St Anne's Community Services

Kings Mill Court

Inspection report

St Anne's Community Services
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Tel: 01484545365

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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

The inspection of Kings Mill Court took place on 7 November 2016 and was unannounced. The service was previously inspected in April 2015 and found to be in breach of Health and Social Care Act 2008 Regulations 9, 12, 17 and 18. The service had been rated as requiring improvement overall with well led being inadequate due to a lack of appropriate management oversight. During this inspection we looked to see if improvements had been made.

Kings Mill Court is a complex of 12 self-contained flats in the Newsome area of Huddersfield. The service provides personal care and support for up to 12 people with complex physical needs, behaviours that challenge and/or learning disabilities. People live in tenancies agreed with a landlord. The flats have a communal lounge and kitchen on the ground floor and secure gardens which provide a private leisure area. The service was fully occupied on the day we inspected.

Although there was a registered manager assigned to the service we found they had left and a new manager was in post who was in the process of applying to be registered with the Care Quality Commission. 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 service was much improved from the previous inspection as people appeared to be more settled and calm. We found staff to have a good understanding of what constituted a safeguarding concern and how to report these, along with learning from such incidents where things could be improved. The service had supported people effectively through such situations, offering additional support where necessary.

Risk assessments were focused in individual need and promoted the benefits of risk taking as much as the likelihood of harm, to ensure decisions were balanced and proportionate. Measures were in place where required to reduce risks so people could undertake different activities.

Staffing levels were much improved and we observed much positive interaction during the day. All staff had a clear understanding of who they were supporting and when, which showed the service had developed a robust allocation system of staffing hours against people's required support needs. The service felt defined which helped support people by giving guidelines and structure.

Medication was administered in line with current guidelines and storage and checks were all correct.

We found evidence of regular supervision and training offered to all staff and this knowledge was embedded in observed interactions between them and people using the service. This was supported by an accurate use of the Mental Capacity Act 2005, again promoting people taking as many decisions for themselves as possible.

People were supported with nutrition and accessing external organisations as required. We saw evidence of regular and in-depth reviews of care needs with people and their appointed representatives. Care records reflected individual need and guided staff to provide effective support.

Although the registered manager had left, the new manager showed they had a firm grasp of the service, how it ran and where changes had been needed. They had continued and implemented improvements such as with medication administration and the service structure to ensure people's needs were met as they should be.

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.

People told us they were happy and we found staff understood how to keep people safe from avoidable harm and report concerns where necessary.

The home managed risk in a positive manner, enabling people to make choices and supporting them if they needed specific assistance.

Staffing levels were appropriate to the needs of the people living in the home and medicines were administered and stored safely, ensuring procedures were followed.

Is the service effective?

Good

The service was effective.

People were supported by knowledgeable staff who had received a comprehensive induction, ongoing support and training.

The home was compliant with the requirements of the Mental Capacity Act 2005 ensuring where people lacked capacity that decisions were made in their best interest.

People were supported to have adequate nutrition and hydration, with staff offering specific assistance where needed. This was monitored closely and referrals to external health professionals made as necessary.

Is the service caring?

Good

The service was caring.

We saw that staff were consistently helpful, considerate and responsive to people's needs. They were approachable and displayed high levels of patience when dealing with people with more complex behaviours.

People were treated as individuals and it was evident that staff

knew people well. We saw positive interaction between staff and people living in the home.

People's dignity and right to privacy was respected and supported.

Is the service responsive?

Good

The service was responsive.

The service had reorganised how it supported people and this was evident from people's relaxed demeanour they felt more assured.

Care records were thorough and reflected people's needs in reference to their preferences and routines.

Concerns, compliments and complaints were addressed thoroughly and used to improve service provision.

Is the service well-led?

Good

The service was well led.

People appeared at ease and staff were positive about working at the service.

The manager was accessible to people and we saw if issues were reported, then action would be taken and things changed.

The service had a robust auditing system which identified gaps and ensured through regular action plans that these were remedied as soon as possible.

Kings Mill Court

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 7 November 2016 and was unannounced. It was conducted by one adult social care inspector.

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. This information was also used to assist with the planning of our inspection and to inform our judgements about the service. We also checked information held by the local authority safeguarding and commissioning teams.

We spoke with two people using the service and observed interactions between staff and people during the day. In addition we spoke with five staff including two support worker, two team leaders and the manager.

We looked at two care records in depth including risk assessments, three staff records including all training records, minutes of staff and tenant meetings, complaints, safeguarding records, medicine administration records and quality assurance documentation.

