

St Anne's Community Services







St Anne's Community Services - The Crescent

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	

Overall summary

This inspection took place on 22 January 2015. Because it is a small service we contacted the registered manager the day before the inspection to check that people would be in.

St Anne's Community Services - The Crescent is a care home registered for up to 5 people with a learning disability. The service is a detached two-storey property converted from two former semi-detached houses and is located in the village of Green Hammerton. The home is

close to a range of community amenities and facilities. At the time of our inspection there were 5 people living there. The service includes an outside space which is accessible for wheelchair users.

There was a registered manager in post 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

Summary of findings

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.

St Anne's Community Services - The Crescent provided good care and support for the people that lived there. People were encouraged to lead fulfilling lives in line with their own preferences and choices. The emphasis was on supporting people to be as independent as possible. People were involved in making decisions about their care and how the service was run. Care and support plans contained clear and up to date information about how people wanted their needs met. There were good opportunities for people to discuss any concerns or ideas that they had.

People were supported in having their day to day health needs met. Health services such as dentists, GPs and opticians were used as required and there were close links with other services such as the local North Yorkshire County Council Learning Disability Team.

People told us they had good relationships with the staff team. Staff were knowledgeable about the needs of each person and how they preferred to live their lives. Staff got the training they needed and were supported through regular supervision meetings with the registered manager. There were safe recruitment practices in place for new staff and people got involved in the recruitment process.

There were good systems in place to keep people safe. Staff were confident about their responsibilities in relation to safeguarding and also knew how to whistle-blow if needed. There was a positive approach to risk taking so that people could be as independent as possible. Risks in peoples' day to day lives had been identified and measures put in place to keep people safe. The focus was on how each person benefited from the activity undertaken.

The staff team were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. One person had been referred for DoLS authorisation due to their dependence on staff for help with mobilising. Staff had been trained in the MCA and had a good awareness of issues relating to capacity and consent.

The service was well led. The registered manager was responsible for managing two services and spent part of her time at St Anne's Community Services - The Crescent. Staff told us that the service was well managed and that there was good support. The registered manager promoted a culture of respect, involvement and independence. There were good systems in place to make sure that the quality of care was maintained and areas that required improvement were identified and necessary action taken.

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 safe

People told us they felt safe at the service. Staff had a clear understanding of their safeguarding responsibilities.

There were good systems in place to protect people from the risks associated with day to day activities, care tasks and the environment.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Good



Is the service effective?

The service was effective.

Staff received the support they needed to carry out their roles effectively. The staff team had a good understanding of the needs of each person at the service.

People were supported to consent to decisions about their care, in line with legislation and guidance.

People received the support they needed to stay healthy. People were able to decide what they wanted to eat and told us that they enjoyed the food and drink provided.

Good



Is the service caring?

The service was caring.

People had good relationships with staff and were treated with kindness and respect.

People were encouraged to express their opinions and make their own decisions about care and support. People were encouraged to be independent and were supported to spend time in the way they wanted.

People were given time and space to spend time in private if they chose.

Good



Is the service responsive?

The service was responsive.

People were actively involved in contributing to how their care and support was provided. Individual preferences were taken into account and people were supported to take part in activities of their choosing.

They were good opportunities for people to talk about any concerns or complaints that they had. People told us that they felt listened to and that any issues were acted on.

Good



Is the service well-led?

The service was well-led.

There was effective management of the service and a clear culture which promoted independence, involvement and community participation.

Good



Summary of findings

The registered manager had good oversight of the service. Staff told us that the manager was available if needed and acted promptly.

There were effective systems in place to make sure that the service continued to deliver good quality care.

St Anne's Community Services - The Crescent

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 last inspected the service in February 2014 to follow up on concerns identified about infection control. We found that the required improvements had been made.

This inspection took place on 22 January 2015. Because it is a small service we contacted the registered manager the day before the inspection to check that people would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about

important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIR 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.

