

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 ●

Summary of findings

Overall summary

St Anne's Community Services - The Crescent is a residential care home located in the village of Green Hammerton, a short drive from York. The service is registered to provide accommodation for persons who require nursing or personal care for up to 5 adults. The service specialises in supporting people who may be living with a learning disability or autistic spectrum disorder.

We inspected this service on 10 and 22 May 2017. The inspection was announced. We gave the registered provider 48 hours' notice of our inspection, because it is a small service and we needed to make sure people would be in when we visited. At the time of our inspection, there were five people using the service. At the last inspection in January 2015, the service was rated 'Good'. At this inspection, we found the service remained 'Good'.

People who used the service felt safe with the care and support staff provided. People were protected from the risk of abuse by staff trained to identify and respond to safeguarding concerns.

Recruitment checks were completed to ensure suitable staff were employed. Sufficient staff were deployed to meet people's needs and agency staff were used where necessary to ensure safe staffing levels.

Medicines were managed safely, although we spoke with the manager about ensuring staff countersigned handwritten prescribing instructions and they agreed to address this.

Care plans and risk assessments contained detailed information about people's needs and guidance to staff on how to provide safe care and support. Care plans and risk assessments included person-centred information. Staff knew and understood people's needs and supported people to pursue their hobbies and interests. Systems were in place to gather feedback and to manage and respond to any complaints about the service provided.

Staff received training and on-going supervisions; spot checks and appraisals were completed to support continued professional development. Staff supported people to ensure they ate and drank enough.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. Where people had capacity, we spoke with the registered manager about ensuring people signed their care plan to record that they consented to the care and support provided.

People who used the service provided positive feedback and said staff were caring. Staff supported people to maintain their privacy and dignity.

There was a positive atmosphere within the service. People told us the registered manager was approachable and responded to any issues or concerns. Systems were in place to monitor the quality of the

care and support provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Anne's Community Services - 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. The inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 10 and 22 May 2017. The inspection was announced. We gave the registered provider 48 hours' notice of our inspection, because it is a small service and we needed to make sure people would be in when we visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the service, which included notifications sent to us by the registered provider. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service and three people's relatives. We observed interactions between staff and people who used the service throughout the day. We had a tour of the service including communal areas and, with permission, looked in people's bedrooms.

We spoke with the registered manager, deputy manager and two members of care staff. We looked at three people's care files and daily notes, medication administration records, three staff recruitment records,

training records, staff rotas, meeting minutes and records relating to the maintenance and management of the service.

Is the service safe?

Our findings

People who used the service told us, "I am safe" and "I do feel safe" or used non-verbal forms of communication which showed us they felt safe living at the service and with the care and support staff provided. We observed that people who used the service were relaxed, comfortable and at ease in their surroundings and in staff's company. This showed us people felt safe.

Relatives of people who used the service said, "I don't worry about them at all. I know they are so well looked after and happy", "On the whole they take [Name's] safety very seriously" and "They have never been as happy and contented as they are at The Crescent and I have never been as worry-free and comfortable with their accommodation and care."

The registered provider had a safeguarding and whistleblowing policy in place. Staff completed safeguarding training and staff we spoke with showed they understood their responsibility to identify and respond to safeguarding concerns to keep people who used the service safe. Records evidenced that where a safeguarding concern arose, this was appropriately identified and reported to the local authority safeguarding team.

There were systems in place to ensure that only people considered suitable to work with vulnerable adults had been employed. We saw evidence that new staff were interviewed and references were obtained. The registered provider ensured that checks were completed with the Disclosure and Barring Service (DBS). DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups.

On the day of our inspection, there were enough staff on duty to meet people's needs. We observed that care and support was provided in an unrushed manner and staff were consistently available to respond to people's needs. We reviewed rotas and saw that staffing levels usually consisted of two members of staff on duty during the day and a sleep-in member of staff at night. The registered manager told us that staffing levels were flexible and were adjusted according to people's needs and the activities they required support with. The registered manager told us they had two vacancies and we saw that agency staff were used to fill gaps in the rotas where necessary.

