Care Quality Commission

St Anne's Community Services

St Anne's Dewsbury Supported Living

Inspection report

St Matthews Centre
Cemetery Road
Dewsbury
West Yorkshire
WF13 2SE

Tel: 01924464102
Website: www.st-annes.org.uk

Date of inspection visit:
26 July 2016

Date of publication:
31 August 2016

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 26 July 2016. The inspection was announced. This was because the service was a domiciliary care service and we needed to be sure that someone would be available so we could carry out our inspection.

St Anne's Dewsbury Supported living is a Domiciliary Care service that provides personal care and support to people with learning disabilities who live in their own home. The service covers the Dewsbury area and at the time of our inspection provided support to one person.

The service had registered manager in place. 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.

We spoke with support staff who told us that the registered manager was always available 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 relaxed and we saw that staff interacted with each other and the people who used the service in a person centred way and were encouraging, friendly, positive and respectful.

From looking at the persons care plan we saw that they were written in plain English and in a person centred way and made good use of pictures, personal history and described individuals' care, treatment, wellbeing and support needs. 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 us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP and care managers.

Our observations during the inspection showed us that people who used the service were supported in a person centred way by sufficient numbers of staff to meet their individual needs and wishes within their own homes and within the community. The recruitment process that we looked into was safe, inclusive and people were involved in choosing their own staff.

When we looked at the staff training records and spoke with the registered 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 supervisions with the manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs.

We were able to observe how the service administered medicines on the day of our inspection we were able to establish how people managed them safely in their own home. We looked at how records were kept and spoke with the manager about how staff were trained to administer medicines and we found that the medicines administering process was safe.

During the inspection it was evident that the staff had a good rapport with the person who used the service and we were able to observe the positive interactions that took place. The staff were caring, positive, encouraging and attentive when communicating and supporting people in their own home with daily life tasks, care and support.
People were being encouraged to plan and participate in activities that were personalised and meaningful to them. For example, we saw staff spending time engaging with people on a one to one basis in activities and we observed and saw evidence of other activities such as art, drama and socialising. People were being supported regularly to play an active role in their local community both with support and independently.

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. Any DoLS applications 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 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 that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right 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.

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.

There was sufficient staff to cover the needs of the people safely in their own homes.

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.

People who used the service knew how to disclose safeguarding concerns and staff knew what to do when concerns were raised and they followed effective policies and procedures.

People were supported in their own home with administering medicines.

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.

Is the service caring?

Good

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

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

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

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 and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to activities and outings, that were important and relevant to them and they were protected from social isolation.

Care plans were person centred and reflected people's current individual needs, choices and preferences.

Is the service well-led?

Good

This service was well led.

Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included; person centred approaches, dignity, respect, equality and independence, which were understood by all staff.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, complaints/concerns.

Care Quality Commission

St Anne's Dewsbury Supported Living

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 26 July 2016 and was announced. This was because the service was a domiciliary care agency we needed to be sure someone would be available. The inspection team consisted of two Adult Social Care Inspectors. During the inspection we spoke with; one person who used the service and we observed them while being supported by care staff within their home. We also spoke with; the manager and two care support workers.

Before the inspection we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service; including commissioners and no concerns were raised by any of these professionals.

The provider completed a provider information return prior to our inspection. 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. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned.

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.

We also reviewed care plans, quality surveys, staff training records, recruitment files, medicines records, safety certificates, and records relating to the management of the service such as audits, policies, procedures and minutes of meetings.

Good

Is the service safe?

Our findings

The person who used the service that we spoke with told us they felt safe having the registered provider supporting them in their own home. They told us; "Yes I feel safe, they help me."

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "If I had to whistle blow I would go straight to the manager and record all the information and not tell anyone else."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues.

We saw that fire safety checks were carried out and the support staff were aware of how to evacuate the person's home safely. When we asked the support what they would need to do they were very clear in their response and told us; "We have the three smoke alarms checked every week and the procedure is to exit through the front door and get [name] outside or if they are in bed we call 999. We have a mobile phone for emergencies."

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that individualised risk assessments were in place in relation to the people's needs such as; taking medicines and risks of falling. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The manager showed us the recording system and explained how actions had been taken to ensure people were immediately safe and told us; "We complete a weekly log of all accidents and incidents." These were recorded correctly and any actions taken.

During the inspection we looked at how new staff were employed and this showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. The registered manager showed us the records of how they kept on top of staff safety checks and this showed when they needed to be updated.

We spoke with the person who used the service and they were supported by staff to administer medicines. They told us; "The staff pop them out into the pot for me to take." We saw the medicines records which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We were unable to observe medicines being administered but could see how this was managed and recorded.

We found there were effective systems in place to reduce the risk and spread of infection. We found that staff had access to disposable protective gloves and aprons for carrying out personal care.

Good

Is the service effective?

Our findings

During this inspection, there was one person using the support service in their own home. 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 one staff member told us; "The training is very good quality but a lot of it is on line. I prefer face to face as you miss what you can learn from others in a group when training on line." Another staff member told us; "The last course I did was face to face first aid training I actually like online training it gives me time to think and read through thins, its different learning styles."

For any new employees, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. The induction training provided to new starters was the care certificate and this is based on standards set by the Health education England called 'skills for care'.

Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. One member of staff told us; "Supervisions are regular good for personal development. We do a lot of lone working so supervisions and team meetings are the only time we get together and share things."

