

## St Anne's Community Services

# St Anne's Community Services - Newhaven

### Inspection report

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25 September 2018

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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

St Anne's Community Services – Newhaven is registered to provide residential care for up to five people who may be living with a learning disability or autistic spectrum disorder. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is a two-storey house, on a quiet road close to Boroughbridge town centre. There are a wide range of public amenities including shops, churches and pubs nearby. At the time of our inspection there were five people using the service.

The care service has 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 so that people with learning disabilities and autism can live as ordinary a life as any citizen.

This inspection took place on 17 and 25 September 2018 and was announced. We gave 48 hours' notice of the inspection because the location was a small care home for adults who are often out during the day, and we needed to be sure people would be in when we visited.

At our last inspection in February 2016, we rated the service 'good'. At this inspection, 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 risks 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 a registered manager. They had been the registered manager since February 2012. A registered manager is a person who has registered with the 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. The registered manager also managed another of the provider's locations and split their time between the two services. They were supported by a deputy manager and area manager.

People told us they felt safe. Staff were safely recruited and sufficient staff were deployed to meet people's needs. Agency staff were used when necessary to maintain staffing levels and were effectively integrated into the team.

People's medicines were managed and administered safely. The registered manager and provider had made plans to replace furniture and redecorate the service. We made a recommendation about strengthening environmental cleaning and audits.

Staff had regular training and were supported through supervisions and appraisals to provide effective care.

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. Applications had been made when necessary to deprive people of their liberty.

Staff provided safe support at mealtimes and encouraged people to have a varied and healthy diet. They helped people to attend medical appointments and consulted with healthcare professionals when needed.

Staff were kind and caring. They treated people with dignity and respect. Care plans included detailed information about how people communicated. This helped staff to share information and support people to make decisions.

Care plans were detailed and person-centred. Staff understood what was important to people and encouraged them to engage in wide range of activities pursuing their hobbies and interests. Staff promoted people's independence. People told us they felt able to speak with staff if there was anything they were worried or concerned about. There were systems in place to manage and respond to complaints.

We received consistently positive feedback about the management of the service. Staff told us management were approachable and supportive. There was effective teamwork and a person-centred culture within the service.

The registered manager and provider had systems in place to monitor the quality and safety of the service. They effectively shared information with the staff team and took action to continually improve the service.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# St Anne's Community Services - Newhaven

## **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. The inspection was planned to check whether the provider was 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 17 and 25 September 2018 and was announced. We gave 48 hours' notice of the inspection, because the location is a small care home for adults who are often out during the day and we needed to be sure people would be in when we visited. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority adult safeguarding and quality monitoring team as well as Healthwatch, the consumer champion for health and social care, to ask if they had any information to share. We used this information to plan our 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.

During the inspection we spoke with two people who used the service and three people's relatives for their feedback. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, deputy manager, area manager and four members of staff.

We looked at three people's care plans, risk assessments, daily notes and medication administration records. We reviewed two staff's recruitment records, as well as training, supervision and appraisal records

for the staff team, and meeting minutes, audits and a selection of other records relating to the management of the service.

# Is the service safe?

## Our findings

Staff completed regular health and safety checks. This along with service contracts and regular maintenance helped to ensure the safety of the home environment, any equipment used and to minimise the risks of a fire occurring.

The home was free from malodour and generally clean and tidy. Some minor areas were dusty or in need of more thorough environmental cleaning. Paintwork was chipped in places, some pedal bins needed replacing and some chairs were damaged and worn making them harder to keep clean.

The manager explained plans had been made to replace furniture and they confirmed following our visit that planned redecoration work was due to begin in October 2018.

We recommend the provider review best practice guidance on environmental cleaning and infection prevention and control audits.

People told us they felt safe. Other people moved confidently around the service and engaged and responded positively to staff. This showed us they felt safe.

The provider had a safeguarding policy and staff were trained to identify and respond to any safeguarding concerns. They assessed people's needs to identify risks and created risks assessments to outline how those risks should be managed to prevent avoidable harm.

Staff understood people's needs and followed their risk assessments. For example, they provided consistent and effective support to reassure people when they became anxious or upset. They were quick to respond to potential hazards and acted to reduce risks. This helped to keep people safe.

Staff had recorded recent occasions when they had acted to remove themselves from situations which may result in harm. We spoke with the registered manager about recording more detailed information about these incidents. Other accidents and incidents were recorded in detail and included information about what had happened and how staff had responded. The registered manager monitored and made sure appropriate action had been taken to keep people safe.