Efforts were made to use the same agency staff and information was obtained about each one; they were given an induction and a competency check to ensure they had the knowledge and skills needed to provide safe care and support. A relative of someone who used the service told us, "The agency staff they have had recently have been really good."

We reviewed people's care plans and saw that their needs were assessed, risks identified and risk assessments put in place to guide staff on how to provide safe care and support. We found that risk assessments were detailed and person-centred and provided comprehensive information about how to safely meet people's needs.

A record was kept of accidents or incidents that had occurred involving people who used the service. This recorded what had happened, how staff had responded and any action needed to reduce risks including seeking further advice from healthcare professionals and updating people's care plans and risk assessments.

Checks were completed of the home environment and any equipment used to ensure these were in safe working order. Checks completed covered the electrical installation, gas services and the passenger lift. Water temperature checks and legionella testing were completed. Records evidenced that the fire alarm system and firefighting equipment were inspected and tested regularly. The registered provider had a fire risk assessment in place and personal emergency evacuation plans (PEEPs) were used to provide guidance on the level of support people who used the service would need to evacuate the service. We identified one person's PEEP needed to be updated to reflect a recent change in their needs and the registered manager agreed to address this. The registered provider had an up-to-date business continuity plan documenting the arrangements in place to ensure that people's needs would continue to be met in the event of an emergency.

The registered provider had a medication policy. Staff responsible for administering medicines received training and medication competency checks were completed to ensure they had the necessary knowledge and skills to safely support people with their medicines.

We saw that medicines were appropriately stored. Records were maintained of medicines given and the amount of medicine in stock was accurately monitored. We identified that staff did not countersign handwritten prescribing instructions and the registered manager agreed to address this. It is considered good practice for two staff to check and sign handwritten prescribing instructions as it reduces the risk of transcribing errors.

During the inspection, we completed a tour of the service. We noted that the decoration including carpet and paintwork was tired in places, and identified some minor infection prevention and control issues including certain areas of the service which required cleaning or minor repairs. We also spoke with the registered manager about reviewing the need for window opening restrictors for first floor windows. On the second day of our inspection, we saw action had been taken to address our concerns and areas requiring further attention had been raised with the registered provider.

Is the service effective?

Our findings

We received generally positive feedback about the skills, knowledge and experience of staff who worked at St Anne's Community Services - The Crescent. People who used the service told us, "They [staff] are good" and "They are friendly; some of them are really good." Relatives of people who used the service said, "The staff have been really good" and "I have never known [Name] to be so well looked after. I can't speak highly enough about staff."

We reviewed the registered provider's induction and training programme. We saw new staff completed three days of induction training and shadowed more experienced workers to develop the practical skills needed to provide effective care and support.

In addition to induction training, existing members of staff completed regular refresher training on topics the registered provider considered to be mandatory. This included safeguarding, first aid, moving and handling, fire safety, equality and diversity, introduction to positive behaviour support and health and safety. Other training was provided on topics including mental health, dementia, learning disabilities, medication management, food hygiene and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received certificates to evidence the training completed and the registered manager showed us a 'training matrix' they used to monitor and identify when training needed updating. This showed a small number of gaps in staff training, but we saw that courses were scheduled or had been recently completed to address these.

Records evidenced that new staff completed a probationary period and their progress was regularly reviewed during this time. We saw that staff also received on-going supervision and annual appraisals to discuss and review their progress, wellbeing, training needs and to support continuing professional development.

People who used the service provided positive feedback about the food provided. Comments included, "There is a choice of food" and "There's all sorts to eat...the best thing [about living here] is the good food." A relative of someone who used the service said, "They [staff and people who used the service] always eat together and the meals are good."

People told us they met each Wednesday to discuss the menu for the following week. One person said, "We sit down to have meals and we help ourselves at lunch. We discuss what we want to eat; we will be doing that tonight." We saw there was a weekly menu in place and staff also maintained a record of the food prepared each day.