During this inspection we looked around the premises, spent time with people in their rooms and in the lounge and dining room. We observed how people led their lives during the day and the support that they were given by staff. We looked at records which related to people's individual care. We looked at three people's care planning documentation and other records associated with running a care home. This included four recruitment files, training records, the staff rota, notifications and records of meetings.

We spoke with four people who used the service, four members of staff and the registered manager. We also spoke with three relatives over the phone after the inspection.

Is the service safe?

Our findings

People told us that they felt safe at the service. One person explained “I have to go out with [staff] and understand that they come out with me to keep me safe”. Relatives also had no concerns about people’s safety.

Staff had the knowledge and information needed to keep people safe. Staff had been trained in safeguarding and were confident about describing what would cause them concern and the action they would take. The actions described were in line with the service’s safeguarding procedures. One member of staff said “I discuss any concerns with the manager. There is a manager helpline if we need it. There is also a safeguarding folder in the office”. We noted that as well as a folder on safeguarding in the office/sleep-in room there was a poster on the wall which reminded staff what action to take and who they could contact. The record of incidents and accidents showed that, where needed, safeguarding alerts had been made to the local safeguarding authority and reported to the CQC.

Risks to individuals were well managed. Any risks associated with people’s day to day lives had been identified and there were clear, up to date risk assessments in place. There was a positive approach to risk taking, with the emphasis being on encouraging independence. Risk assessments included information about people’s understanding of the risk, possible consequences, how to minimise each risk and possible alternatives. The focus was on how each person benefitted from the activity undertaken. For example, being able to go out into the community independently. We noted that care plans made reference to the risk assessments throughout.

Workplace risks had also been identified and clearly recorded. These covered areas such as fire safety and trip hazards. The manager explained that they had identified that some door handles could potentially cause injury to people and these had all been changed as a result. We noted that handrails had been placed around the service to assist people with mobility and this reduced the risk of people slipping or falling.

Health and safety checks relating to gas, electrics, fire and water had been carried out and systems were inspected as necessary. There were no avoidable hazards seen in the building and equipment had been checked to ensure it

worked properly. There were clear plans in place to protect people in the event of an emergency. These included emergency fire evacuation plans for each person and a severe winter plan.

Recruitment records for staff showed that all the necessary checks had been carried out before they started working. These included satisfactory references and a criminal background check. One person told us how they got involved with the recruitment process. They explained how they asked questions at interview and on one occasion told an applicant that they had been successful. The manager said that applicants were invited to visit the service first so that people had a chance to meet them and give their views. This helped to make sure that new staff were suitable to work at the service.

There were usually two members of staff on duty in the daytime and a sleep-in staff at night. The manager said that staffing levels were flexible and would be adjusted according to what activities had been planned and the needs of people. Staff told us that there were a sufficient number of staff to meet people’s needs. However, it was recognised that there had been some difficulty lately because of staff absence. The manager confirmed that they were currently recruiting permanent staff and in the meantime used agency or bank staff who were familiar with the service.

There were safe systems for the storage and administration of people’s medicines. We observed one member of staff administering medicines at lunchtime. Medicines were stored in a locked cabinet which was securely attached to a wall. Most medicines were received from the pharmacy in blister packs and the member of staff checked that the lunchtime medicines matched what was specified on medicine administration records (MAR). There were no unexplained gaps in recording on MAR charts. There was information about the use of ‘as required’ medicine as well as guidance on what medicines were for and the possible side effects. A record was kept of medicines no longer used and which had been returned to the pharmacist.

Staff confirmed that they were only able to administer medicines after receiving training and then being approved by the manager. There was a list of approved staff in the medicines folder. The registered manager explained that

Is the service safe?

the medicines policy had recently been reviewed by the provider to make sure it was consistent with the National Institute for Clinical Excellence (NICE) guidance. The new policy was to be introduced shortly.

