

St Anne's Community Services

St Anne's Community Services - Smithies Moor Lane

Inspection report

46 Smithies Moor Lane
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Ratings

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

Summary of findings

Overall summary

The inspection of Smithies Moor Lane took place on 27 January 2016 and was unannounced.

St Anne's, Smithies Moor Lane provides accommodation with nursing to six people living with physical and learning disabilities. There were four people living at the home at the time of our inspection.

The service did not have a registered manager at the time of our inspection. 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. An acting manager was in post to provider management at the service until a registered manager could be appointed.

The service had previously been inspected on 20, 21 and 22 July 2015 and was found to be in breach of regulations in relation to person centred care, the need for consent, safe care and treatment, governance and staffing. We received an action plan from the registered provider, who told us all actions would be completed by January 2016, and we confirmed at this inspection that all actions had been completed.

At our previous inspection we found risk assessments lacked details. At this inspection we found significant improvements had been made and all risk assessments were detailed, and covered all possible risks to the people living at the home and were effective in reducing risks to the people who lived there.

We had found at our previous inspection, at certain times, there were not enough staff to support the people who lived there. At this inspection we found significant improvements had been made and there were sufficient numbers of staff to ensure the service was safe. In addition, the service had employed a driver for 20 hours a week to support people living there to attend day care but also to take part in activities in the local community.

The home continued to perform safe recruitment practices which were evidenced when we reviewed the records of the one person who had been recruited since our last inspection.

We found medicines continued to be stored and administered safely and in addition medicine competency checks had been undertaken by the acting manager to ensure staff were competent in their administration practices and followed national guidelines.

At our last inspection we found a lack of recorded decision specific capacity assessments in the care files we looked at. At this inspection, significant improvements had been made and detailed capacity assessments and best interest meetings had taken place in relation to specific decisions around the administering of medicines, restrictions in place such as lap belts and splints, bed rails, 24 hour observation, and day care.

There had been a lack of supervision and appraisal for existing staff at our last inspection. We found significant improvements and staff were supervised, appraised, mentored and trained to ensure they had the skills to provide a high quality service.

We saw evidence that the people who lived there were supported well to maintain their health and social care needs and referrals had been made appropriately to services such as physiotherapy, occupational therapy, dental services and speech and language therapy services. The home also had a good range of preventative equipment such as pressure mattresses, cushions, profiling beds and moving and handling equipment which was well maintained and serviced regularly. They had also provided one tilting bed to relieve and promote tissue viability for one person living there and were in the process of purchasing a second one. This ensured the people living there were supported using the most up to date equipment available to maximise their comfort and health.

We found all the staff to be caring in their approach to the people who lived there and treated people with dignity and respect. Staff knew the people they supported very well and were keen for people to feel they were at home at Smithies Moor Lane. We observed staff to be kind and compassionate throughout our inspection.

We previously found the systems of recording complicated and difficult to navigate. Significant improvements had been made and staff had been allocated time away from the home at the registered provider's local office, to ensure care files were updated regularly and contained only relevant and accurate information on how to support the people living there. We found the recording to be of a high standard and would enable unfamiliar staff to care for the people living there if the situation arose.

At our last inspection we found there had been a lack of leadership and management in the home and staff had not been supported to develop in their roles as supervision and appraisals had not happened. There had also been a lack of oversight by the registered provider and although audits had been done monthly, actions identified had not been undertaken and no checking was done from month to month to check these actions had been completed. At this inspection, significant improvements had been made and we found the service to be well led by a acting manager who was supported by a new area manager. Audits had been completed by the area manager and we saw evidence that actions from one month to the next had been completed.

Regular team meetings were happening at management level, for the staff in the home and for the qualified nurses to ensure staff kept up to date with best practice and communications from the registered provider. We reviewed the minutes of these meetings and concluded these demonstrated the meetings were effective and productive and enabled the service to monitor the quality of the provision and the standard of care and support for people using 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?

Good ●

The service was safe.

There were detailed risk assessments and risk reduction plans in place to ensure risks were reduced to an acceptable level.

Medicines were stored and administered safely and staff's competency had been assessed.

We found the staffing levels met the needs of the people who lived there and the appointment of a driver had a positive impact on the people who lived there.

Is the service effective?

Good ●

The service was effective.