We observed that there was a range of food including fresh fruit and vegetables available to support people to maintain a well-balanced and nutritious diet. A main meal was cooked each evening, but we were told that alternatives could be provided. We observed food and drinks were readily available throughout the day

and saw staff encouraging, prompting and supporting people where necessary to ensure they ate and drank enough. The registered manager told us they would use monitoring charts if necessary to record people's food and fluid intake.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered provider was working within the principles of the MCA and DoLS. At the time of our inspection, one person who used the service was deprived of their liberty and we saw that appropriate paperwork was in place with regards to the DoLS authorisation.

Staff we spoke with understood their role in supporting people to make decisions and we saw that people were consulted and encouraged to make decisions about their care and support. Whilst we saw good evidence that people who used the service were involved in making decisions and had choice and control over their care and support, we noted that where people had capacity, they had not always signed their care plan to record that they consented. The registered manager agreed to address this gap in their records.

People's care plans contained information about their medical history and significant health needs. We saw good evidence of staff liaising with healthcare professionals to ensure people's health needs were met. People who used the service told us they could see their doctor if needed and that staff supported them to attend appointments.

Is the service caring?

Our findings

People who used the service told us they felt staff cared about them and treated them with kindness. Comments included, "They [staff] are lovely, really nice" and "All the staff look after me." Relatives of people who used the service said, "The staff are so friendly, [Name] is really happy there" and "Staff are always looking at ways to make [Name] happy and comfortable in their surroundings and they are certainly most kind, caring and respectful."

Throughout our inspection, we observed positive, kind and caring interactions between staff and people who used the service. We saw staff acknowledged people, made eye-contact and were proactive in engaging people in conversation as they moved around the service.

At the time of our inspection, there was a small staff team working at the service. This supported people to get to know the staff supporting them. Where agency staff were needed, efforts were made to ensure familiar staff were used. As a result, we saw people being cared for by staff who understood their needs, recognised what was important to them and cared about their wellbeing. It was clear from our observations and conversations with staff and people who used the service that they knew each other well. We saw staff had a friendly rapport with the people they supported. People responded positively towards staff showing us that they valued the caring relationships they shared.

We observed staff knocked before entering people's rooms and were respectful of their personal space and privacy. Staff spoke with people in an appropriate and respectful manner and tone and treated people with dignity when providing care and support. Staff we spoke with understood the importance of maintaining people's privacy and dignity. Staff explained how they ensured people's doors were closed and their curtains shut when assisting with personal care. We also saw that staff were mindful of confidentiality when discussing people's needs within the service.

People told us staff listened to them and they were involved in decisions about their care and support. A person who used the service told us, "I like being involved in everything." Another person told us, "They [staff] do ask." We observed staff supported and encouraged people to express their views and be involved in decisions. For example, in deciding what meals to have or choosing activities or how to spend their time.

Staff we spoke with explained how they used their knowledge of people to help and support them to make decisions and to understand any non-verbal communication. We saw staff enabled people to do what they wanted and could see that the people who used the service expressed their views and were listened to.

We saw staff were proactive in encouraging and supporting people to be independent. This included supporting people with activities or tasks by providing verbal prompts and guidance. A relative said, "They [staff] encourage independence, but recognise when they need support."

Is the service responsive?

Our findings

People who used the service provided positive feedback about staff. Our conversations with staff and observations of their practice showed us that they knew people and understood their needs and how best to support them. A relative of someone who used the service said, "They [staff] do know them at the Crescent. They do listen to [Name]."

One person's relative told us, "The staff, guided by [registered manager's name], have been encouraged not to judge or see things as trivial." We found that staff did recognise what was important to each person who used the service, validated their interests and spent time supporting and encouraging people to pursue their own particular hobbies. This showed us the care and support provided was person-centred.

We reviewed three people's care files and saw they contained detailed care plans and risk assessments. There was information about people's needs and the care and support they required from staff to meet those needs. Care plans and risk assessments also incorporated person-centred information about people's likes, dislikes, hobbies and interests, demonstrating that people were at the centre of the care and support provided.

