

St Anne's Community Services

St Anne's Community Services - Fieldhead

Inspection report

Fieldhead
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21 August 2018

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Ratings

Overall rating for this service	Good ●
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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 Fieldhead is a residential care home for up to five people with learning disabilities or autistic spectrum disorder. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. There were four people living at the service at the time of the inspection, all of whom who had lived there for around 25 years. There were no plans for a fifth person to move into the service. The home is a detached two storey house with enclosed outside space located in the village of Langthorpe.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Sufficient staffing levels were in place. Workers from the service's own staff team and agency told us they had a good working relationship, supporting people to promote their wellbeing.

Staff were aware of areas of increased risk, with mechanisms for monitoring them. Handovers included checks by two members of staff which helped maintain people's safety.

Where people had behaviours that could challenge the staff Positive Behaviour Support plans (PBS) were in place. Staff were involved in the development of these, drawing on their experience to support the person safely.

Some checks were being completed within the service to identify what areas worked well and those requiring improvement. The registered manager was developing additional checks to improve quality assurance. They agreed more robust checks would help the service develop.

Staff constantly communicated to ensure people received timely support. Health action plans were used to record people's health appointments and the outcome of these. Hospital passports contained information about people's care and support needs to be shared with health professionals to inform their approach to working with people.

Staff received an induction and training relevant to their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Care plans were focused on people's strengths and how to help them achieve outcomes. They contained details of people's routines to help staff understand individual preferences. Care workers knew how to adapt

their communication to support people to understand and express their views. An advocate had regular involvement with all the people living at the service to help with this. This showed the service worked to involve people in their care and support.

We saw positive interactions between people and staff. Staff knew people's preferred interests and activities.

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 - Fieldhead

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.

The inspection took place on 17 and 21 August 2018 and was announced on both days. The inspection team consisted of one inspector. We gave the service 24 hours' notice because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

Prior to the inspection we reviewed information we had about the service including the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications received from the service and any other information we had received to help us assess any risks at the service. We also contacted the local authority safeguarding and commissioning teams. We used this information to help us plan the inspection.

During the inspection we reviewed three people's care records and two people's medication records. We reviewed various policies and procedures relating to the running of the service such as the equality and inclusion and quality assurance policies. We looked at the recruitment files for two care workers and two agency workers.

We spoke with members of the staff team including the registered manager, deputy manager, three care workers and one agency worker. We used the Short Observation Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Three professionals who worked alongside the service to support people were contacted for feedback.

Feedback was also received from one advocate, who acted on behalf of the people that used the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

Safety and maintenance checks were completed on the home environment and equipment used.

Personal Emergency Evacuation Plans (PEEPs) identified the support people would need to leave the home in the event of an emergency. Fire drills had taken place and staff felt the evacuations were useful. One care worker said, "If it happens for real I'd know exactly what to do."

Relevant risk assessments were in place where people had specific care and support needs that may put them at risk. Where people could present with behaviours that may challenge Positive Behaviour Support (PBS) plans were in place to maintain their safety. We observed staff supporting a person in-line with their PBS plan. A care worker said, "I feel confident about supporting them". A professional that had worked with the person told us, "Staff support seems appropriate, responsive and proportionate."

Safe recruitment systems were in place. A full employment history, references and appropriate checks were completed prior to staff working at the service. Agency profiles were used to assess the suitability of agency staff to work at the service.

A dependency tool helped the registered manager plan the staffing numbers required. The rotas showed these staffing levels were being met and additional staff were on shift at busier times of day. The service had four long-standing full time equivalent support worker vacancies and the registered manager told us they were actively recruiting. Staff worked additional hours and regular agency staff covered the vacancies. One support worker said, "I do a lot of extra hours because of my love for the guys." The service had measures in place to maintain appropriate staffing numbers.

Medicines were managed safely. Support plans detailed the level of support people required with ordering, collecting and taking their medicines. Staff were aware of people's medicines needs. Staff completed safe handling of medication training and had their competency checked prior to supporting people to ensure the safe use of medicines.

Handovers included additional checks by two members of staff. Any medication in its original packaging and money held on behalf of people was checked to ensure this was accounted for and any issues promptly addressed.

Staff followed infection prevention and control procedures to maintain people's health and well-being.

Accidents and incidents were well managed. Staff described calling the emergency services and completing an electronic incident form following a serious injury to one person. We saw evidence of investigations completed to identify the cause of an accident. This showed the service addressed the immediate incident

and investigated any areas for wider learning and improvement.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

People's care needs were assessed holistically to achieve effective outcomes for people. Consent forms were in place to show people had agreed to receiving care and support. These had not yet been reviewed and the registered manager provided us with updated documentation.

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. One person's capacity to temporarily move bedrooms due to their needs had been assessed and the decision had been made in their best interests.

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. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Two people living at the service had DoLS authorised and two people had DoLS requests submitted.

New staff and agency staff received an induction to the service. New staff had a six-month probationary period, which included reviews to check their progress and suitability for the role. Staff received regular supervisions and support to develop and progress in their roles.

Staff received regular training in areas relevant to their role such as PBS. Staff told us they developed a person's PBS plan. This showed staff knowledge and experience being used to support the person effectively.

People were supported to have a balanced diet. Meal times were a shared experience with people and staff eating together. Staff knew people's favourite meals. Care plans detailed how to support people to eat and drink. One care plan referred to a person finding it easier to drink from the top half of their beaker. We saw staff topping up the person's drink to promote their fluid intake.

Staff were constantly communicating with each other to ensure people received consistent care and support. Handovers were used to share information between shifts. An advocate told us, "Whenever I've asked anything about the care plans everyone seems to know the answers for me."

