

St Anne's Community Services

St Anne's Community Services- South Tyneside

Inspection report

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06 September 2018

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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

This inspection took place on 24, 28 August and 6 September 2018 and was announced.

St Anne's Community Services - South Tyneside, provides personal care and support to people living in their own homes or in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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.

People and their relatives we spoke with told us they felt safe and well cared for. Staff understood their roles and responsibilities regarding keeping the people they cared for safe. Safeguarding alerts that had been raised had been dealt appropriately and in line with the provider's own policy.

Robust recruitment checks were carried out prior to any new staff commencing employment. Staff had the appropriate skills and had received training for their role. Training records however, showed that for some staff certain areas of training had lapsed. The registered manager told us that all outstanding training would be completed by the end of September 2018. Staff confirmed they had regular supervision sessions and yearly appraisals.

The process of handling of people's medication was safe. Records showed that staff carried out regular health and safety checks at people's homes to make sure they were safe. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks.

People contributed to the development of their care plans which were written in a person-centred way and were clear to understand. Person-centred is an approach that ensures the person is included in their

support and their preferences are respected. Care plans also demonstrated involvement from other healthcare professionals to ensure that people's ongoing and any emerging health needs were met. Care plans were assessed on a regular basis to ensure people received care and support that was appropriate to their needs. Staff understood the needs of people and that was evidenced when we visited people in their homes.

Where possible, people were supported and encouraged to lead as independent a life as possible. Social activities and involvement with the local community are a great focus for the service and this was confirmed when we spoke with people, staff and relatives. People were also supported to maintain and develop relationships that were important to them.

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

Staff were able to describe to us the importance of ensuring that people's nutritional needs were met.

People and relatives told us that staff treated people with care, kindness and compassion and we were able to observe this when we visited people in their homes. Staff were able to describe how they would maintain people's dignity and respect at all times and relatives we spoke with confirmed this.

Feedback regarding the service is sought via a yearly questionnaire, which is sent to people using the service, their relatives and other stakeholders. The provider also has a complaints policy in place which also allows for feedback to be given.

Staff told us they felt that supported and valued by the registered manager and deputy managers and that all managers were very approachable.

The provider had notified CQC of all significant events in line with their legal responsibility. The provider had a range of internal audit systems in place and had taken steps to address any actions resulting from these audits. However, audits carried out at regional level had not taken place since February 2018. This was discussed with the registered manager.

Records reviewed showed that the provider carried out regular risk assessments for both people and their home environment.

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? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

St Anne's Community Services- South Tyneside

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 24, 28 August and 6 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides care for people living in their own homes or in a 'supported living setting'. We needed to be sure they would be in. One adult social care inspector carried out this inspection.

Before the inspection we reviewed information we held about the service. This included inspection history, complaints and notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We contacted the local authority: Commissioning Team; Clinical Commissioning Group (CCG); and the Safeguarding Adult's Team. We reviewed the website of the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

One the day of inspection, we spoke with the registered manager, two deputy managers, one carer and one relative. We visited five people in their homes and we were able to speak with three of these people. Following the inspection, we spoke with two carers and two relatives by phone.

During our inspection we reviewed a range of documents and records which included, care plans for three people who used the service and three staff records. We also looked at various quality audits completed by the registered manager and area manager.

Following the inspection we emailed one NHS physiotherapist; one local authority day services manager; one advocate and one local authority social worker to obtain their feedback.

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..

People and their relatives told us they felt safe with the care and support provided by carers. One person told us, "I feel safe with the girls [carers], and they are good with me." Another person told us, "Yes, I feel safe, I like the way [carer], cares for me."

Relatives we spoke with said, "This is the best care [person] has had. It was a breath of fresh air when St Anne's got involved." Another relative told us "No, no concerns, nothing at all. If I did, I would ring and speak to the office, they are really on the ball at sorting things out."

The provider had policies in place for both safeguarding and whistleblowing (telling someone) and staff we spoke with had a good understanding of these policies.

A number of safeguarding issues had been raised since the last inspection. We found the provider had taken appropriate action. The provider's safeguarding log confirmed that all safeguarding issues had been notified to both the local authority and CQC in line with their registration requirements.