Good

Is the service safe?

Our findings

One person said "I am happy here". One staff member told us "People are safe. This is because we have regular staff and robust safeguarding procedures in place. I've never had to raise any concerns regarding staff conduct, and we have internal and local authority reporting procedures in place." This staff member continued "A service user could raise concerns about their treatment, theft or other abuse" showing they had understanding of the different aspects a safeguarding concern could include. Another staff member said "Yes, people are safe as we have their best interests at heart. We keep an eye on them to ensure they are OK. I am aware I need to report any concerns. I've never had to report anything."

We looked at safeguarding records and found all issues had been reported as necessary. There was evidence safeguarding had been discussed in a team meeting in December 2015 where discussion included who could report any concerns and staff were given clear guidance. Where incidents had occurred, learning had been noted such as regular auditing for any discernible trends and staff were encouraged to attend good practice events where learning was shared between different agencies. Staff had access to good practice examples in the safeguarding folder so it was evident what information was required when reporting any such concern. We saw protocols had been re-written in relation to medication administration following a medication error which showed the service was responsive to the need to improve.

Risk assessments were in place for staff as well as people using the service. We were asked to sign in on our arrival in a book in the entrance area which we noted had been regularly completed. This was an improvement from the previous inspection. Risks to staff included looking at the demands of the job, sickness levels and vacancy rates. Various control measures were in place such as regular supervision, staff having a clear understanding of their roles, being supported through training and appraisals, frequent team meetings and rotas being given four weeks in advance to aid work/life balance.

People's care records contained risk assessments for areas such as medication, transport, financial abuse, falls, specific equipment and moving and handling procedures where necessary. Each assessment outlined the activity and who was at risk, alongside the benefits and risks of undertaking such activities. Methodology was recorded to guide staff as to how to support people safely when using certain equipment such as a hoist or stand aid. People's ability to determine the risk themselves was also noted and actions listed as to how to minimise the risk of such harm occurring. These risk assessments were reviewed regularly and reflected each person's particular situation and circumstances.

One staff member explained all the procedures in place in regards to fire safety such as regular fire drills and a buddy system to support people who needed assistance to leave the building which was agreed at each shift and recorded in the handover notes.

Staff told us staffing levels had improved. We saw five support workers were on duty in addition to the team leader during the week for every shift, and at weekends it was four support workers. Overnight there was one waking and one sleeping member of staff and all night staff had been trained in medicine administration if necessary. One staff member said "Only a couple of staff have left since August and one person has just

returned from extended sick leave. We do use agency staff every day by they tend to be the same people as much as possible. Some of our agency workers have worked here a long time." Another staff member confirmed that although agency staff were used, they were the same people to ensure continuity for people using the service.

Staffing rotas were checked every Friday to ensure all shifts had been covered for the following week and this was conducted by one of the team leaders who had overall responsibility for this task. The manager advised that staffing levels were increased during particular pressure points in the week such as Tuesday and Thursday evenings as many people liked to attend a local community group. We were told there was a rolling recruitment programme as although people applied for posts, they did not always attend the interview and hence the service had to use agency staff.

We looked at staff recruitment records and saw the service followed a rigorous and consistent process. References were checked and gaps in employment history discussed with each person at interview. Disclosure and Barring Service (DBS) Checks were carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

One staff member spoke with us about their induction which involved introductions to all people living in Kings Mill Court and reading many of the specific policies and procedures in place. They had also undertaken core training around key areas such as safeguarding and medicine administration while in their previous role at another St. Anne's service. This was evidenced in their staff file with detailed answers to questions about these key areas which had been verified by a more senior member of staff. Another member of staff who had previously worked with older people told us they had received training around how to support someone with autism effectively which they had found invaluable.

The manager advised us they had changed staff responsibilities so only team leaders were administering medication and supporting people with their finances. This ensured issues with practice could be resolved quicker and all team leaders were operating at the same level. It was also to minimise the likelihood of errors as the second staff member could talk to the person while the first staff member checked the medication prior to administering. Staff's competency in regards to medication was assessed on at least a two-yearly basis which was an in-depth assessment of the staff member's knowledge of the medication and its side effects, the appropriate storage of the medicine and how to deal with any issues arising during administration of the medication. Alongside this knowledge, the staff member was observed during the process of supporting a person with their medication.

One staff member told us "I look at each person's medication packs, checking it is for the right person, day and time and that the pack is intact. I then check the administration record and give the pack to the service user for them to pop out their tablets if they are able to. I observe them while they take them and then record they have taken their medication." This shows the staff member had a good understanding of safe medication administration procedure.