One person was supported to self-administer a medicine that was kept in the fridge. This medicine was stored safely

in a locked box. This person told us they knew why they were taking the medicine and explained to us how they used it. They had a sharps bin in their room so that the medicine could be disposed of safely.

Is the service effective?

Our findings

Staff were well informed about the people they supported and had a clear understanding of each person's needs. One staff member said "I have a good understanding of clients and what they are capable of". Staff told us that they felt supported in their roles by management. Comments included "We have supervision and a chance to discuss where we could improve", "I feel supported" and "There is a good team of staff". An agency worker told us "I love working here. It's organised and I'm treated like part of the team. I feel supported. I chose to do my NVQ [National Vocational Qualification] at this home as they were supportive of it". We noted that the team had recently won an organisational Top Team award for their work at the service in 2014.

Staff were supported through regular supervision and a yearly appraisal with a manager. This gave them opportunities to talk about their development and goals for the future. Appraisals allowed staff to review their progress and look at objectives for the coming year, such as training needs. Staff told us that they got the training they needed to support them with good working practice. Training records showed that the training offered covered mandatory topics like safeguarding and food hygiene.

New staff were supported with an induction programme when they took up employment with the service. We saw completed induction handbooks for staff which supported them in understanding their roles and responsibilities. Reviews took place after a few months to make sure new staff were competent before starting full employment.

Handovers took place each day between shifts so that staff coming on duty had up to date information about the people they were supporting. There was also a daily induction sheet which was given to new or agency staff unfamiliar with the service. This provided important contact phone numbers and a checklist of areas they needed to be made aware of. This helped to make sure that new staff had the information needed to support people effectively.

There was a kitchen/dining area which meant that while meals were being prepared people could sit and chat making it relaxed and communal. Meals were usually cooked by staff while people helped out with other tasks, such as chopping vegetables, laying the table or cleaning

up. People decided on a menu each week and helped with the weekly shopping. The registered manager explained that people were encouraged to take it in turns going shopping so that they all had a chance to get their preferred items. On the day we visited some people went out shopping and assisted with the unpacking when they got back. One member of staff commented that they thought menus could be healthier as people tended to choose high calorie meals. The registered manager was aware of this and was looking into ways to encourage people to look at healthier eating options.

People were supported to maintain good health. Each person had an up to date Health Action Plan which gave details about health needs and how these were to be met. Care records showed there were good links with health professionals to support people when needed. These included the learning disability health team, district nurse, GP and optician. One person told us "I have stomach pains sometimes and see a doctor. I've had tests at hospital. The GP is lovely". Another person said "I like to get a visit from my CPN [community psychiatric nurse]". We saw that these visits had been arranged in a way that suited the person. It was clear that people were involved in making decisions about health and the support they might need.

The registered manager and staff were well informed about issues of consent and when to follow legislation under the Mental Capacity Act 2005 (MCA). Staff had received training in the MCA as well as Deprivation of Liberty Safeguards (DoLS). The registered manager explained that all of the people were able to consent to most care and treatment and they had not had to hold a best interest meeting in the last year. A best interest meeting is held when a person does not have the mental capacity to make a particular decision for themselves. It is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person.

The registered manager was aware of potential restrictions of people's liberty. They had made a DoLS application for one person because they were not independently mobile and relied on staff to get from one place to another. We observed that staff responded promptly when this person asked for support.

There were no locked doors in communal areas and the front door was kept unlocked in the day time. Most people could go out locally on their own if they chose to. Care

Is the service effective?

plans held clear information about people's ability to consent and explained when a best interest meeting might

need to be held, in particular when medical decisions needed to be made. There was good information about how people should be supported to understand information so that they could make informed decisions.

Is the service caring?

Our findings

People told us that they received good care. Comments included “I’m well looked after and get on with everyone”, “It’s alright here” and “I’m spoilt”. Relatives told us “It’s marvellous” and “It’s a home from home”. Staff were also positive about the care people received. One staff member told us “I find it lovely here. Everybody is well cared for. If I had a relative that needed care I would choose here”.

