St Anne's Community Services

St Anne's Community Services - Lees Hall Road

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

The inspection took place on 27 July 2016. The inspection was announced. This was because the service was a small service and we needed to be sure that someone would be available so we could carry out our inspection.

St Anne's community services Lees Hall Road is a service that is registered to provide personal care and rehabilitation support for up to seven people with a mental health condition. The service covers the Dewsbury area and at the time of our inspection provided support to three people.

The service had manger in place that was not registered with the CQC but was part way through the registration process and was awaiting their fit person's interview. 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..

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Staff we spoke with knew how to administer medicines safely and the records we saw showed that medicines were being administered correctly. However there were some discrepancies with the stock counts of medicines we looked at.

The service had an up to date safeguarding policy in place and staff had a working knowledge of this. They were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were also aware of whistle blowing procedures.

Accidents and incidents were appropriately recorded and analysed so that any trends could be identified.

People's care plans we looked at were written in plain English and in a person centred way. People who used the service had ownership of their care plans and were involved in the process. These were regularly reviewed and updated by the care staff and the manager.

Individual care plans contained personalised risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The daily records we viewed also showed people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP and care managers.

We saw safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. The checks included obtaining references from previous employers and a Disclosure and Barring Service check to ensure that staff were safe to work with the people who used

the service.

When we looked at the staff training records and spoke with the manager we could see staff were supported to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular team meetings and supervisions with the manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

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. Anyapplications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place and was working within the principles of the MCA. At the time of our inspection no applications had been made to the Court of Protection. From speaking to staff and looking at the training records we could see that training for staff was provided regarding MCA and Deprivation of liberty safeguards (DoLS)

We saw a complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found the service had been regularly reviewed through a range of internal and external audits. We saw action had been taken to improve the service or rectify any issues found. We found people who used the service and their representatives were regularly asked for their views via an annual quality survey to collect feedback about the service.
We spoke with support staff who told us that the manager was supportive and approachable. Throughout the day we saw people who used the service and staff were comfortable and relaxed with the manager and each other. The atmosphere was homely, relaxed and we could see that staff interacted with each other and the people who used the service in a person centred way and were encouraging, friendly, positive and mutual respect was noticeable.

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

This service was safe.

People were supported by sufficient numbers of staff to meet their needs.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Effective safeguarding procedures were in place at the service.

People were supported with administering their medicines and working towards doing this independently.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs, preferences and lifestyle choices.

Staff had regular team meetings and communication opportunities worked well.

Is the service caring?

Good

This service was caring.

Staff were seen to be friendly and patient and people using the service and relatives told us they were happy with the standard of care being delivered.

Staff were mindful of respecting people's privacy and dignity.

People who used the service had access to advocacy services to represent them if required.

Is the service responsive?

Good

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs.

People were involved in their care planning, which reflected people's current individual needs, recovery, choices and preferences.

People were involved in developing a choice of activities and outings, and these were important and relevant to the people who used the service.

People were able to complain if they wished to and were made aware of how to complain by the provider.

Is the service well-led?

Good

The service was well-led.

Staff said they felt supported in their role and regular staff meetings were held which helped to promote staff engagement.

Staff and people we spoke with told us the management team were very approachable.

There were effective systems in place to monitor and improve the quality of the service provided. Audits of areas such as care plans, accidents and incidents and care records were undertaken regularly.

St Anne's Community Services - Lees Hall Road

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 27 July 2016. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the time of our inspection we had not received a completed PIR. We raised this with the manager who told us they had not completed it immediately because they were not yet the manager of the service. They had sought advice from the registered provider and had now completed the document but not

yet submitted it.

During our inspection we spoke to three people who used the service, two care staff, the manager and the deputy manager.

We undertook general observations and reviewed relevant records. These included three people's care records, three staff files, audits and other relevant information such as policies and procedures. We looked around the service and saw self-contained flats for semi-independent living, people's bedrooms, bathrooms, the kitchen, and communal lounge and dining areas.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us; "I feel safe, it's a good place to be. That's the reason I'm here to keep safe." Another person said; "I'm safe here."