We found detailed decision specific capacity assessments and best interests decisions had been undertaken and had involved all relevant people in the decision making process.

Staff were receiving regular supervision and appraisal to ensure they continued to develop in their roles, and some staff had been provided with mentors to support their development.

People were referred to health professionals as soon as the need arose to ensure people's health and wellbeing was maintained.

Is the service caring?

Good ●

The service was caring.

We observed staff to be kind and compassionate during our inspection.

People were treated with dignity and respect.

Staff's approach to people was inclusive and staff were keen to ensure the service was homely.

Is the service responsive?

Good ●

The service was responsive.

We observed staff supporting people to make choices from their agreed preferences.

Recording practices were clear and contemporaneous and staff were given time away from the service to ensure care files were regularly reviewed and updated to accurately reflect the needs of the people living there.

A driver had been employed which meant that the people who lived there were supported to undertake activities in the community without having a negative impact on the availability of care staff to undertake their caring role.

Is the service well-led?

The service was well led.

There was no registered manager in post at the time of our inspection which means this domain be rated as good. However, we found the acting manager to be providing good management and leadership and had implemented improvements at the service. The area manager was offering support and guidance to the service to ensure any barriers to improvements were addressed.

The culture at the home was good and all staff were passionate about driving up improvements to provide a quality service for the people living there.

We found all audits to be up to date and detailed, and all environmental checks had been completed.

Requires Improvement 

St Anne's Community Services - Smithies Moor Lane

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 27 January 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we had received from the provider such as statutory notifications and enquiries. The registered provider had not been asked to complete 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.

We had been in regular contact with the local authority safeguarding team and reviewed all the information regarding the service. We had also had received contract monitoring information from the local authority which we reviewed in preparation for the inspection.

We reviewed all four daily logs for the people who lived there and reviewed three care files in detail. We spoke with the area manager, the acting manager, two support workers, a student nurse on placement and the driver during the inspection process. We also reviewed the records relating to the maintenance of the service, all the audits carried out at the service, and quality and governance information.

Is the service safe?

Our findings

The service had developed and trained their staff to understand and use appropriate policies and procedures in relation to safeguarding people who used the service from abuse. The three staff we spoke with could confidently describe the types of abuse that might occur in a residential setting and what they would do if the situation arose. They were able to direct us to the registered provider's process chart which described the actions to follow. Staff also knew the process to follow in whistleblowing situations and they could tell us in what situations they might need to whistle blow. All staff were confident action would be taken with any concerns raised. This meant that staff working at Smithies Moor Lane had the knowledge and skills to recognise and report abuse if they suspected it and who to contact if they witnessed poor practice.

At our last inspection we found the service had not assessed and recorded risks to ensure these risks were reduced to the lowest possible acceptable level. We were told by the acting manager that staff undertaking risk assessments had completed training in risk management including how to assess and record risk. This was evident in the updated risk assessments we reviewed in people's care files. These were extremely detailed and identified the risk, the consequences of the risk occurring, factors affecting the likelihood of harm or risk occurring, actions taken to reduce the risk and contingency arrangements. We noted these were reviewed on a monthly basis to ensure staff reassessed the risks regularly. We reviewed risk assessments relating to potential injury due to epilepsy, risks around bedroom door locks, fire risk, personal care, use of the adapted vehicle, showering, bed rails, and risks around money. In our discussions with staff, they were able to explain how they managed specific risks to ensure the safety of the people who lived there. We cross referenced this information with information in the care files and this information tallied. Two people who lived at the home were receiving medication via a percutaneous endoscopic gastrostomy (PEG). Specific guidance around this specialist administration was readily available for all staff to access and risk assessments were in place. This meant that the service was assessing and reducing the risks of harm to the people living there and were operating safe systems of work.

We observed moving and handling practices as part of our inspection and this included observing how staff supported one person to mobilise safely. We reviewed the information in this person's care file and found it to be extremely detailed and an accurate representation of how to support this person to mobilise. Improvements had been made to the moving and handling risk assessment and care plans. The area manager told us further improvements were planned to the current paperwork at a registered provider level which would further embed the importance of accurate recording of method to enable any staff member to pick up a moving and handling plan and safely support a person to move.

At our previous inspection we were concerned about staffing levels at the home. This was of particular concern when staff were taken out of the service to escort people to day care, appointments and activities. At this inspection, improvements to staffing levels had been made and in addition the service had employed a driver for 20 hours each week. This meant there were always a minimum of three members of staff at the service during the day to support the four people living there.

