

St Anne's Community Services

St Anne's Community Services- Doncaster

Inspection report

Unit 3, Shaw Wood Way,
Doncaster, DN2 5TB
Tel: 01302 384070
Website: www.st-annes.org.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected St Anne's Community Services- Doncaster on 12 and 13 February 2015. The inspection was unannounced. St Anne's Community Services- Doncaster was last inspected in January 2014, no concerns were identified at that inspection.

St Anne's Community Services- Doncaster provides personal care for adults with a learning disability in a supported living setting. The service is delivered in shared community based accommodation in Doncaster. On the day of the inspection 13 people were receiving

accommodation based care services from the provider. St Anne's Community Services- Doncaster 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.

Summary of findings

People who used this service were not always safe. Medicines stored did not always tally with the number recorded on the Medication Administration Records (MAR). There had been more than 10 reported medication errors by St Annes – Doncaster in the last year. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them.

People were treated with kindness and respect. One person told us, "My support is the best thing that has happened to me. I want it to continue so I can make plans and do things with my life."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed

by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. This ensured people received a service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was not consistently well-led. There was a comprehensive, formal quality assurance process in place however it was not robustly applied. This meant there was a risk that not all aspects of the service were appropriately monitored to ensure good care is provided and planned improvements and changes may not be implemented in a timely manner.

You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

Medicines stored did not always tally with the number recorded on the Medication Administration Records (MAR). There had been more than 10 reported medication errors by St Anne's – Doncaster in the last year.

There were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

The registered provider used robust systems to help ensure care staff were only employed if they were suitable and safe to work in people's homes.

Requires improvement



Is the service effective?

The service was effective.

People received the support they needed to lead their lives as they wanted and to remain in their own homes.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good



Is the service caring?

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

Care plans held at the central office were out dated and did not reflect the current needs of people who used the service.

Not all risk assessments held at location level were updated regularly.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received.

Care plans at the home were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

Is the service well-led?

The service was not always well-led.

The provider had systems in place to monitor the quality of the service provided. However these were not always robustly used.

People who used the service and their families were asked for their views of the service. Their views were actively sought and people told us they felt listened to.

People who used the service knew the registered manager and were confident to raise any concerns with them.

There was an open and positive culture amongst staff. Staff told us they felt they could voice their opinion to the registered manager and they were listened to.

Requires improvement



St Anne's Community Services- Doncaster

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.

We carried out this inspection between 12 and 13 February 2015 and it was unannounced. The inspection was carried out by an adult social care inspector.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

During our inspection we spoke with four people who used the service. We also spoke with four staff, two service managers and the registered manager.

We looked at the care records for eight people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed the information we held about the service, including the information in the PIR.

Is the service safe?

Our findings

We looked at the arrangements in place for the administration and management of medicines and found that these were not always appropriate. Medicines were stored securely in a locked cabinet. Arrangements were in place for the storage of controlled drugs if required and we saw from training records all staff had received medicines training. However we saw medicines stored did not always tally with the number recorded on the Medication Administration Records (MAR). For example we found one MAR showing a balance of 48 tablets yet there were only 20 in stock. This meant that medication was not robustly managed, increasing the risk that service users could be given too much or too little of the medication which had been prescribed for them. We also found creams and liquids without 'opened on' dates. Stocks of medicines to be taken on an as needed basis, known as PRN medication, had not been checked for accuracy since December 2014. There had been more than 10 reported medication errors by St Anne's – Doncaster in the last year, these have included no medication given, too much medication given and medication given but not documented. These errors occurred and reoccurred despite staff supervision, competency assessments, training and the provider's quality group committing to a, "Working group to be set up to fully review the medication policy and ensure staff trained in use of medication and system to monitor errors." The level of medication errors places people who use the service at risk as the provider failed to effectively analyse and address continuing medication errors.

We found that the registered person had not protected people against the risks associated with the unsafe use and management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Discussions with staff and a check of records confirmed that staff were trained in safeguarding vulnerable adults, ensuring they stayed up to date with the process for reporting safety concerns. Staff could clearly explain how they would recognise and report abuse. This showed staff were able to identify signs of possible abuse and knew how to act on any concerns which helped protect people from the risk of abuse. The registered manager was aware of the

procedure for acting upon potential safeguarding incidents. Our records confirmed that when such incidents had occurred they were referred to the local authority safeguarding team. The provider also had a policy for whistleblowing. All seven staff we spoke with told us they were aware of the policy and how to whistleblow, should the need arise. One person who used the service told us, "I always feel safe here, the house, the staff, everything."

Support plans contained risk assessments. These risk assessments covered general areas such as out in the community and finance. There were also risk assessments which were individual to the needs of each person who used the service, for example, in relation to the risk of absconding or bike riding. We found that some risk assessments had not been reviewed in a timely manner. For example we saw three care plans in which the last finance risk assessment was dated January 2014. One of the care plans also held a fire risk assessment dated October 2013.

