

## St Anne's Community Services

# St Anne's Wakefield Mental Health Services

### 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 was an announced inspection carried out on 9 March 2017. This was the first inspection the home had received under the new ratings.

St Anne's is a service who supports 8 people with mental health issues in a supported living home. The service has a large open garden for people to access. The service is in the centre of Wakefield local to many amenities and local bus routes.

At the time of this inspection there was 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 and associated Regulations about how the service is run.

People told us they felt safe receiving this service. There were effective systems in place to ensure people's safety who used the service, whilst also encouraging and promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in supporting people's medicines management.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs well. Staff spoke highly of their training and said this prepared them well for their role.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, individualised support plans in place which described all aspects of their support needs and aspirations.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity. Everyone using the service had capacity at the time of the inspection.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Suitable arrangements were in place and people were supported and provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People participated in a range of activities both in their home and in the community and received the

support they needed to help them stay in contact with family and friends. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people living who used this service. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service which also encouraged and promoted their independence.

People's medicines were stored safely and they received them as prescribed.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

### Is the service effective?

Good ●

The service was effective.

Staff told us they received good training and support which helped them carry out their role.

Staff could describe how they supported people to make decisions, to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals.

### Is the service caring?

Good ●

The service was caring.

People had detailed, individualised support plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a good rapport and had developed meaningful relationships.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified.

People had access to activities in the community and their home whenever they chose. They were also supported to maintain friendships and family contact.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and feedback was acted on by the provider who identified areas for learning and improvement.

Accidents and incidents were monitored by the registered manager and the provider to ensure any trends were identified and acted upon.

# St Anne's Wakefield Mental Health Services

## **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 9 March 2017 and was announced. The service was given short notice of the inspection as they support people with mental health and autism who may have found an unannounced visit challenging.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of services for people with autism and mental health. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications sent to us by the provider. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider 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.

At the time of our inspection there were seven people living at the service. During our visit we spoke with five people who used the service and four members of staff, a visiting professional and the registered manager. We spent some time observing care and support given to people at their home. We also spent some time looking at documents and records that related to people's care and the management of the service. We

looked at four people's support plans.

# Is the service safe?

## Our findings

People we spoke with all told us they felt safe with the staff that supported them. One person told us, "The staff are lovely I feel safe in my home." Another person told us, "Yes, I am very safe here, I have a key for the front door and if I am going to be really late home I will phone up and tell them."

We saw positive interaction between staff and people who use the service throughout our visit and people who used the service were happy and comfortable with the staff. There was an excellent rapport between people who used the service and the staff. Staff said they treated people well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

There were procedures in relation to safeguarding in place to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as 'whistle blowing'. Staff were familiar with the provider's safeguarding and 'whistle blowing' procedures. Staff said they had received training in the safeguarding of vulnerable adults and the staff training records confirmed this.

Risks were identified in assessments in people's support plans which were appropriately assessed, managed and reviewed. We saw positive risk assessments had been carried out to minimise the risk of harm to people who used the service, while also maintaining and promoting independence. For example, making hot drinks and cooking to going out into the community. The positive risk assessments were also linked to the support plans and activity involved in care delivery such as personal hygiene. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire fighting equipment had been serviced. We saw the monthly safety survey, the last being carried out the day before the inspection. This included bedroom checks. One person's window frame was noted as broken and required an emergency repair which was mentioned in the repairs log two days before we visited. This was actioned on the day of the inspection visit and was made safe on the same day.

Through our observations and discussions with the registered manager and staff we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. People who used the service said they were enough staff available to them if and when they needed support.

We looked at the recruitment records for three staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records



of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, supporting administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely in people's bedrooms and there were adequate stocks of each person's medicines available with no excess stock. Staff had received training in the safe management of medicines. Staff were responsible for either prompting people or observing them taking their medicines. This was recorded on the person's medicine administration record (MAR). During the inspection we were provided with an up to date medication policy which covered all aspects of medicines management including the safe practice principles for administration.

We looked at the MARs for the people who used the service and saw there were no gaps in recording which showed they had been taken as prescribed.