We saw that appropriate risk assessments had been completed and were in place to support people to keep them safe. These assessments included both potential environmental risks (people's homes) and positive risks for people to be as independent as possible, for example lone travel and social activities.

Records viewed showed that staff carried out daily, weekly and monthly premises and health and safety checks. Where possible staff encouraged people to be independent and supported people to carry out these premises checks themselves.

Fire drills were carried out weekly and fire safety was regularly discussed with people. One person we spoke with told us they were involved carrying out their own fire drills, they said, "I go into the cupboard to test it. I press the button in and the alarm goes off." They then explained how they would exit their house in the event of the fire alarm going off.

We looked at the personnel files for three members of staff. These included relevant paperwork such as application form, proof of identity, two references and Disclosure and Barring Service (DBS) checks. The DBS check helps ensure people are suitable to work with vulnerable people.

During our visit to people's homes we reviewed medication administration records (MARs). We saw that medication was stored securely and records showed the safe receipt, storage, administration and disposal of medication took place.

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 had regular contact with healthcare professionals for example, GPs, district nurses and chiropractors. Timely referrals had also been made to other healthcare professionals.

Care plans recorded that people received a healthy, varied and balanced diet to support and maintain a good level of health. One person's care plan reflected that following a change to their diet, their health had improved to the extent whereby they were no longer required to take medication.

Staff we spoke with told us they received regular training and records showed training the provider deemed as mandatory included, safeguarding, first aid and moving and handling. When we reviewed the training records, it showed that some training was out-of-date. We discussed this with the registered manager who informed us there had been an issue with the organisation's e-learning system. The registered manager informed us arrangements were in place for all outstanding training to be completed within one month.

New staff were required to complete an induction. Staff visited people in their home and completed 'shadow shifts'. This means new staff observed existing staff to allow them to 'get to know' the people they would be supporting. The service had recently introduced staffing rotas with pictures for people. This enabled people to recognise which staff would be caring for them.

Staff received regular supervision sessions and a yearly appraisal. This allowed staff to discuss their progress and development and training needs. Staff we spoke to confirmed they had regular supervisions and said they felt supported by the registered manager and other managers.

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. The procedure for this in community settings is via application to the Court of Protection.

Care plans included mental capacity documentation and best interest decisions. Pictorial information was also included to support discussions with people to allow for a greater understanding of their decisions. Staff we spoke with told us that they would always gain permission from people prior to carrying out any personal care as well other situations such as asking people if they wished to go to bed. Training records showed that staff had undertaken MCA training and staff we spoke with were able to demonstrate their understanding of the principles surrounding MCA.

We saw that people were empowered by staff to make decisions for themselves. One person liked to attend pop concerts. Staff supported them to purchase their ticket and attend the concert, which they enjoyed. When we spoke with this person they also told us, "I have been invited to attend my friend's wedding next year and [staff] are going with me. I am really looking forward to this."

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.

Staff treated people with kindness and compassion. Staff knew the people they supported very well. One member of staff we spoke with said, "I love working with my people, it is so rewarding and it keeps a smile on my face!"

Staff were also able to describe to us how they would ensure people's privacy and dignity was maintained at all times, especially during personal care.

We spoke with relatives to seek their thoughts as to how effective they felt staff were when caring for their loved ones. One relative told us, "Dignity and respect, yes, oh yes, staff definitely show [person] that." Another relative told us, "Staff care for [person] with great care and dignity at all times."

As part of our inspection we look at files and records that are held in people's homes. We saw that staff ensured that personal records and care files were held in cupboards which were securely locked.

Independence and encouragement for people to lead as full a life as possible was a strong focus for the service. People are supported to participate in a variety of social activities independently. One person visited a local community gardening scheme each week. They told us, "I get a taxi on my own there and back each week, we grow our own vegetables and flowers. I bring the vegetables that I have grown home, and we eat them. I also have my lunch when I am there. When I come back home, I nod off watching the telly after all the fresh air I have had!"

Another person told us, "I like the way [staff] cares for me. I feel safe with [staff]." They also told us they had recently had a trip out to Newcastle and [staff] had helped them to choose a shirt, a tie and jacket for a special celebratory occasion they were attending.