Throughout the inspection we observed that staff spoke with people in a friendly manner, listened to what was being said and responded in a way that was understood. The impression given was of a service that was centred around the people that lived there and what they wanted to do. As one member of staff commented “People feel like they are involved in the running of their own home”.

Care plans were focussed on the individual needs of each person. They were clearly written, informative and gave a clear picture of each person and the support they needed and preferred. There was detailed information about how to support people in communicating their needs and preferences. Although the majority of staff knew the people well, the care plans meant that new or agency staff could get a good understanding of people’s routines, preferences and support needs.

People were actively involved in making decisions about their care and support. One part of peoples’ care plans was called “Living my life the way I want” and included the statement “If you want us to, we will look and make the changes you want [in the care plan]”. There was clear evidence that people had been involved in making decisions about their care. For example, records of monthly meetings with keyworkers showed that people were asked about the support they had received and if there were any changes needed.

Staff were all able to talk about people knowledgeably. At the start of the inspection we were introduced to people and our role was explained in a way that people understood. The registered manager took time to talk to us with people, about how they liked to communicate. We were advised about the signs to look out for which showed if people might not want to talk any more. During the inspection staff were comfortable with expressing their views in front of people. This was done in a way which included people in the conversations. This demonstrated an open and inclusive atmosphere in which people were fully involved.

The service took steps to promote people’s dignity and privacy. One member of staff commented that “There is a very nice atmosphere here. We treat people with respect”. People told us that they could have a key to their room if they wanted but had decided they did not want to. We saw that bedroom doors were kept closed and staff were clear that they would only go in bedrooms when they were invited. We noted that in one conversation a person commented that another person had recently come into their room uninvited. This was picked up by the registered manager who asked how they felt about it and agreed to investigate it further. The approach taken reinforced the expectation at the service that people have a right to privacy.

The service was planning a “Dignitea” day at the beginning of February. This was one of a series of events planned by the service, with the involvement of people, to talk about different topics. The registered manager explained that families would be invited and the event would be kept sociable and fun. People would have the chance to think about how dignity was promoted in the service. One person told us “It’s a chance to meet people and socialise”. This provided a good example of the way in which the service encouraged people to think about issues which related to their care and support.

Is the service responsive?

Our findings

People were encouraged to decide for themselves how they wanted to receive care and support. Care and support plans showed clear evidence of people being involved throughout. Each person's plan had a statement at the front which said "This profile has been written in consultation with [name]. They have read it and agree with what is written". Each person had signed after the statement.

Care plans contained clear information about people's preferences for support. Relatives and professionals had been asked to contribute to assessments where needed. Each person had a monthly meeting with a keyworker where they reviewed the support provided and discussed whether there needed to be any changes. We noted that one person's care plan described how their needs changed depending on their state of mind and gave clear guidance to staff about how to respond appropriately.

People's care plans had been reviewed recently and included the views of relatives where people had invited them. Progress against identified goals had been discussed and an action plan set up for meeting new goals and supporting with any issues. For example one person had an action plan to support them with attending village coffee mornings and improving their mobility. This showed that the service was responsive to people's changing needs.

People described how they lived their lives in the way they wanted to. One person said "I can do what I want". Another

told us "I like to go out shopping for clothes. I choose what to wear each day". One person described how they liked to make their own tea in their room. A problem arose with the storage of milk so staff suggested powdered milk. The person told us this was "Much better". As well as choosing their own menus for the week, people decided amongst themselves how much they wanted to spend on food. This gave them flexibility about the budgets they had to follow their own interests.

People were supported to take part in a range of activities. One person chose to do voluntary conservation work and another person worked at a garden centre. One person helped prepare lunches at the Salvation Army. Activities provided meaningful opportunities to develop personal skills and interests as well as social stimulation. Relatives told us that they could visit at any time and were always made welcome.