The manager told us; "I want people to feel happy, comfortable and safe here."

The service had an up to date safeguarding policy in place. Staff had all received safeguarding training and were able to describe the procedure for reporting any concerns. Information regarding safeguarding and whistle blowing procedures and contact details was prominently displayed on a notice board. We saw records to indicate that safeguarding alerts had been correctly made to the local authority.

People had individual risk assessments in place which covered areas such as deterioration of mental health, inappropriate behaviour and financial abuse or exploitation. These documents contained a good level of detail such as warning signs, triggers and recommended interventions. People's risk assessments were reviewed regularly and amended if necessary. This meant the service monitored risks to people, encouraged positive risk taking and took appropriate steps to minimise harm.

We looked at the way medicines were managed. The records we saw showed that medicines were being administered correctly. Clear protocols were in place for medicines prescribed to be taken 'as required' (PRN). Staff had received appropriate medicines training and the manager regularly observed them to ensure their competency. This meant staff had the necessary skills to ensure people who used the service received their medicines as prescribed.

One person told us; "Staff watch me take my tablets. They keep them in the office and give them to me." Another person said; "At first I took my meds in the office and now I have them in my room."

The medicine for those people who required support with administration was stored securely in the office and we saw this area was well organised and kept clean and tidy. Each person had a safe in their room and those people who self-administered used this for the safe storage of medicines. The safes were locked using key pads and the codes were only disclosed to those people who had been assessed as able to self-medicate. There was a clear protocol in place that stated if a person became unwell the code would be temporarily changed and staff would support the administration of medicine until they were well enough to resume that responsibility themselves. The temperature of the areas the medicines were stored was checked daily and was within the safe range recommended within the National Institute for Health and Care Excellence (NICE) guidelines Managing Medicines in Care Homes.

We saw accidents and incidents were recorded correctly on a three part form. One copy of the form was held on the individuals' file, one was sent to the registered provider and one was kept on an accidents and incidents file so that analysis of accidents across the service was easier to undertake. This meant there was an effective monitoring system in place that would identify any trends or action needed and thereby keep people safe from the risk of accidents.

We looked at three staff files and saw safe recruitment processes and pre-employment checks were in place. Documentation we saw showed there were no unexplained gaps in employment history, identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff prior to commencing employment and further checks were conducted every three years. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

We asked the manager about staffing levels. We were told that recruitment was an on-going process with the service not yet fully staffed. As the service was also not yet at maximum occupancy there were sufficient staff in place to provide a safe level of care to people.

We found the service maintained a high level of cleanliness throughout and there were effective systems in place to reduce the risk of spread of infection. People using the service were all involved in daily cleaning routines.

Good

Is the service effective?

Our findings

We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge. When we asked the people who used the service if they thought staff were trained they told us; "Yes they are doing training at the moment all about healthy eating and cooking."

Staff we spoke with were happy with the training they received. One staff member told us; "I love it here and it was really nice as we all started at the same time. We have had loads of training. The first couple of months were intense training. We also have regular training days and we have the opportunity to complete the mental health certificate."

Staff were trained in the following areas; equality and diversity, health and safety, safeguarding adults, emergency first aid, mental capacity act and deprivation of liberty, fire safety and communication skills. Staff were also trained in more specialist areas including; positive behaviour support, understanding autism, mental health and Dementia.

Induction for new staff was training for three days followed by time spent shadowing more experienced members of staff to get to know the people who used the service before working alone. The induction training provided to new starters was the care certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff received regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervisions took place approximately every four weeks. During each supervision a different topic was discussed such as wellbeing and development. As part of their annual appraisal staff rated themselves. During appraisal meetings staff discussed workload, attitude, being a team player, skills, training, using initiative and overall contribution. One staff member told us; "We have drop in PDR (Professional Development Review) every Wednesday if staff wish and then the supervisions are monthly."

Where possible, we saw people were asked to give consent to their care and we could see in the person's care plan they had been involved in the development of the plan. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the appropriate professionals.