The employment of a driver was having a positive impact on the people who lived there as it ensured

planned activities were happening as detailed in people's care plans and to their preferences. Three of the people supported were either out at day care during our inspection or undertaking other activities. The fourth person was unwell and unable to undertake an activity because of their ill-health.

We looked at the staff rotas for the previous three weeks to check staffing levels were appropriate. These confirmed the staffing levels were appropriate to meet the needs of the people living at the home. The acting manager told us they tried not to use agency staff, but were currently using agency nurses for the night shift where there was less interaction with the people who used the service. They preferred to use bank staff or offer additional shifts to the staff working at the home as they found this less unsettling for the people who lived there. The acting manager told us it was still a struggle to recruit qualified nurses but they were planning to attend a session at the local university to present information to qualifying students about their service to try and encourage applications for vacant nursing posts in the registered provider's nursing homes in the area.

We asked the acting and area managers about the recruitment of new staff. They told us only one person had been recruited since our last inspection. We checked the on-site recruitment file and the information provided electronically from the registered provider and found that this recruitment had been undertaken appropriately. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

We looked to see how accidents and incidents were recorded and reviewed. There had been no accidents or incident since our last inspection. At that time, we were told the area manager had the overview of any incidents and ensured risk assessments and support plans had been updated to reflect this.

We found medicines continued to be stored and administered safely and in addition medicine competency checks had been undertaken by the acting manager to ensure staff were competent in their administration practices and followed national guidelines.

We observed the cleanliness of the home environment to be of a high standard. One room had been changed from an office to a sensory room since our last inspection, to provide sensory stimulation for the people living there. The area manager had further plans to change the environment including adapting the large bathroom into a wet floor shower area with changing table and to alter the kitchen and dining area to improve accessibility for people dependent on a wheelchair for mobility.

Is the service effective?

Our findings

At the previous inspection we found the service had not met the requirements in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. At this inspection we found significant improvements had been made.

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 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. All four people at the service were subject to an authorisation in relation to deprivation of liberty. We found detailed mental capacity assessments in the files we reviewed with an analysis of all the restrictions and deprivations in place with each decision discussed at a best interest meeting with family and advocates present. In addition, the staff had undergone training and were knowledgeable in their understanding of capacity and how to support people to make some choices in their everyday lives.

We reviewed decision specific capacity assessments in the care files we looked at around medication, the use of lap belts, use of splint, use of photographs, complimentary therapy, daily healthcare requirements such as catheter care, pressure care, nutrition and hydration, bed rest and any other situation that might constitute a restriction or deprivation. This demonstrated to us the service was now fully aware of its responsibilities in line with the Mental Capacity Act 2005 and was acting in accordance with the legislation.

As part of our inspection, we looked at training in medicines administration and ongoing competency assessment. At the last inspection we found there were no ongoing competency checks in place following initial training. The acting manager told us and we saw evidence the nursing staff had undergone further medicines management training and they had all had their competency assessed. The acting manager was planning to reassess competency on an ongoing basis at least annually but more frequently if required. In addition, all staff had recently undergone moving and handling refresher training, Mental Capacity Act training, and end of life care. This showed us staff were receiving training to ensure they had the knowledge and skills to meet the needs of the people living at the home.

At our last inspection not all staff had received supervision or an appraisal. At this inspection we found supervision had been happening regularly. We reviewed the content of these supervision sessions and found they were detailed and reflective and enabled the staff to develop and review their practice. We saw that for some members of staff a mentor had been identified to support their development. These sessions covered discussions about specific issues relating to supporting the people living there, reviews of objectives set at

appraisal and supervision, a review of the staff member's performance, wellbeing, and training and development. Regular supervision of staff is essential to ensure that the people at the service are provided with the highest standard of care.

We saw evidence that the service engaged proactively with health and social care agencies and appropriate referrals were made to health services such as physiotherapy, occupational therapy, dental services, dietician, district nurses and speech and language therapists. We observed the home had a good range of preventative equipment such as pressure mattresses, cushions, and tilt in space shower chair, profiling beds and moving and handling equipment which was maintained and serviced regularly. They had recently sourced a bed which mechanically tilted side to side to maximise tissue viability without the need to physically roll a person and they were to purchase a second bed so that both people who are at high risk in relation to pressure care were supported with the most up to date equipment.

