place to provide guidance if their home needed to be evacuated in an emergency. The provider had a business continuity plan in place to cover a range of emergency situations so that people would continue to receive safe and effective care.

The provider's medication policy covered all key areas of safe and effective medicines management. People had medication support plans in place which described the level of support people required with the

administration of medicines. Medicines were securely stored and people received their medicines in a safe way. Records were accurate and supported the safe administration of medicines. Staff had been trained in the safe handling of medicines and received regular competency checks whilst administering medicines in people's homes. Regular medicine audits were carried out Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. All the people and relatives we spoke with were confident the staff knew what they were doing when they were caring and supporting them.

New members of staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Records showed the majority of staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely. In addition, staff had completed more specialised training to help them understand people's needs in, for example, oral healthcare, diabetes, epilepsy awareness, autism and dementia.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

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. The registered managers had a good understanding of their legal responsibilities with regard to the MCA and staff had received appropriate training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The care records we looked at contained evidence of consent and showed how people were supported to make their own decisions with regard to their care and support. Where people lacked capacity, we found that the care records clearly detailed how staff were to work with people and who had the legal right to make decisions on behalf of the individuals.

People were asked to sign their care records to show they agreed with the content and the discussions that had taken place. People had health action plans in place that described the level of support they required with their healthcare needs. Hospital passports were in place for people. These provided important information should the person be admitted to hospital.

People's care records included healthy eating plans which identified dietary requirements and preferences. Some people received support from staff to help them shop for their food and help prepare or make their own meals and drinks. For example, one person's support plan stated, "I do not always like to follow a healthy eating plan and I will sometimes choose meals that have no nutritional value at all. I know that it is still my choice but it is important that I don't gain too much weight."

The provider had a food and nutrition policy in place and staff had completed training in food hygiene, diet and nutrition. Staff knew about the nutritional needs of the people they worked with and how any concerns or changes in a person's health or demeanour were reported back to senior staff or relatives to ensure preventive measures were taken to help their health and wellbeing. A member of staff told us, "One of the clients I have supported has some food allergies and by following their care plan these foods are avoided."

People were supported to access healthcare services and received ongoing healthcare support.
Care records contained evidence of visits to and from external specialists including GP's, diabetic nurses, dermatologists, epilepsy nurses, dentists, chiropodists, speech and language therapists (SALT), psychiatrists and opticians. A health and social care professional told us, "The service co-operates with other services and shares relevant information when needed. Staff act on any instructions and advice you give them."

Good

Is the service caring?

Our findings

People and their relatives told us staff were very caring and respected the people they supported. One person told us, "I am happy here" and another person said, "I am fine and enjoy living here." One relative described the service as, "A first class service of care." A member of staff told us, "In my time working at the service I have seen a huge improvement in client's health and wellbeing from leaving a hospital environment to living in their own homes." A health and social care professional described the service as, "Excellent" and "Person-centred."

People were well presented and looked comfortable with the staff that supported them. We saw staff speaking with people in a polite and respectful manner. Staff interacted with people at every opportunity. We observed one member of staff helping a person to manicure their finger nails and another person had been supported to go to the cinema. A relative told us, "[Name] is well looked after. Staff are nice and cheerful." A member of staff told us, "Staff know the clients very well and always have their best interests at heart."

Staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices. For example, "Offer me choice" and "Knock on my bedroom door and wait until I answer." A member of staff said, "When clients are being supported with their personal care, staff always ensure the bathroom doors are shut to respect their privacy whilst maintaining their dignity."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. For example, it was important to one person that they were supported to "Vote Labour as my mam and dad always did." The staff we spoke with and the records we saw supported this happened. One member of staff told us, "All clients receive person-centred care" and another staff member said, All of our clients are involved in the decisions around their care, for example, whether they would prefer a shower or a bath." A health and social care professional described the staff as, "A pleasure to deal with, always courteous, helpful and knowledgeable."

People's independence was promoted where possible and care records described what people could do for themselves and what they needed staff to support them with. A member of staff told us, "All clients are encouraged to carry out the tasks they are able to, with staff support rather than staff doing the tasks for them. An example is clients are encouraged to carry out household tasks that are within their abilities rather than staff completing these tasks on their behalf."

The provider's 'Equality and inclusion policy' described how people's needs should be met in line with their individual preferences. People were supported with their religious and cultural needs where required. A Staff member told us, "The service is always very focused on making sure the clients get what they need and have the best care."

Staff had completed training in communication and care records described the support people required

with their communication. This included guidance for staff regarding people's preferred method of communication. For example, one person's support plan stated, "Staff should talk to me clearly and quietly to enable me to understand." Communication assessments had been carried out by speech and language therapists where required.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. A registered manager told us some of the people who used the service had independent advocates and how people were directed to a local advocacy service if required.

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

The service provided people with information about the organisation in their service user guide and statement of purpose. Information about health and local services was also accessible to people who used the service.

Good

Is the service responsive?

Our findings

People's care records were person-centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Each person had a 'One Page profile' which is a short introduction to the person; capturing their key information on a single page and provides an understanding of the person and how best to support them. For example, "I have support from an advocate."