Health action plans recorded people's health appointments and the outcome of these. One person's records showed they had seen a chiropodist, dentist and district nurse. Hospital passports were used to share information about people's health and social care needs. Health professionals had positive working relationships with the service. Written comments from them included, 'Staff have always endeavoured to act

upon any recommendations in a timely way.'

The service had been adapted and designed to meet people's needs.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

Our observations showed positive interactions between people and the staff supporting them. Staff had a warm approach and supported people at a relaxed pace. Care workers facilitated activities, ensuring one person had the space and assistance they needed to complete a jigsaw puzzle. One person was attempting to playfully grab staff, care workers knew this was part of the person's humour and joked with them.

Staff were committed to supporting people and improving people's quality of life. One person living at the service had recently experienced a deterioration in their health. Staff showed concern, compassion and empathy for the person, recognising the impact of the person's health needs on their ability to participate in activities and on their wellbeing. One care worker said, "These guys have been my life since I started working here." A professional commented, "Staff genuinely care."

People were supported to communicate and express their views. Care plans detailed how to support people's communication needs and make information accessible to them. A care plan specified that a person would respond with single words and would find it difficult to answer a question if given too much information. Care workers described using this approach and could tell us which people needed time to process information.

People were supported to be actively involved in making decisions about their care and support. An advocate had regular involvement with all four people at the service. The service understood the role of the advocate. The professional told us, "They always consult with us before a decision is made and try to act in people's best interests."

People were supported to be independent where possible. Staff knew how to support people to maximise their independence. Care plans contained detailed information with one person's care plan describing how they identified toiletries by their shape and smell. Buying similar items helped the person understand what the products were for and manage aspects of their personal care. One person ate their lunch with adapted cutlery and received encouragement to feed themselves. When the person started to struggle, support was provided.

Staff understood how to support people to retain their dignity. One worker described how a person may not dress and fasten their clothing following using the toilet. The staff said, "I would make sure I am available to support." This ensured the person's dignity was maintained.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was not always responsive and awarded a rating of requires improvement. At this inspection, we found the service had improved and was responsive.

Detailed person-centred care plans were in place for each aspect of people's support needs. These had been regularly reviewed and updated. An advocate confirmed people's care plans were relevant to people's needs. Care plans considered people's strengths and how to help them achieve their outcomes.

Care plans described people's routines. One described how a person liked to talk to themselves at night as a way of processing the day's events. Care plans were detailed and information was linked together. For example, a person's communication needs impacted on their capacity to make decisions and on their ability to understand their medicines. This assisted staff in understanding how people's routines and needs were interlinked.

Staff knew people's interests and preferred activities. At the time of our inspection some of the activities that people attended had stopped for the summer break. However, we saw activities being provided at the service that were appropriate to people's interests. One person enjoyed going to collect a newspaper regularly and had the opportunity to do this. A care worker assisted a person to play a ball game when they were at risk of coming into conflict with another person to distract them. The ball game was short, which suited the person's concentration and provided them with the stimulation they wanted.

People were supported to pursue their activities in the community and at the service. People accessed local shops cafes and pubs. One person enjoyed singing and would sing at home. They also attended a singing group. Their key worker's supervision notes referred to them compiling a playlist of songs the person liked.

Staff understood the relationships that mattered to people and supported people to maintain them. One person was supported to see their relative each month. Staff communicated with people's families according to the family's preferences. One support worker described writing a letter to a person's family member to update them. The relative had complimented the worker on their knowledge of the person and felt they could be approached should they need further updates.

A written compliments, complaints and suggestions policy was in place. No complaints had been received by the service. An advocate suggested that the people living at the service may benefit from more meaningful and sensory activities and had discussed this with the staff. They acknowledged this was being looked at by the staff team.

No-one at the home service was receiving end of life care. Some staff had completed end of life training. One care worker said, "The course has helped prepare me for when people reach this stage in their life." This demonstrated the service acknowledged this support may be required in the future due to people ageing and developing more complex health conditions.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff working at the service felt supported. One care worker said, "The manager, deputy manager and staff can't help you enough." Other staff described the registered manager as always having an open door. We saw staff approaching the registered manager with queries during the inspection, which were responded to. Staff looked to them to provide leadership and direct their approach and they received the guidance they needed.

When necessary the registered manager had followed the provider's disciplinary policy and taken action to consider any issues raised and ensure people's safety was maintained.

Staff and agency workers worked together effectively. One agency worker told us, "I feel I'm one of the team. They've always made me feel welcome. The atmosphere here is really friendly." A care worker described agency staff as being part of the team and said, "I can't speak highly enough of them, they've fitted in well." This showed agency staff were integrated into the staff team, working together to achieve good outcomes for people.

Checks were completed in the service to look at what worked well and identify areas for improvement. The deputy manager completed a weekly medication and financial audit and a monthly health and safety check was undertaken by staff. The registered manager was planning to introduce additional audits to support the current quality monitoring. Two monthly audits were completed by the regional manager. Where areas for improvement were identified they were not always followed up in subsequent checks to ensure actions had been completed. The registered manager agreed that more robust reviews would be beneficial.

Attempts to obtain feedback from some relatives and professionals over the past year had proved unsuccessful. The registered manager told us they were considering other approaches to engaging relatives in the running of the service and gathering their feedback.

Staff felt involved in establishing the direction of the service. One support worker said, "We always have the opportunity to discuss how we'll do things." We saw staff had requested a change to shift times at a team meeting, this had been agreed. Staff rotas showed the new working arrangements. We saw team meeting minutes, which showed information was shared about people that living at the service.