People at the home were supported with meals that met their cultural requirements. There was a separate area in the fridge and freezer for Halal meat and meals were prepared according to religious requirements. Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health and there was regular intervention with professional services to maximise people's nutritional and hydration requirements

Is the service caring?

Our findings

At the last inspection we spoke with relatives of people using the service who were all positive about the service and the caring and compassionate staff. We did not speak to relatives at this inspection, but we were shown positive feedback as a result of the recent annual questionnaire with one person reporting the service had improved and included the following comments "The staff work in a person centred and holistic way. They met my [relative]'s need in a culturally sensitive way and care delivered is a high standard."

The acting manager described the staff as caring, compassionate and knowledgeable. They told us staff were motivated and passionate to provide a high standard of care for the people living there and they were constantly striving to improve. The area manager told us from their observations the delivery of care at the service was good with staff having a detailed knowledge of how to support the people living there. They had observed staff support people with kindness and compassion. Throughout our inspection, we observed this to be the case and overheard through the intercom system, staff talking with people in their bedrooms with care and sensitivity.

We observed staff treating people with dignity and protecting their privacy. All personal care tasks were done in people's bedrooms. People were supported to meet the requirements of their religious practices and people had the use of advocacy services when the need arose.

The service was supporting one person with end of life care during our inspection and we found appropriate plans in place to ensure the person was supported at this time. We found advanced care plans in easy read formats in people's care plans. The person, their family, named nurse and key worker had been involved in the compilation and the plans detailed the person's wishes to be followed at this time.

The service was able to demonstrate how it supported people in relation to meeting their cultural and religious requirements which was particularly important to the people living there and their families. The service supported people to celebrate religious festivals and take part in community events based on people's individual requirements.

Is the service responsive?

Our findings

At our previous inspection we found the people who lived at the home were not supported to undertake meaningful activities. The opportunity for activities was dependent on the availability of staff who could drive and adequate numbers of staff to support the people remaining in the service. We found the situation had been improved by the appointment of a designated driver for the service. Daily records and discussions with staff and the driver evidenced more meaningful activities were taking place at the service. Staff were working with people and their families to ensure activities were planned to meet their cultural and social preferences. For example, on the day of our inspection one of the people had chosen to go out on a shopping trip and two people were attending day care. Activities were also recorded to evidence an improvement to people's daily lives.

We found the care files difficult to navigate at our last inspection due to the layout of the files. We found significant improvements had been made both in the layout and the content of care plans. Each file contained information about the person's life history, and individual support plans in areas such as accessing the community, mobilising, daytime routine, oral hygiene, showering, pressure care, communication, activities, seizures, medicines, and night time routine. Staff supporting people also signed each section to confirm they had read the support plan. The acting manager told us staff who were responsible for recording in the care plans were allocated time away from the service and from caring duties to ensure care plans were kept up to date. This emphasis on the importance of good recording ensured records were contemporaneous, current and reflective of the needs of the person supported.

We reviewed three care plans in detail and saw these contained precise information on how to support people. The records were divided into sections and each file contained information relating to personal information, daily notes, monitoring information, person centred planning and action plan, support guidelines, risk assessments and moving and handling information, health care information and a baseline assessment. Information relating to Mental Capacity Assessments and DoLS was kept in a separate file and reviewed every month to ensure the decision was still in the person's best interest. Information on how to support people was detailed in each section of the care plan. For example, in one communication action plan, it stated "I do not communicate verbally but I will use facial expressions, gestures, eye contact and body language to express myself. For example, 'when I am happy I smile and laugh'. 'When I am worried I cry'.

We also found improved information on how to position people correctly. For example in one care plan, the record stated 'I require staff to position me in bed using my sling and tracking hoist' In addition photographs had been used to ensure staff were correctly using equipment. For example, we found photographs to show how to ensure slings for use with the hoist were correctly positioned on people.

Care plans were person centred and evidenced that people using the service and their relatives and

representatives had been involved in their compilation to ensure they reflected how they would like to receive care, treatment and support. The records showed how people were supported to maintain relationships with people who were important in their lives. Staff were also able to tell us how they had communicated with families and representatives to ensure they felt involved in people's care and could influence how their family member was supported.