Medicines were stored and administered safely. Staff completed training and the registered manager checked their competency to make sure they followed good practice guidance. Staff accurately recorded the support provide with medicines and monitored stock levels.

The provider continued to follow safe recruitment practices. They used application forms, interviews and references to assess the suitability of new staff. Disclosure and Barring Service (DBS) checks helped to make sure new staff were not barred from working with adults who may be vulnerable.

Sufficient staff were deployed to meet people's needs. Staff told us, "We are pretty well staffed now" and

"Staffing levels are really good so we can go out and involve the clients in all sorts of activities." Staff were available to provide one to one support when needed to keep people safe and to regularly take people out to access the wider community.

The provider used agency staff at times to make sure staffing levels were safe. They told us recruitment was ongoing and there were safe systems in place integrate agency staff into the team. They worked regularly at the service and closely with permanent staff. They attended team meetings and training make sure they had the skills needed to safely support people.



# Is the service effective?

## Our findings

Staff provided effective care and support to meet people's needs. They showed an in-depth knowledge of what was important to people, the support they needed and how best to meet those needs. For example, staff used their familiarity with people to effectively communicate with people and encourage them to eat and drink. A relative said, "I take my hat off to them. The staff have got the training they need. Watching the staff, they are marvellous with them."

New staff completed a range of training and shadowed other members of the team to learn about people's needs and how to support them. Training covered specific courses relevant to people's needs. For example, epilepsy, intensive interaction and positive behaviour support training. Staff told us, "The training is good, and they always ask if there is any extra training we would like to do."

The registered manager completed regular supervisions and an annual appraisal of staff's performance to monitor their wellbeing and support and encourage them to develop in the role.

Equipment such as an accessible bath and adaptations including ramps were in place to make sure people could move freely about the service and to promote their independence. Staff had supported and encouraged people to decorate and personalise their bedrooms. Work was planned to start in October 2018 to redecorate the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for DoLS when necessary. People's care plans included information about how they communicated and how staff could support them to make decisions. Staff were very skilled in the way they encouraged people to make choices. Where people lacked mental capacity to make certain decisions, this had been recorded in their care plans.

Staff assessed people's needs and recorded detailed information in their care plans about how to meet those needs. For example, care plans recorded information about people's nutritional needs and how to safely support them with meals and drinks. Staff read and followed people's care plan. When needed they cut up people's food and provided support to manage the risk of choking. They prepared individual meal plans considering people's likes, dislikes and personal preferences. Staff encouraged people to have a varied and healthy diet and regularly weighed people.

Each person had a health care plan outlining their medical needs and the support required to meet those needs. 'Health Passports' included important information to be shared with professionals if the person was

admitted to hospital. This helped to make sure people would receive consistent support in an emergency. Staff worked closely with healthcare professionals to make sure people's needs were met. They supported people to see their doctors and other professionals and made sure people had annual health reviews.

# Is the service caring?

## Our findings

Staff were kind and caring in the way they supported people and people who used the service responded positively to their warm and attentive approach. Relatives of people who used the service said, "I think the staff are very supportive, they are very caring. They are always really nice and very polite" and "The staff are always lovely and make us welcome too when we go there."

Throughout our inspection staff showed an interest in what people were doing and what was important to them. They recognised and responded to people in a caring way and people clearly enjoyed spending time and interacting with staff. People were relaxed and at ease with staff. Staff were very patient, kind and respectful in the way they spoke with and supported people.

Staff understood the importance of supporting people to maintain their privacy and dignity. One member of staff explained, "We take people to the bathroom or their bedroom so they are away from the other clients to maintain their privacy."

Staff supported people to meet their personal care needs and dress according to their preferences. A relative told us, "I know [Name] is well looked after. They are always clean, staff really care for them in that way."

Staff completed equality and diversity training and understood the importance of making sure people were not discriminated against. They provided attentive one to one support to maximise people's independence and to make sure people were not unduly restricted or prevented from doing the things they enjoyed. Staff routinely encouraged people to make decisions and to be independent. People who used the service made food and drinks and were encouraged and supported to eat independently. People had adapted cutlery to help them maintain their independence when eating.