We saw completed induction checklists, staff training files and a training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses covered specific long term conditions such as; dementia awareness. This was alongside mandatory training including; fire safety, infection control, equality and diversity, medicines and first aid and also vocational training for personal development in health and social care. The registered manager told us; "We have a good relationship with the community nursing team and they came out and delivered staff training with us on diabetes. "This showed us that staff training was valued by the provider and staff were encouraged to develop their skills.

Team meetings took place regularly and during these meetings staff discussed the support they provided to people in their homes and guidance was provided by the manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. We could see this when we looked at the staff minutes.

Individual staff supervisions were planned in advance and the manager had a system in place to track them. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues.

Where possible, we saw that people were asked to give consent to their care and we could see in the person's care plan that they had been involved in the development of the plan. Photographs and their

comments were clearly recorded. 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 right professionals

We looked in the person's care plan and we could see that they were encouraged to eat and drink healthily to meet their 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. Any DoLS applications 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 to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection one application had been made to the Court of Protection and this was being managed by the registered manager and the support staff.

We saw records that showed that each person had a personalized health action plan that was in an easy read format and covered general health and wellbeing. 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.

Good

Is the service caring?

Our findings

When we spoke to the person who used the service they told us that the staff were caring and supportive and helped them with day to day living. They told us; "I like to go outside." They then showed us their sun cream and told us; "Staff help me to put this on to go outside."

We saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. The person who used the service told us; "I like my new internet box for my iPad. Staff helped me get that."

Staff knew the person they were supporting very well. 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 that they cared for at home at all times and told us that this was an important part of their role they told us; "I knock first on [name] bedroom door. We always do our best to protect dignity and privacy."

We saw evidence in the persons care plan about how the person was supported to be independent. During our inspection we were able to see how the person had been supported to learn how to work their radio independently and also their I pad and they were keen to show us how they had learned to use it in only a few weeks of getting it. When we spoke with their support staff it was clear that they promoted independence and they told us; "[name] can do so much now; make drinks, fill up the bath, withdraw money from the bank with help, use the radio, pay for shopping and turn on the washing machine. When I first started working with [name] they were unable to do any of those things. It has taken a number of years but if you show [name] how to do something and give encouragement they will have a go."

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

The staff told us that sometimes the person who used the service could become anxious and that they planned for this and they would always try to reassure them. The support staff told us; "Whenever [name] becomes anxious, tired or frustrated we just leave her to calm down and she does very well."

We saw that there was information available for the person who used the service about advocacy. When we spoke with the registered manager and the staff about advocacy they were knowledgeable and know how to access advocacy support and they told us; "[name] has had an advocate in the past to help with decision making. Not at the moment but we know who to contact." This showed us that people were encouraged to exercise their rights, be consulted and involved in decision making about all aspects of their care, treatment and support.

Good

Is the service responsive?

Our findings

During the inspection we could see that people using the service were encouraged to engage in activities in their home and in the community. One of the people using the service told us; "I like my iPod and I like going out." Staff we spoke with told us; "[name] enjoys going out in the car and having the music on and playing you tube videos of their favourite songs on the IPad."

The care plan that we looked at was person centred which meant they were all about the person and it put them first. The care plan was in an easy read format. The care plan gave an insight into the individual's personality, preferences and choices. The 'one page profile' in the care plan set out how people liked to live their lives and how they wanted to be supported. The care plan went into detail about how the person liked to be supported, what should be avoided.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw that people's care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives.

The care plan was reviewed on a monthly basis by the support staff with the person and to enable the person to be involved the review asked the following questions; how do I feel about my support? Do I need support to for taking new risks? My activities; what have I taken part in, what I have enjoyed or not enjoyed? And what events have I got coming up? When we spoke the person who used the service, the registered manager and support staff they told us how they valued this review process.

The person who used the service was involved in the recruitment of new staff and they told us how they would go into the office to ask them questions about what things are important to them and how they like to be supported within their own home.

We asked the staff how they ensured that the person was supported to be part of their local community and they told us; "We regularly support [name] to visit their neighbours we call in for a cup of tea. We go to the local shops, library, cafes and the local town hall when there are tribute acts on as the theatre can be too expensive."

The complaints policy that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see how complaints had been responded to and monitored appropriately. From speaking with staff and the manager and staff they were knowledgeable of the complaints procedure. One member of staff told us; "I have not had to complain to my manager but if I did I know what to do."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager. A registered manager is a person who has registered with CQC to manage the service. The manager carried out regular spot checks to observe the staff team supporting people in their own homes and the registered manager used these observations to ensure quality care and support was delivered. The manager told us; "I call in once a week to see the staff."

The registered 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.

The staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us that staff meetings took place on a regular basis and that they were encouraged by the manager to share their views. We saw records to confirm this. Staff we spoke with told us the registered manager was approachable and they felt supported in their role. They told us; "I feel very supported within my role. I feel comfortable and I can speak with the manager whenever I want. We have regular team meetings and they've always been there to support me. There is even an advice line for us they was can call on the mobile if the manager is not around at the time."

We also saw that the registered manager enabled people and those that mattered to them to discuss any issues they might have. We saw how the registered manager 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 that 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 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 registered manager told us; "The vision is all for [name] it's about living somewhere stable that meets their needs. Having a dedicated staff team and opportunities to do the things [name] want."

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, up to date and in good order, and maintained and used in accordance with the Data Protection Act.