There had been no complaints at the service since our last inspection. There was a complaints procedure in place and staff could tell us how they would respond if they received a complaint about the service.

Is the service well-led?

Our findings

The home did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager had been employed to act up as manager and we were told this arrangement would be in place until the service was in a position to appoint a registered manager. There was also a new area manager in post since our last inspection.

At our previous inspection we found there had been a lack of leadership and management at the home. At this inspection we found management and leadership to be effective. The acting manager had been supported by the new area manager to develop into their role. This included supervision every two weeks and regular telephone contact. The acting manager told us they felt supported by the area manager, who was always positive around staff and made them feel they were doing a good job and acted as a positive role model. They told us support staff also felt very supported by the area manager. Staff had also been offered support to ensure their mental wellbeing following the incident resulting in the death of a person living there.

The area manager told us the team had achieved and improved under the new management arrangements and the acting manager had given staff a direction of travel and had encouraged the team to develop and improve but also to reflect on how the service had been performing. We observed the acting manager had an awareness of the day to day culture in the home, including the attitudes, values and behaviour of staff. They described how they had kept staff on board whilst they were encouraging change and good practice at the home. They had the support of the staff who spoke highly of the acting manager and how they were leading change. It was evident in supervision records that there was honesty and transparency when discussing performance and encouraging best practice. For example, to ensure key workers kept up to date with care file records and reviews, they enabled this to be undertaken at the area office, rather than in the office, as although there was designated time to do this; staff's natural preference was to spend time with the people using the service. This time away from the service had ensured the care files had been updated and were regularly reviewed.

Staff told us they felt empowered to make suggestions for change and their suggestions had been acknowledged and listened to. Team meetings were held regularly and staff had the opportunity to influence the agenda. We saw the minutes of the latest team meeting held on 15 January 2016 which showed comprehensive discussions had taken place and the meeting was a means to ensure good communication between management and staff. The minutes showed that matters and actions from the previous meetings had been discussed and updates provided. There were detailed discussions about the people living there and all matters relating to their care was communicated to staff. There had also been a presentation on the registered provider's new finance policies and the registered provider's team brief and safeguarding policy was also discussed. Staff who were not present at team meetings were briefed about the meeting and were required to sign that they had read the minutes of the team meetings. Staff meetings

are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service.

At the last inspection we found actions were not completed between audits which meant there was no evidence of an overview of completed actions and improvements at the service by the registered provider. At this inspection the area manager showed us their recent completed audits which demonstrated they were completing actions between audits. This evidenced the registered provider was more effectively assessing and monitoring the quality of the service provided to people. In addition the acting manager had implemented systems and processes which were robust to ensure compliance with the fundamental standards of care. This was particularly evident around the assessment and management of risk and ensuring equipment was used safely and within the manufacturer's guidelines. In addition the registered provider had employed an audit team which was due to start in February 2016. They had accepted there had been flaws in the previous system and the new team would provide consistency in audits across the registered provider's portfolio of homes.

The acting manager was ensuring best practice and learning was shared with other services in the registered provider's portfolio of homes. This included learning from the recent inspection. They were holding regular nurses meetings, but also the acting manager had sought the support from a registered manager from another service to ensure records and care plans were in a format which was easy to read and appropriate for the service. They had sought input from various sources to ensure there had been a significant improvement in recording at the service.

We found all the environmental audits had been completed and assistive equipment was well maintained. The home had a maintenance contract with an external provider to ensure equipment was serviced and tested to meet health and safety requirements.

The area manager shared with us their vision for the service. They told us they wanted to develop the service into one which focussed on providing a service for younger people with complex needs. They told us they had built trust within the team to enable staff to express issues before they escalated. They wanted to act as a role model and they told us they had seen the nursing staff develop leadership skills in particular around robust recording practices. They described the culture as very caring, very supporting of each other and less insular than in the past. They told us the registered provider had a nursing development team in place and direct communication was happening between the team and the nurses to ensure they have a greater awareness of broader interests such as the duty of candour, professionalism, code of conduct, NMC revalidation and issues specific to nursing staff. They told us they had been impressed with all staff willingness to change and improve and there had been no issue with retention of staff and the registered provider had a robust employee assistive programme to support staff if required. This demonstrated to us the service had effective management and leadership at the service and was continuously looking at ways of improving the service for the people living at the home.