We found various areas of the premises were checked for potential risk and for the safety of staff and those who used the service. These checks were completed on a weekly and monthly basis and included smoke alarms, heat detectors, emergency lighting, water temperatures and infection control. We also found that fridge and freezer temperatures were recorded on a daily basis as well as food temperatures taken with a temperature probe. These were documented in a "safer food" file.

We found care records contained emergency evacuation procedures for people who used the service. These were individualised to take account of people's specific support needs. We also found records of regular fire alarm testing and timed fire drills.

People were supported by sufficient numbers of staff on duty. Staff told us that staff numbers could be increased to address changes in risk or changing support needs. We saw people received care and support in a timely manner and staff were not rushed. The registered manager told us the home was fully staffed and people were supported according to their needs. Staff told us there were always enough people on duty to support the people living at the home effectively. One person who used the service told us, "There's always staff around, whether I need them or not."

Is the service safe?

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview and pre employment checks of references and a criminal records check.

The provider had a disciplinary policy. We saw evidence in some staff files that the disciplinary process had been used in accordance with the policy.

The houses we saw were clean and tidy. Fire routes were clearly identified and free from clutter and blockages. Bedrooms, bathrooms and communal areas were clean and free of odours. In the kitchen we saw a fire blanket and colour coded chopping boards. There was a poster advising which chopping board should be used with various food stuffs.

Is the service effective?

Our findings

We saw staff files contained up to date training certificates for various training courses attended. For example, safety awareness, infection control, first aid, epilepsy, diabetes and safeguarding adults. Staff we spoke with were knowledgeable about people they provided support to. One person who used the service said of staff, “They are great, they know what I like and don’t like, yes they know me well.”

We spoke to staff about the induction they received and they told us it was thorough and beneficial. Staff confirmed the arrangements to ensure they were competent and confident to work unsupervised had been followed. One staff member said, “I had a thorough induction including shadowing senior and experienced staff.” We also spoke to a trainee who told us that prior to starting they had received a training plan and an induction with the manager.

Staff told us they received regular supervision every six to eight weeks and annual appraisals. We confirmed this from staff records. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people’s needs. We also saw that supervision had been used to address staff competency, for example following a medication error. Linked to this were ‘records of observed practice’. These are records completed by a senior member of staff who has observed a member of staff undertaking various aspects of their work to determine proficiency. Staff also received annual appraisal.

Communication at St Anne’s – Doncaster was mixed. Staff told us that corporate communication was good, for example team meetings were inclusive and staff could participate freely. Whilst staff also told us that shift handovers were regular and informative we found that some medication errors were compounded and prolonged due to a lack of communication. For example staff did not alert a senior member of staff when discovering medication had not been administered.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the act’s provisions and how it affected the people they provided a service to. They were aware of people’s mental capacity to make day to day decisions about their lifestyle.

People who used the service consented to the support they received. We saw documents within the care plans which had been signed by the person in receipt of support. One person who used the service told us, “Staff always ask for my permission. I don’t do anything I don’t want to.” This was in line with the provider’s consent to treatment policy.

People who used the service told us that they had plenty to eat and drink. One person told us, “I get lots to eat, I help to choose the meal, I also help to shop and prepare it.” Care plans reflected people’s dietary needs, likes and dislikes. We saw that fresh fruit was freely available for people.

We saw people had access to healthcare services. Care plans contained contact details for other professionals such as optician, chiropodist and GP. Care plans also contained health action plans which held details of other professionals to be contacted without delay when required, for example social workers.

Is the service caring?

Our findings

We saw staff were patient and interacted well with people. People were given choices and staff were aware of people's likes and dislikes. One relative said on a returned quality questionnaire, "A difficult job done well, many thanks to all her team."

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. People who used the service told us that relationships with staff were positive. One person told us, "Staff here are good, we get along fine."

People who used the service were involved in shaping the service. They took part in regular provider meetings. This ensured that their point of view was taken into account when reaching decisions about service provision and how support was delivered.

The people we spoke with were complimentary about the care they received from staff. People said the staff were caring. For example, one person told us, "I love going to the seaside on holiday. We stay in a caravan, it's great fun with the staff." A relative commented on a returned quality

questionnaire, "The quality of (service user) support has improved dramatically this year. She now spends 90% of her time around her home base and appears happy and confident."

Each location had a nominated dignity champion. A dignity champion is someone who promotes and believes that care services must be compassionate, person centred and efficient. Staff we spoke with gave clear examples of how they would preserve people's privacy and dignity. One care worker described how they would find somewhere quiet away from other people to talk to someone if they wanted to talk to them alone. We also saw each person could lock their bedroom door if they preferred. Staff also told us how they always closed doors and curtains while they were undertaking personal care.

People's independence was promoted and celebrated. For example one person had previously won medals at the Special Olympics. Staff had taken time and effort to ensure that the medals and certificates were issued to the person and their achievements celebrated. This person had used their success to inspire others, for example, talking about their achievements to a local children's football team.