People's care plan included detailed information to guide staff on how to share information and effectively communicate. Staff showed a good understanding of people's verbal and non-verbal communication and tailored their approach accordingly. For example, they used simple instructions of Makaton when necessary to help communicate with the people they supported. They were very quick to pick up on non-verbal cues and respond to these to meet people's needs.

The registered manager understood the role of advocacy services and people were supported by advocates when necessary. An advocate is a someone who supports people to make sure their wishes and views are heard on matters that are important to them.

## Is the service responsive?

### Our findings

Staff provided person-centred care to meet people's needs. They showed a very good understanding of what was important to people and how they liked to be supported. Relatives said, "The staff are doing everything they can to help people. As soon as they want something the staff are up straight away and helping them" and "I think they do a good job. They are polite and welcoming; they will let you know what is going on and speak with you if there are any problems."

Care plans contained detailed information about what support was required and how that support should be provided taking into account people's individual personal preferences. People who used the service and their relatives were involved wherever possible in reviews to make sure the support was person-centred and continued meet people's needs.

At the time of our inspection, no one who used the service was receiving end of life care. The provider had an end of life policy and offered training to equip staff with the skills they would need to support people if they were approaching the end of their life. People's care plans recorded information about any wishes they had regarding care and support at the end of their life.

Staff helped people to maintain important relationships. They supported people to visit relatives and welcomed friends and visitors to the home. People told us they could visit at any time and were always made to feel welcome.

Staff understood the importance of supporting people to be independent and to pursue their hobbies and interests. A member of staff said, "It's not structured it is up to them what they want to do." Staff supported and encouraged people to engage in a wide range of meaningful activities. A member of staff said, "We've got good staffing levels so we can take people out regularly."

During our inspection people went out to the shops, to visit relatives, for walks and, to attend organised events. People's care plans contained detailed information about their hobbies, interests and suggested activities they might enjoy. Staff used intensive interaction techniques to engage and provide one to one stimulation and people responded positively to this approach and enjoyed the interactions they shared.

Staff assessed people's communication needs to identify and make sure information was provided in an accessible format. The provider had a complaints procedure and this was available in an 'easy read' format. Easy read information includes pictures and words and is a way of presenting information in an accessible format. People told us they had not needed to complain, but felt able to speak with staff or the registered manager if there was anything they were unhappy about.

Staff had also received a number of compliments including one from a visiting professional congratulating staff on their "impressive approach" to providing care.

## Is the service well-led?

### Our findings

The service had a registered manager. They were also the registered manager of another of the provider's locations and split their time between managing the two services. They were supported by a deputy manager and area manager in the management of the service.

People who used the service and relatives gave positive feedback about the service and management. Relatives told us, "The people are happy there, you can tell they are happy. The home is a good home", "[Name] is better off there than they have been anywhere else. I think it is wonderful" and "I have seen a lot of improvements since [name] has been there. They are communicating with the staff which is a vast improvement."

There was a positive atmosphere and effective teamwork throughout our inspection. Staff told us, "This is the best place I have worked. There is good teamwork we work together to make sure things are done" and "We all help each other out and not afraid to ask and work as a team. The clients are happy because the staff are happy." Staff communicated effectively with each other throughout our inspection and shared tasks to make sure people's needs were met in a timely way.

Staff told us management were supportive and advice and guidance was always provided when needed. Comments included, "[Deputy manager's name] and [registered manager's name] are really good, they always say if you want any help just ask. If there are any issues I can ring them and they will answer it" and "It is good to have the backing of management. We can speak to them at any time at all."

The registered manager promoted a person-centred culture. This was reinforced through supervisions and appraisals, team meetings and in the way people's care was planned and organised. People's care plans reinforced the importance of recognising what was important to them. The registered manager explained the importance of this and care planning documentation in supporting staff to provide a consistent approach to meeting people's needs.

Staff had completed audits and checks of medicines and the health and safety of the home environment. The area manager completed regular visits to monitor the quality and safety of the service. When issues had been identified, plans were in place to make sure appropriate action was taken. The provider's 'quality and safety team' visited each year to complete a thorough inspection of the service providing a report and action plan on improvements that could be made.

The registered manager held monthly team meetings to discuss people's needs, the support provided and to share information on best practice. Minutes showed meetings provided an open forum to discuss any concerns and were used by the registered manager to reflect on current practices and how the service could be improved. For example, in the September 2018 team meeting, the registered manager had discussed making changes to the cleaning schedules to improve practice in this area.