We later observed a different member of staff administer medication to two different people following the above procedure which evidenced it was embedded in the service practice. People were asked if they wished to take their medication with a glass of water and supported to get this themselves. Equally, people were asked if they wished to take their own medication out of the dosette box. Each observation promoted personal responsibility and encouraged them to do as much as possible independently. We also checked the controlled drugs storage and found these to be in line with requirements.

Staff were able to explain what action they would take if they discovered a medication error which included

noting a missed dose on the medicine administration record and seeking medical advice along with reporting the error to their senior. People's care records noted their medication with the name, dosage, frequency and what the medication was for. Reactions and possible side effects were also recorded to assist staff if people responded negatively. PRN (as required) medication was also listed, again with reasons and guidance for staff as to when these types of medication were to be given.

We saw every person had their individual personal emergency evacuation plan which was supported by other relevant and current information if a person needed to go into hospital urgently.

Good

Is the service effective?

Our findings

Staff told us they had received regular supervision from their managers. One staff member who had only started with the service since August had received two supervisions and an appraisal. This staff member said "I also see the manager at regular intervals if there are any other concerns. They are always available." We saw evidence of these sessions in their file which focused on the staff member's performance, their perspective and how any issues or problems were to be addressed. In other records we saw staff were offered support if they needed further guidance for specific tasks and in one record we noted other team members had helped a staff member adjust to their new role.

Some supervision sessions were role specific. We saw an example of this for team leaders where medication and money were discussed. This had stemmed from a staff meeting where minutes and discussions were recorded. As a result, clear guidelines were re-issued for all PRN (as required) and boxed medications to remind staff of the correct procedure.

We saw evidence in staff files of appraisals. In one appraisal record one staff member had three specific goals with target dates ensuring these were measurable. It included an overview of the person's performance assessing what they had achieved and was positive in tone. The staff member's view of their progress was also noted ensuring the process was two-way, and records were signed by employee and manager. This was repeated in other appraisal records we saw.

Training needs of all staff were recorded centrally and identified when training was due for renewal. We saw applications had been made for staff who needed updates with the relevant training department and an ongoing monitoring of progress in relation to this. Where training needs had been identified in supervision we saw these had been met through the provision of the required topic. Staff had received training in safeguarding, health and safety, first aid, person-centred care and assessment, moving and handling, food, positive behaviour support and medication in addition to other areas. This showed the service had staff who were trained in all key areas and the service was able to ensure this training was current as records were completed in detail.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found it was. One staff member explained "We assume everyone has capacity unless they are assessed as not having so. People have specific capacity assessments where needed such as for managing money." We saw in people's care records evidence of capacity assessments which reflected specific decisions and how best to support a person in making these decisions as far as possible. Where they

were unable to make such decisions, best interest discussions were held and documented. We also saw in people's care records their agreement in relation to risk assessments showing their level of understanding based on the assessment.

The service did not have anyone at risk due to poor nutrition but staff were supporting people with encouraging healthy food choices, and one person had lost weight which had improved their health and mobility. The service weighed people, with their consent, on a monthly basis to ensure appropriate support was being provided.

Staff told us each shift ended with a detailed handover about key events for people in the service that day. This was written information and each person was discussed with any outstanding issues followed up by staff on the next shift. This happened three times a day and we saw notes evidencing this.

People's care records contained detailed information about any external health or social care input such as regular GP, optician, dentist, physiotherapist and podiatrist appointments. This information was used to inform people's care plans and risk assessments where changes were necessary.

Good

Is the service caring?

Our findings

Many people accessed the community during the time of our inspection so our observations were limited. However, compared with the previous inspection we saw people were much calmer and the interactions between staff and people were less tense. People understood what support they were receiving and when seeking clarification received supportive replies. There was much less disturbance in the office as people were being supported more effectively. One relative had noted in a compliment "Everyone is so pleasant and helpful. It's almost too good to be true!"

We heard one person using the service raising concerns about not wanting to go shopping with a particular support worker. They were asked discreetly by a staff member why this was and the staff member listened patiently to the response. The person became very insistent and it was explained to them very patiently if they did not go with this particular worker it was unlikely they would be able to access the community as other staff were supporting other people that afternoon, and unfortunately it was not possible to move staff around.

At no point did the conversation dismiss the person's concerns; they were acknowledged and it was jointly agreed they would not be able to go out that afternoon if they did not have this staff member. The manager also supported the staff member and offered the person a chance to discuss their concerns in more detail. The manager later explained the circumstances around this person's concerns around the support and we were happy they had been addressed in full.