One person who used the service had commented on a returned quality questionnaire, "My support is the best thing that has happened to me. I want it to continue so I can make plans and do things with my life."

Is the service responsive?

Our findings

The service was not always responsive.

People who used the service had two support plans. One was held centrally and another held at the location at which they lived. The registered manager and service managers we spoke to told us that the two records held the same, up to date information. We did not find this to be the case. Records held centrally were not up to date and did not all hold relevant information. For example one record did not contain any St Anne's paperwork, the file held information from a previous support provider and was dated 2011.

The registered manager and service managers were responsible for reviewing people's care records and risk assessments to determine that the support delivered was still appropriate to a person's needs. Most of the records at the persons location were reviewed regularly although some documents were not up to date and had not been reviewed within the providers expected timescale. For example one persons fire evacuation risk assessment had last been reviewed in October 2013.

We found that the registered person had failed to maintain an accurate and contemporaneous record in respect of each person using the service. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The records showed that needs assessments had been carried out before people received support, and they and their relatives had been involved in the assessment. A relative had commented on a returned questionnaire, "My daughter receives excellent personalised support that is responsive to her choices and needs."

Support plans held at the location people lived at were well written and provided detailed information about how

the planned care and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans were person centred and had been written with the involvement of the person. People had signed to say they agreed to their plans. Care plans clearly described how people should be supported describing people's routine, likes and dislikes. Staff confirmed how people were being supported in accordance with the care records. These had been kept under regular review or as needs changed involving the person, relatives and other healthcare professionals.

People who used the service were encouraged to participate in activities and pursue their interests. One person who used the service liked sport related activities. This included shopping for items related to their favourite football team and watching football matches. They told us, "I always have lots to do either in the house or out of it."

People who used the service were encouraged to participate in tasks related to the day to day running of their home. For example shopping, food preparation and gardening. One person told us, "I helped to paint the bathroom, I was good at it."

The registered manager and service managers were responsible for reviewing people's care records and risk assessments to determine that the support delivered was still appropriate to a person's needs. We saw that this was done with regularity.

We saw the service had a complaints procedure and this was publicly displayed. People we spoke with knew how to make a complaint. One person said, "I have no problem telling staff if I am not happy. I know they would help me with anything." Staff we spoke with were confident in their knowledge of how to respond to complaints, raise concerns or whistleblow. One staff member told us there was a positive and supportive culture where they could raise any concerns either directly with the manager or at staff meetings.

Is the service well-led?

Our findings

The service was not always well led.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

There were systems in place to monitor and improve the quality of the service provided. These included the environment, infection control, fire safety and medication. However not all the systems were used robustly. For example medication audits in 2015 had not identified that creams in the medication fridge did not have 'opened on' dates, medication stocks did not always tally with the balance on the MAR and that PRN medication for one person had not been checked since December 2014. The audit had not picked up these issues and as such they went unaddressed. Care plan audits had not recognised the issues we identified in relation to care documentation not being fully up to date. It is essential to have a robust system of audit in place in order to identify concerns and make the improvements necessary to ensure medicines are handled safely within the home. We spoke to the registered manager about this on the day of our inspection. They accepted that our findings demonstrated that the audit system had not been robustly applied.

The provider had established a quality group to develop and evaluate robust quality systems. We saw a document from a provider quality group highlighted, "Working group to be set up to fully review the medication policy and ensure staff are trained in use of medication and system to monitor errors." This had been highlighted as being completed in September 2014. This showed that the provider questioned practice in an attempt to improve the service. However one service manager told us, "The current policy is too generic. We have pushed for a medication policy which is more specific to our service but not received one." There had been no noticeable decline in the level of reported medication errors since September 2014.

We found that the registered person had not protected people against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems to regularly assess and monitor the quality of the services and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an open and positive culture amongst staff. Staff told us they felt they could voice their opinion to the registered manager and they were listened to. They said the registered manager was very approachable and hands on. This included working alongside care staff supporting people using the service.

Staff felt the registered manager and service managers were relaxed yet professional. They felt the they listened to them and that they could speak freely with them about any aspect of the service. One member of staff said, "We have a fantastic team who are always supportive of each other." The manager and service managers echoed these comments in respect of their area manager. The area manager conducted monthly audits focussing on all aspects of the service including talking to service users and staff to gather their experience. Despite the commitment of the quality group and the number of medication errors the last medication audit carried out by the area manager was in November 2014. Various audits we saw had not identified the issues raised by our inspection such as poor management of medicines and dated records.

The staff knew, believed in and demonstrated the St Anne's ethos of, "To support individuals to achieve their aspirations by providing services that promote dignity, independence, opportunity and inclusion."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12.—(1) Care and treatment must be provided in a safe way for service users.</p> <p>(2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include</p> <p>(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;</p> <p>(g) the proper and safe management of medicines;</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p>

This section is primarily information for the provider

Action we have told the provider to take

(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;