# Is the service effective?

## Our findings

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time. One person told us, "Go up to local and have bitter" Another person said, "Went to Barnsley Market. I can bring my mates in." Another person said, "We choose what we want (to eat), there is a lot of stuff in the freezer and staff listen and take notice. I get care when I need it." Other comments included; "The staff helped me get a qualification then helped me with choosing somewhere for my work experience. I start today. They chased it up for me. My skills and teamwork have improved, I have improved myself. My qualities as a person have improved" and "We did a community project, we picked the topic, and we aim to support a local charity riding for the disabled. We all raised funds, I did some gardening and cleaning it was very rewarding. I like the other tenants they are friendly. Staff are friendly, they put themselves out for you. They try to address your problems. They support you and help you plan. Good plan of action in place."

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 supported living settings are called the Deprivation of Liberty Safeguards (DoLS)).

Everyone we spoke to had capacity. Everyone told us they could do what they wanted and if they needed support staff were there to assist and guide them. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Records showed arrangements were in place to ensure people's health needs were met. Each person had a support plan which included details of their medication and visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists and psychiatrists. Staff were aware of the systems in place for people to be reassessed should their needs change.

People had support plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies was clearly recorded. We saw food and drinks were available in the kitchens for people throughout the day as and when they wanted these and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs.

Staff told us menus were put together based on the known likes and dislikes of people who used the service. They said they regularly reviewed people's choices and preferences through meetings with people. We looked at the menus and saw there was a good variety of options available for people. On the day of our visit

a buffet lunch was in place for the tenants meeting which everyone attended. One person supported a member of staff to go shopping for the food and prepare this for everyone. The registered manager told us, "We always put a buffet on for everyone at the tenants meetings as it's nice for us all to eat and talk together."

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am impressed with the training I get what I need to help me do my work." The training record showed staff were up to date with their required training. Where updates were needed they had been identified and booked to ensure staff practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid, mental health, mental capacity and autism.

Staff said they received one to one supervision. All staff had completed an annual appraisal in 2016. Staff said they found the supervisions useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. Comments we received included; "We feel supported in our role. We are kept informed and involved in everything going on at the home" and "He is a great manager. He doesn't ask to do anything he wouldn't do himself."

## Is the service caring?

### Our findings

People told us they were treated with dignity and respect. People's comments included; "It is champion here", "Excellent", "I like my bedroom here, I cannot grumble, I put the colour of my football team on the walls", "I can put my own pictures up", "Do like it here, the staff are great" and "The staff treat me with dignity."

People received a person centred service and the provider ensured the care people received was tailored to meet their individual preferences and needs. People looked very well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

People were very comfortable in their home and decided where to spend their time. People told us their rooms were their own personal space and staff respected this. During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. Staff spent time chatting with people and it was evident from these discussions they knew the people they supported very well. Staff were allocated to work with people on a one to one basis and had planned activities so everyone was clear about what was happening. Everyone we spoke with told us they were happy with their key worker.

All the staff we spoke with were confident people received good care. Staff provided good examples of how they understood their work place was also the home of the people they supported. One member of staff said, "Everyone receives really good care, it's a great job." Another member of staff said, "We support people to do what they want to do. Everyone gets on really well here."

We observed staff attending to people's needs in a discreet way which maintained their dignity. Staff knocked on people's doors and asked for permission before entering the person's room.

During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff said, "I always knock on the door before entering someone's room, I would expect the same." Another member of staff said, "I knock on the door to ask if they are ready to get up, if not I will go up half an hour later to ask again." We saw in one person's support plan that they had consented to staff knocking on the door every half hour.

## Is the service responsive?

### Our findings

People were supported in promoting their independence and community involvement. People told us they took part in a range of activities which included accessing the local and wider community. They talked to us about how they planned their day and consistently said they were involved in this. Everyone had an individual programme and said they were happy with the activities they did. People went out daily and engaged in varied activities such as visiting Wakefield and other town centres, playing and watching football and walking.

The provider responded well to what people liked to do in relation to activities. The service had completed theme nights on different religions. The registered manager told us, "This was to raise positive awareness and not what was always mentioned in the newspaper. People and staff dressed up and had a buffet. Other activities included a trip to Blackpool, a pumpkin night, mug painting, a trip to Swithers Park to see the animals and a weekend to Filey which was funded by the provider. A 'mock tail' event had taken place to try and encourage people around healthy eating and drinking as part of alcohol awareness week. People told us how they enjoyed the various activities and felt involved throughout. One person told us, "I went to get the fruit for the mock tails with staff and helped with the buffet."