A separate 'Health plan' for people who used the service was in place that covered general health, wellbeing and a mental health recovery plan. All contact with community professionals that were involved in care and support was recorded including; the community learning disability team and GP. Evidence was also available to show people were supported to attend medical appointments. One person who used the service was supported to attend medical appointments as part of their plan. They told us; "I go to get my

bloods done once a month and the staff help me get there and back. They go on the bus with me."

The recovery plan within people's health plan called the 'recovery star plan-managing mental health'.This plan covered the following; setting goals, managing mental health, living skills, self-esteem an, responsibilities, relationships, addictive behaviour, social networks and self care. When we spoke with people who used the service about this plan they told us; "The plan has steps. I am happy with it and happy here. I used to be really poorly in the past and I have spent a lot of time in hospitals."

People were encouraged to make healthy choices, prepare and cook healthy meals, as part of their recovery and to participate in a healthy lifestyle. The manager told us; "We follow healthy eating guidelines, we don't buy unhealthy foods with the food budget. Everyone has their own cupboard in the kitchen." This showed us that people were encouraged to take responsibility of their diet and make healthy choices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that no one using the service required a DoLS and the manager understood their responsibilities with regard to DoLS. We saw staff had been trained in MCA and DoLS and had an understanding. When we asked, staff had knowledge of this. We saw a copy of an accessible information sheet that was given to staff for them to make reference to and this was a handy one page guide to DoLS. This showed us the provider was compliant in the area of MCA and DoLS.

Good

Is the service caring?

Our findings

During our inspection we spoke with people who used the service and we asked them whether staff were caring. They told us the staff were caring and supportive and helped them with their recovery and with daily living skills. One person told us; "The staff are all really lovely, friendly, supportive and nice." Another told us; "The staff are polite and they talk to us. (Name) is very nice they help me out and support me in every way. I wouldn't have come on as well as I have if it wasn't for the staff supporting me."

We observed a relaxed atmosphere within the service; staff were interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place. We saw people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff chatting with people about what activities were being planned for the day. We saw people were offered choices throughout the inspection from what to have for lunch and where to go for the day. One person who used the service told us, "The staff really listen to us and we always choose what we want to do."

When we asked staff about the people they were supporting they were able to tell us about their life histories, interests and preferences. We saw all of these details were recorded in the personalised care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people they cared for at home at all times and told us this was an important part of their role. A staff member told us; "When we support (name) with their tablets we make sure this is done discreetly to protect their privacy."

During our inspection we were able to see how the people who used the service were supported to be independent and to work towards a longer term goal to live independently. One member of staff told us; "We promote independent activities so we promote therapeutic activities and if someone wasn't confident we would support them and then next time encourage them to do more of the task or activity themselves. We would be there to assure them that support is always there for them." "One person we supported had a lot of anxiety around public transport and over the months they have gone from being very shaky and needing lots of support to using the bus independently."

When we observed people who used the service interacting with the staff supporting them the atmosphere was relaxed and the staff were encouraging and speaking in a caring manner. We could see the staff had a good rapport with the person using the service.

There was information available for the people who used the service about advocacy displayed on the notice board. When we spoke with the manger and the staff about advocacy they were knowledgeable and knew how to access advocacy support.

We saw detailed plans had been made by the people who wanted to for end of life care for people who used the service. These had been carefully planned together with the people. The plans included religious requests and personalised wishes.

Good

Is the service responsive?

Our findings

During the inspection people using the service were going out to attend activities and also engaging in activities at home. We saw a craft activity that had recently taken place was a mask making session where people had made a mask of themselves to work on reflecting their own identity. One of the people using the service told us; "I like singing and dancing." Another told us how important the activities were for them, they told us; "Part of my recovery is to take part in activities, we can't just sit around all day doing nothing. I like a structured day and if we keep busy we will keep well and we have plenty to do." Another person told us; The staff helped me to plan where to go for days out and I have been to Doncaster Zoo, Whitby and Scarborough."