We saw that care plans were generally reviewed regularly and kept up-to-date. Relatives of people who used the service said, "We do have a review, about once a year" and "We have a review meeting every six months or so, or more often if there has been any issues."

There were systems in place to ensure staff kept up-to-date with important information about people's changing needs. Staff maintained a daily record with details about the care and support provided. Staff also explained that they verbally shared important information at the beginning and end of each shift. One member of staff told us, "As soon as you come in, you have a handover." We found this was an effective system and staff we spoke with were aware of significant events and important information about the people they supported. We saw that staff also used a 'communication book' to record and share information, for example, when medicines needed to be collected from the pharmacy.

We reviewed the support provided for people to engage in meaningful activities. People told us they were able to make choices about what activities to take part in. We observed that people were supported throughout our inspection visits to go out or engage in activities. A person who used the service told us, "There are lots of things to do, it's nice."

People who used the service were supported to maintain relationships that were important to them. A relative of someone who used the service said, "When I do visit, they [staff] make me feel so welcome." We also noted that staff supported people to visit their families; routines were established to ensure they could maintain regular contact with the people who were important to them.

The registered provider had a policy and procedure in place which provided details about how they managed and responded to complaints. The registered manager said people who used the service were

regularly encouraged to speak to them or with staff if they were unhappy about any aspect of the service provided. This was confirmed in the records of 'resident meetings'. The registered manager told us that a copy of the complaints procedure was also given to people at family events.

People who used the service told us they could speak with staff if they were worried or concerned about any aspect of their care and support. A relative of someone who used the service said, "[Registered manager's name] always says I can ring them anytime. They are lovely, very responsive." There had been two complaints dealt with through the registered provider's formal complaints procedure. We saw these concerns had been investigated and a response provided.

Staff had also received compliments about the care and support they provided. These included, "[Name] wants all staff to know how happy they were with their [relative's] care."

Is the service well-led?

Our findings

People who used the service told us, "I like it here" and "It's nice. Nice room, nice food." Relatives of people who used the service said, "That home is absolutely first class. I can't praise it any higher" and "The quality of the care there is as good as anywhere."

The registered provider is required to have a registered manager as a condition of their registration for this service. 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. At the time of our inspection, there was a registered manager in post. They were also the registered manager of another service and split their time between the two locations. In their absence, they were supported by a deputy manager in the management of the service.

We received positive feedback about the management of the service. People told us the registered manager was approachable, listened to any issues or concerns and responded to feedback. A relative we spoke with commented, "I cannot recommend the leadership team highly enough. They are always willing to take a fresh look and develop a fresh approach when necessary." A member of staff told us, "[Registered manager's name] has no problem with us calling if we have got any concerns. They are very good like that; you never feel that you are bothering them."

We observed there was a positive atmosphere within the service. We saw interactions between people who used the service, staff and the registered manager were relaxed and informal. Care and support was provided in a coordinated, unrushed and attentive manner throughout our inspection.

We asked for a variety of records and documents during our inspection. We found these were generally well maintained and updated regularly. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Systems were in place to monitor the quality and safety of the service. We saw a range of weekly and monthly checks were completed. These included medication management, health and safety issues and ensuring records were up-to-date. We saw evidence that regular medication and moving and handling competency assessments were completed to monitor staff's practice and ensure they were providing safe and effective care and support. The registered manager told us they also completed quality assurance surveys to monitor the quality of the service and to gather feedback, but the results of these were not available at the time of our inspection.

The registered manager held regular team meetings to share important information and discuss any concerns. We saw minutes for meetings held in February, March and April 2017. Topics discussed included people's needs, training, cleaning schedules and paperwork. We saw that meetings were also held for

people who used the service. These provided people with the opportunity to discuss any activities they wished to pursue, talk about meal choices and the week's menu as well as to discuss any issues or concerns they had about the service. These records showed us there was an open and inclusive culture within the service. Information was shared and people were encouraged to provide feedback, which could be used to improve the service provided.