A record of complaints and compliments received was held in the office. This showed that any concerns were responded to and acted on appropriately. People were aware of how to complain. One person said "There is a complaints procedure" and "If I am upset staff take the time to listen". Another person told us "If I'm not happy I talk to the manager. They listen and do something about it". They added that there were also house meetings where they could talk as a group. The manager told us that the complaints leaflet was available in large print. She described an event last year where people were given leaflets and reminded about giving feedback and the right to complain.

Is the service well-led?

Our findings

Throughout our inspection we observed an open, relaxed culture in the service with a clear focus on enabling people to lead fulfilling lives. This was confirmed by one member of staff who said “Our aim is to support people to be self-sufficient”. When we asked one person about the culture they gave the thumbs up sign to demonstrate they liked it.

A mission statement was displayed on the office/sleep-in room wall. This gave five statements about the ethos of the service. These included “We ensure that individuals are at the centre of everything we do” and “We learn by sharing, celebrating and promoting good practice”. The registered manager explained that these values were promoted in all areas of practice. These included the use of personalised care plans, team meetings, resident meetings and day to day informal discussions. Yearly appraisals were also used to discuss with staff how they were meeting organisational objectives and values.

Team meetings took place every month and the minutes of recent meetings showed that discussions took place about all aspects of the service. Areas covered included safeguarding, feedback, complaints, whistleblowing and equality.

Care staff told us that they thought the service was well led. Comments included “Management is easy to talk to”, “The manager is responsive to suggestions. I suggested that a standing hoist would benefit [name] and one was bought” and “Management go out of their way to help”. We noted that although the registered manager split her time between two services care staff told us “The manager is always available” and “Management respond to anything straight away”. There was also an on call system and ‘manager helpline’ for staff to use in the event that the registered manager was unavailable.

Care staff told us that there were clear procedures in place for staff to raise any concerns. One staff member explained “There are posters about speaking out and whistleblowing. Information is on the office/sleep in wall”. Another added “I know about whistleblowing and I am aware I can contact the CQC if necessary”.

The service had close links with the local community. The registered manager attended the Parish Council Annual General Meeting each year to talk about the service. She

told us that she felt it was important that people were encouraged to be a part of the community. For example, the service was also involved in the ‘open gardens’ scheme each year and we heard how one person got involved with charity fundraising in the local area. Some people talked about how they went out on their own and made use of local shops, services and pubs or clubs.

People were encouraged and supported to get involved in developing the service and how it was run. There were regular opportunities for them to do this such as the monthly ‘house’ meetings and quarterly Making it Happen meetings. The house meetings supported people to have their say about their day to day lives in the service. Making it Happen meetings took place with people from other St Anne’s services and the focus was on discussing organisational policies and procedures. The registered manager explained that these meetings were made sociable and fun and information was provided in a way that people could think about and discuss according to their level of understanding.

The registered manager carried out regular checks on different aspects of the service to make sure that quality and effectiveness was maintained. There were monthly checks on medication, safeguarding, risk assessments and record filing. Health and safety checks also took place and where needed, action was taken to make improvements. For example, it was identified in August 2014 that the fire system was not checked as required by staff on duty. The registered manager recorded that the staff concerned had been spoken to and reminded of their responsibilities.

The provider had systems in place to identify where improvements could be made and to make sure appropriate action was taken. We were told that the provider came to visit the service at least once a month. A formal audit visit was carried out monthly where the provider would focus on how the service was meeting different requirements of the Regulations. We saw that recent visits had looked at support plans and the staff understanding of MCA and DoLS. Each report summarised the findings and set actions where improvements were needed, which were then followed up with the registered manager to make sure they had been completed. The registered manager told us that St Anne’s Community

Is the service well-led?

services operated a number of residential care homes and there were close links between them. This meant that they could share ideas and 'best practice' to drive improvement at an organisational level.