During the medication administration we observed one person did not want to move from the communal area so the staff member left them indicating they were going to support other people first and would come back a bit later which they did. This person then co-operated by going to their room as this was where their medication was stored. The staff member displayed patience and empathy, but was also knowledgeable about the importance of the medication being taken.

We asked staff how they ensured a person's dignity was respected. One staff member told us "I always ensure the flat door is locked if supporting someone with personal care and that other staff know what I am doing. I also explain to the person what I am doing, and encourage them to do as much as possible for themselves." We also saw records of inter-personal relationships between people using the service and some of the tensions this sometimes caused. One staff member spoke with us about a difficult relationship between two people and how this had been discreetly and sensitively handled.

The service had appointed 'champions' for different aspects of support. This included people using the service where we saw one person was a community champion supported by a staff member. Other roles fulfilled by staff included medication champion and activities champion. These roles existed to promote good practice and be a first point of reference for staff and people using the service in each particular area.

Good

Is the service responsive?

Our findings

Staff were nominated as keyworkers for specific people using the service. If they were unavailable a deputy was allocated and cover was also arranged for them if they were off. This ensured people always had someone to support them and who knew their needs in greater depth which enabled people to feel confident and secure in receiving the support they needed. The keyworker also took a lead in arranging regular reviews of people's support plans including their risk assessments and their goals. One staff member told us how they worked alongside the person they were supporting, saying "I'll share the housework with them. I encourage them to do the dishes and I'll fill the washing machine. We share tasks and enjoy learning together." They continued the staff had discussed how people could be more involved in the running of the service such as answering the telephone or taking visitors around the service.

We looked at care records and found them to be detailed and reflective of people's current needs. Each file had a front sheet outlining key information such as GP, allergy information and next of kin along with a photograph of the person to aid identification. There was also a completed Herbert Protocol which is a sheet of vital information to aid the police if a person goes missing. Records comprised support plans for each identified area of need such as communication, eating and drinking, medication, mobility and personal care. Each support plan was person-centred focusing on individual need and contained a rationale, expected outcome and how this was to be achieved. We saw evidence of monthly reviews for all care records.

In one record it was noted "Even though [name] can communicate effectively, they will not always inform staff if they are unwell, unless they are in pain." To support staff with this person a set of techniques was recorded to help ascertain how the person was feeling based on observations and questions. Level of support needs were given a colour rating depending on the depth required, again providing staff with a quick visual aid for essential needs and were extremely detailed outlining all tasks that a person needed support with and where relevant, their usual support patterns and routines. This was in pictorial form as well as written to ensure the person could access the information and agree to it.

People's goals were recorded on a planning sheet with the agreed outcome, rationale for undertaking such a goal and the specific actions needed to achieve them outlining how, when and who was responsible for different elements. Measures of success were also noted so that people could determine how far they had developed. The service had a weekly planner which was used in conjunction with staffing rotas to determine when support was needed for people, and to ensure this was covered. The issues we found during our previous inspection had been addressed as people were clear when they were receiving help and for how long.

Daily records were also in an accessible format and broken down into support task areas such as which personal care tasks were assisted with, meal support offered, equipment checks conducted and goal progress monitored. Each person had their own specific sheet which referenced all the support tasks they were supposed to receive assistance with and their individualised goals. This was an excellent tool to guide staff in providing effective and personalised support.

Person centred plans were reviewed with all relevant parties including the person themselves allowing them the opportunity to feedback their views of the support they received. People's goals were also reviewed, and where they had not been achieved discussion occurred as to how to facilitate this to enable success. In one record one person had requested support with baking and so it was suggested they joined in cooking of breakfast for the service on a Sunday morning as this was something people using the service liked to do. We saw evidence in people's records of activities taken to support goals they had set themselves such as attending concerts or pamper sessions.

Staff told us they had time to read people's care records and one staff member stressed "I needed to understand how to communicate with someone as they did not like being asked questions." This staff member also emphasised the importance of timely and appropriate recording to evidence what support they had offered to people.

We looked at the complaints, compliments and concerns file. We found all issues had been logged correctly and appropriate action taken as required. Each concern was dated and a record of the main issues noted. This included issues raised by people in the service such as one person resentful at staff directing them. This had been followed up sensitively with the person explaining that staff were there to advise and support, but not direct people. The staff member was spoken with as well to seek their view and remind them of their role. In another concern one person had been upset that birthday and other special occasion cards had not been sent to family members as previously requested. We saw in their care file this had been remedied as the addresses and details of such events were noted to enable staff to support with this task in future.