The care plans we looked at were person centred which meant they were all about the person and it put the person first. The care plan was easy to read. The care plan gave an insight into the individual's personality, preferences and choices. The layout of the plan set out how people liked to live their lives and how they wanted to be supported. The care plan included; medication and side effects, personalised risk assessments, visits to other health professionals, recovery star model, goals, for example moving onto supportive living.

People were supported to plan ahead and set themselves goals to work towards for example moving onto supportive living and this included several stages that people were working on. One person who showed us their plan had several targets to meet including; being able to take medicines independently, remembering to brush their teeth, go food shopping alone, managing money and building social networks.

We saw people were involved in developing their care plans. We saw people's care plans included photos, pictures and were written in plain language. We found people made their own informed decisions that included the right to take risks in their daily lives. When we asked staff how they supported this they told us; "We help people to set themselves mini targets leading up to a bigger goal for example using public transport. This took a long time. We spoke with the person to find out how they felt about it and took it one step at a time. Getting on the bus together and then we would get off the bus one stop early and let the person complete the journey on their own then next time we got off the bus two stops early and this was built up gradually and now they go it alone."

The care plan was reviewed on a monthly basis by the support staff with the person and this enabled the person to be involved in the review. We could see this was evident on the care files and how people had progressed with their goals. One person who used the service told us; "The staff go through my plan with me, this place is all about getting back in the community independently and getting well."

We asked the staff and people who used the service how they were part of the local community and one member of staff told us; "We go for walks all the time to the local pub. If I wasn't here I wouldn't be doing so well and accessing the community like we do. "One person who uses the service told us; "We walk by the canal a lot and go and feed the ducks."

When we spoke with the manager they told us it was important to have a diverse staff team to enable people to take part in activities. They told us; "We are very diverse, we have staff that can; crochet, play guitar, juggle and gardening. The staff encourage people to get involved in the garden and to go on bike rides."

The complaints policy we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the service had not received any complaints but the procedure was in place to deal with complaints if they were to receive any. From speaking with people who used the service and staff they were knowledgeable of the complaints procedure. One person who used the service told us; "We can complain if we want to, I've been told if I want to complain what I should do. Me personally I have not found anything to complain about." This showed us the complaints procedure was well embedded and understood by the people who used the service.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a manager in place but was not registered with us. The manager was in the process of application and was awaiting their interview with us. A registered manger is a person who has registered with CQC to manage the service. When we asked staff about the manager they told us that they were well supported. One member of staff told us; "We can go and see the manager when we want. There are drop in sessions and regular meetings."

The manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements. The manager explained how safeguarding, complaints, human resources, accidents and incidents reports were monitored by the area manager of St Anne's Community Services.

Team meetings took place weekly and minutes were taken. During these meetings staff discussed the support they provided to people and guidance was provided by the manager in regard to work practices. Opportunity was given to discuss any difficulties or concerns staff had. We could see evidence of this when we looked at the meeting minutes. The manager told us; "We don't want the staff to be robots and we want staff to bring a piece of themselves to the role and we encourage open discussions. The staff dynamic has settled. Issues can be resolved with humour and the team is becoming stronger."

The staff members we spoke with said they were kept informed about matters that affected the service by the manger. They told us staff meetings took place on a regular basis and they were encouraged by the manager to share their views. We saw records to confirm this.

We saw how the manger adhered to company policy, risk assessments and general issues such as, incidents, accidents moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service at engagement meetings and through an annual quality survey. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The manager told us; "I encourage the staff to question me and my decisions and I am reassured that they have been able to do that in the clients' best interests."

The service had a clear vision and set of values that included a person centred approach, consultation, confidentiality, dignity, independence and working in partnership. These were understood and put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The manager told us; "I want people to feel happy and comfortable and safe here. I want the service to be a place where people come for nine months of their life so that their view of the world can be expanded. I

want people to leave here being more comfortable with who they are."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals.

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure at the main office and they were up to date and in good order. Information was maintained and used in accordance with the Data Protection Act.