An 'All about me' document was used to record information that was important to the person such as their preferred name, life history, important routines, things that may worry or upset them, how they communicate, their friendship circle and their care requirements. For example, "I like going for walks especially with a picnic" and "I enjoy doing word searches and puzzle books." People and their relatives were involved in making decisions about their care and had given their written consent to the care and support they received.

People had their needs assessed and their care records demonstrated a good understanding of their individual needs. People had support plans in place covering a wide range of needs with individual outcomes including, maintaining personal hygiene, mobility, medication, healthy eating, personal finances, communication and activities which detailed how people wished to be supported. For example, "When I talk to myself, I have things on my mind. Be supportive and reassure me" and "I do not feel comfortable in a shirt and tie."

People had health action support plans in place that described the level of support they required with their healthcare needs. Hospital and dental passports were in place for people with detailed information about their medication, support needs and communication methods as well as health issues. This would accompany the person should hospital or dental treatment be required. One person had a funeral plan in place which informed staff of the person's wishes at this important time to ensure that their final wishes could be met. Care records were regularly reviewed, updated and evaluated.

People were supported with their social wellbeing and protected from social isolation. For example, one person liked to go to the local disco and attend a Zumba class, another person told us how they were looking forward to going to watch the 'Elvis Show' at Sunderland and another person was excited about visiting Flamingo Land.

People assisted staff with housework, shopping, cooking and cleaning. People had weekly activity rotas in place. These described what activities people took part in on a daily basis. For example, "I like to help make Sunday lunch with staff support."

People were supported to go on holiday, including trips to Blackpool and Torquay. People were encouraged and supported to maintain their relationships with their friends and relatives. One person told us how they were making plans to attend their relative's wedding in July and another person was eagerly awaiting the start of the football season so they could attend Sunderland AFC matches with their friends.

A registered manager told us how the service continued to make a difference in people's lives through a scheme for people with learning disabilities called 'People's Voice'. For example, every quarter people and other community groups met at a local community centre. Each quarter there was a different training theme where visiting professionals provided training and people who used the service would be awarded a certificate for the training they had received. We saw people had attended the fire safety training and a dignity action day.

People were actively encouraged to share their experiences about the service. The provider had a 'Compliments, complaints and suggestion policy' in place. An easy read copy was included in each person's service user guide and described the procedure for people to follow when raising a concern or making a complaint, and the timescales they could expect to receive a response. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. The registered managers reviewed all complaints to establish if there were any trends or lessons learned.

People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. One relative told us, "Complaints? Never made any" and another relative said, "I am happy with the service. No complaints." A member of staff told us, "Clients are encouraged to speak to staff about any concerns and the clients are asked on a monthly basis, in their client meeting, if they are happy here."

Good

Is the service well-led?

Our findings

The service was exceptionally well-led. At the time of our inspection visit, the service had three registered managers in place. A registered manager is a person who has registered with CQC to manage the service. The registered managers had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities and statutory notifications were submitted in a timely manner.

We spoke with the registered managers about what was good about their service and any improvements they intended to make. A registered manager told us about the providers plans to implement an electronic reporting system for accidents/incidents within each 'supported living' setting. This would enable staff to log accidents/incidents in real time, alerting the registered managers/deputy managers. Serious accidents/incidents would automatically be cascaded to the area manager, and quality and safety team, so immediate responses could be given.

The service had a positive culture that was extremely person centred, open and inclusive. The management team demonstrated and showed evidence of an 'open door policy'. Staff we spoke with felt supported by the provider and the management team, and told us they were comfortable raising any concerns. One staff member told us, "I feel extremely well supported by management" and another staff member told us, "The service is very flexible and accommodating regarding flexible working time for staff." A third member of staff told us, "Staff have access to a helpline that provides 24-hour support for all aspects of life from emotional support to legal advice."

We received very positive feedback regarding the management of the service from people who used the service and their relatives. A relative told us how one of the registered managers regularly rang them with updates about their family member. Another relative told us how they were always made welcome when they visited their family member.

The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits for care and support plans, medication, health and safety, finance, recruitment and infection control. Audits were based on the five CQC domains. The audits were up to date and included action plans for any identified issues. Improvement plans were agreed and reviewed where required.

The provider regularly sought the views about the quality of the service from people who used the service, their relatives, health and social care professional and staff through meetings, annual surveys and road shows. We saw positive responses. For example, one relative wrote, "All contact with the staff has been very useful and supportive. They go out of their way to be helpful and pleasant." Another relative wrote, "Excellent staff and management, they do all they can for my son."

Staff were regularly kept up to date with information about the service and the provider. Staff meetings were held regularly and staff told us they were informative. One member of staff told us, "I think you can accomplish a lot and get ideas when the staff come together in a group discussion."

This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The provider had retained its Investors in People accreditation in 2016 and continued to be a member of the British Institute of Learning Disabilities (BILD) which is an organisation that supports people with complex needs to champion rights, ensure excellent support and continually improve practice.

The service had good links with the local community and organisations. People took part in several events, were well known in the local community and were members of several clubs.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies. These provided staff with clear instructions and the staff we spoke with told us they were accessible.