Each complaint had a summary, details of the subsequent investigation and further actions required. People's complaints were always acknowledged and explanations were given in writing as to the findings and outcomes. One complaint a person had raised about not receiving sufficient support hours had been addressed by a meeting between the person, their chosen family representative and care staff including the manager and area manager. A review was conducted one month after the agreed actions to see if the issues had been resolved and there was evidence they had. All complaints had been scrutinised by the area manager showing the service was being transparent where things had gone wrong and seeking to remedy the likelihood of future incidents.

The service had received seven compliments in 2016 which all echoed people's thanks for the support they had received. This included supporting people to attend events they perhaps otherwise would not have considered and also relatives' acknowledgement of people's progress towards independent living. One person had said "Thank you so much for making me laugh" which showed a positive rapport with their support worker and another said "It's good to see things improving at Kings Mill Court. All staff seemed more motivated and happy."

Good

Is the service well-led?

Our findings

We found people using the service had been asked their views in November 2015. There was not a more recent survey. Most comments were positive and some people said the service had improved. The survey was in pictorial presentation and allowed for people to indicate their views. However, we did note one person did say they felt they did not always get their allocated support hours if there were agency staff on duty. We did not see any evidence this had been investigated at the time.

People in the service had monthly tenant meetings and helped to set the agenda. Minutes evidenced discussions with people about previous activities and what people would like going forward such as a barbeque and a bake off competition. The importance of utilising people's keyworkers was emphasised to ensure people were receiving the support as they wished to receive it and to develop their goals. There was also discussion around the Kings Mill Court involvement project which asked people which skills they would like to share and what they would like to progress with. Tasks included answering the door, checking ID badges of visitors and keeping the photograph board up to date among others. The other outcome of these meetings was a kitchen skills and cookery course where people demonstrated things they were good at making with others, and in return learnt how to make new things from other people. This was positively received.

The new manager had been in post since July 2016 following the departure of the previous manager. Staff spoke with confidence about their leadership saying that they felt comfortable to raise any issues and things would change if at all possible following any such issues being discussed. One staff member felt equally confident in more senior managers in the organisation as well saying they listened, were supportive and responsive. One staff member said "I love working here. Everyone has made me feel very welcome." Another staff member told us "I've no concerns about any of my colleagues. We're a really good team at the moment."

Staff had monthly team meetings which included discussions of people's progress, resource issues, policy and procedure changes and any other significant information. Good practice guidelines were shared with staff so all knew how to support effectively and previous outstanding actions noted as completed. There were also monthly visits from the area manager which provided an overview of how the service was performing against the key areas of safe, effective, caring, responsive and well led. Points of improvement were noted and outstanding actions logged. The service had also had a quality and safety audit conducted on 18 October 2016 and the findings were recorded in detail with a resulting action plan, where it was evident responses had been made promptly to remedy more urgent issues.

We asked staff what they felt the values of the service were. One staff member said "to ensure everyone is valued and feels safe. I am very aware this is their home. We are trying very hard to get people more involved in their local community." Another told us "To make sure people live as full a life as possible and reach their goals."

We asked staff what they felt the key achievements were. One staff member said "We have improved support

plans, more people are involved in the service and getting out more into the local community". They also mentioned specific achievements of individuals in terms of meeting their own support goals. Another member of staff told us "We all work well together and want to succeed. We are aiming for a well run service."

When we asked staff how they knew they were providing a quality service one told us "the feedback I receive from service users, they are happy to raise any issues and know we will look at them. Also the meetings people in the service hold – they are run by them with one staff member in just for support if necessary. People say what is going well and what they would like to do, and we try and do this. For example, we have considered people answering the telephone, developing their cooking skills or doing new activities." Another staff member said "Some of my colleagues say 'well done' which is great and when people say 'thanks for your time and effort' that is rewarding."

The service had different quality audits in place. We looked at the monthly medication audits which assessed each person's experience. Issues were noted with action points which included the supervision for senior staff members around medication procedure. Where individual issues were identified for staff members a specific supervision session was held discussing the concerns and how these were to be remedied. It was evident where issues had previously been noted, they had been actioned and practice improved by the time of the next audit showing the service was responsive to such concerns. Other audits included monthly finance checks, premises checks, safeguarding and incident analysis and health and safety. All of these, combined with regular reviews of people's support plans and risk assessments helped support the service deliver safe and effective care.