One staff member told us how 'proud' they were of the person they cared for. They told us that [person] attended a weekly club, which included art as one of the activities. They told us, "[Person] has done some fabulous paintings and we make sure they are displayed on the walls in [person's] home so everyone can see how good they are."

Information regarding advocacy services was available to people, relatives and visitors. Advocates help to ensure that people's views and preferences are heard and we saw evidence of advocacy involvement in people's files.

Is the service responsive?

Our findings

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

The registered manager told us that any person who was 'new into service' had a full and comprehensive care and risk assessment carried out and this was to ensure that the service could provide the correct level of care for that person. Assessments were reviewed annually / as needed and people were encouraged to have input as part of their own review. Relatives also confirmed that staff kept them up-to-date about the care people received. They also told us they were consulted and involved during any reviews of care plans and if any change to needs or care was identified, things were always 'sorted.'

Following a recent review of one person's needs and involvement from their advocate, a decision had been reached to support them to transition to a sheltered housing scheme. The deputy manager had worked with the local authority and local housing scheme to support this person to achieve this positive outcome.

People were encouraged and empowered to be as independent as possible and to take part in a wide range of activities and employment opportunities. This included, days out, holidays and social evenings. The deputy manager told us how they had supported one person to gain a position as an advocate working for a local advocacy group and how proud that person was performing this role.

People were supported to maintain relationships that were important to them. One person had recently attended a local dating agency. This is an agency that is a friendship and dating agency for people with a learning disability who are aged 18 and over. The agency supports people to make friends, share interests and develop relationships.

The registered manager told us that the service has a passionate focus regarding all equality and diversity issues and people are supported with their beliefs. One person had been supported to travel to Lourdes, which is a place of pilgrimage in France.

One person had recently expressed an interest in becoming involved in the recruitment process of new staff. They told us "I really enjoyed it and [deputy manager] has said I can do some more. I really like going into the office."

The provider had a complaints policy in place. No formal complaints had been received since the last inspection. One relative we spoke with told us, "I have never had to raise a complaint. I have raised a few concerns, but management dealt with these." Other relatives told us they had not raised a complaint, but would not hesitate to speak with the registered manager if they had any cause for complaint or concern.

A number of compliments had also been received and these were primarily around the level of care delivered by staff to people using the service.

End of life wishes were recorded in people's care records. This helped staff to be aware of people's wishes at this important time

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..

There was a registered manager in place. 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 registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities and statutory notifications were submitted in a timely manner.

All of the relatives we spoke with were positive in their comments regarding the management of the service. One relative we spoke with told us, "I have confidence in the management, they are really on the ball at sorting things out." Additionally, comments from staff included, "I like [registered manager] very, very much. I like all the managers, they are very approachable." Staff told us that they were invited to complete a yearly questionnaire. Unfortunately, at the time of the inspection, the only questionnaire available to review was for the whole of the organisation.

Staff told us they had regular team meetings. These meetings have standard agenda items such as learning and development, policy changes and 'client' updates. The deputy manager told us that a recent initiative had been to introduce discussions around CQC's various regulations. The last meeting held in August 2018 focussed on Regulation 9 which relates to person-centred care.

The provider had a recognition scheme where staff efforts were recognised. Managers nominate staff from across the whole of the organisation, who they believe had excelled in their role, and who had made a difference to the people they care for. A member of staff from the service had recently won this award.

Documents viewed showed that a robust quality governance system was in place at service level to support the delivery of regulatory requirements. Any issues identified were reviewed and actions taken to address. However, we noted that audits carried out at provider level had not been completed since February 2018. We spoke to the registered manager about this and they informed us that this was due to staff availability. They told us that audits at this level were due to recommence in the very near future.

Service questionnaires were sent out in February 2018 to people who use the service, their relatives and other stakeholders. Questions included: do you trust staff to support you; do you feel involved in your care; do you feel safe. Results received were very positive.

The registered manager told us that they and other managers regularly attended a range of management meetings which covered topics such as 'best practice' and how these can be shared and ideas for client /

service improvements. The registered manager told us that their 'vision' for the service was to continue to push boundaries to allow for a better quality of life for people and to make sure that the 'drive and focus of the vision' came from what people who use the service, wanted from their service.