We observed a notice board which detailed events such as a weekly healthy breakfast, minutes of the last monthly tenants meeting, feedback about food such as; "healthy breakfast not bad, egg, and ham bread" and "Had a great pancake day". There were also details of hate crime and mate crime.

In the living room there was a print out of the times and date of televised football matches and who would be playing and on what TV channel. This showed the service was responsive to people's preference.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the support plans for four people who used the service. The support plans were written in an individual way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with accessing the community. Staff had an in-depth knowledge and understanding of people's care, support needs and routines.

People who used the service were encouraged and supported to keep in contact with family and friends.

We saw the complaint's policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any complaints. One member of staff told us, "If people here want to complain about anything they would they can come to us with anything and we will try to resolve this for them."

Staff knew how to respond to complaints and understood the complaint's procedure. They said they would always try to resolve matters verbally with people who raised any complaints. They were aware of people's

rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. There had been two complaints at the service. The registered manager had addressed these in accordance with the provider's complaints policy.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager at the service. One person told us, "[Name of registered manager] is an excellent manager." Another person said, "Can talk to manager, can talk to staff."

Our discussions with people who lived at the service and our observations during our inspection showed there was a positive culture and atmosphere, which was person-centred and inclusive.

We observed a residents meeting and records we looked at showed these took place every month. The registered manager started by asking people what they thought of their home. Comments included; "Look beautiful proper food," "Lovely here", "Fried eggs on Tuesday brilliant", "I like watching Football", "OK here", "Cooking with Staff" and "Playing board games with staff." During the meeting, people were asked what events and activities they would like to see. Issues from the last meeting were discussed to see if they had all been resolved. Information was given about changes such as new cooks arriving. One person said, "These residents meetings are good. We are listened to." A discussion was held about safeguarding, hate crime and mate crime. There were problems mentioned at the previous meeting about recycling going into the wrong containers. This was discussed and everyone agreed they would make sure this would not happen. There was then a quiz on recycling. People told us they always had a quiz on different topics at each tenants meeting.

A satisfaction survey for people in the service had been completed in January 2017. This included, support, choice, feeling safe, cleanliness of the home and 'do I feel listened to'. The results showed were people were very satisfied with the service they received. Comments included; 'Happy with everything' and 'I like the staff and would change nothing about the service'. The registered manager told us they used this as a tool to continuously improve the service. We saw a relative questionnaire which showed relatives were happy with the care and support their family received.

An internal newsletter was completed and sent out every three months to each service run by the provider. These included any news, sharing ideas and stories from across St Anne's.

Staff said they felt well supported in their role. They said the registered manager worked alongside them to ensure good standards were maintained and the team were aware of issues that affected the service. Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said there was a good emphasis on team work and they felt they had a really good team.

There was a system for auditing and these were completed weekly and monthly depending on the area of the service being reviewed. The audits included medication, finances, training, support plans and the environment. We saw the registered manager recorded any issues in relation to the premises, complaints and safeguarding. Records included the action to be taken where issues had been identified; and the person responsible for completing the task and when it should be completed. We spoke to the registered manager

in relation to some areas of the accommodation which needed some maintenance. The registered manager told us they had spoken to contractors who were responsible for the maintenance and up keep of the building. We told the registered manager of the importance of maintaining the service for the people who live there. The registered manager was going to chase this up to ensure this work was completed.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and acted upon. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. They also said that a record of any incident or accident was kept in people's support plan and any actions taken to prevent re-occurrence were documented and communicated to staff. This was evidenced on the day of inspection.

The registered manager attended a monthly mental health and learning disabilities meeting in February 2017. This included discussions around training, audits and safeguarding. The registered manager also attended the provider's quality and safety group meeting in February. Discussions included; lessons learnt from other areas, accidents and incidents and any safeguarding across the services.

We spoke to a visiting health professional who told us, "Wonderful place to be honest. Staff are welcoming and down to earth. We share care plans based upon social inclusion and independent living skills. Pretty effective at moving people on. People from institutionalised settings have difficulty moving on; it takes longer though they get there with the help from here.. Communication is more than well, whenever there are issues or changes or support need changing, they will phone me. Things have got more focussed with the new manager; he has injected fresh ideas and enthusiasm. There is good communication both ways as well as updates. There is an assertive approach to support when required. Individual plans include the need for therapeutic, social and practical skills. There is support with medicines management. I have never had any concerns here."