

St Anne's Community Services

St Anne's Community Services - Huddersfield

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

About the service

St Anne's Community Services – Huddersfield is a residential care home providing personal and nursing care to six people aged 18 and over who experience mental health issues. The accommodation is provided in a large Victorian house with communal bath and shower rooms situated on each floor. In addition, some facilities are provided to enable staff to sleep at the service.

People's experience of using this service and what we found

People told us they were safe living at this service and were supported by staff who knew how to identify abuse. A range of risk assessments were used to manage the risks to people both in the home and in the community.

A positive risk approach was used to ensure the potential for harm was minimised without restricting a person's human rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were encouraged to maintain a balanced diet and given advice on how to do this. Positive outcomes had been achieved in relation to people's diets. Wherever possible, people prepared their own meals and were provided with facilities which promoted their independent living skills.

People were supported by staff who received appropriate training and support to carry out their roles and responsibilities. We found staff to be knowledgeable about people, their medicines and how best to support them. Staff told us they felt supported by the registered manager and deputy manager.

Staff turnover was low, which meant they had worked at the service for a long time. People were positive about the support workers who assisted them and we could see there was a genuine, and friendly relationship between staff and people they supported.

People's care and support had been planned in partnership with them. Staff knew people well and supported them in line with their current needs and wishes. Staff were knowledgeable about people's likes, dislikes and personal preferences.

The provider and registered manager used a variety of methods to assess and monitor the quality of the service. We saw service level and provider audits, measuring the service to ensure they were meeting required standards of care provision.

The service worked in partnership with other organisations such as the local authority and health professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service remained well-led

Details are in our Well-led findings below

Good ●

St Anne's Community Services - Huddersfield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

St Anne's Community Services-Huddersfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioners and safeguarding. We contacted the Fire Service and other professionals who might work with the service. We contacted Healthwatch to see if they had any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, and a support worker. We spoke with two people living at the service during the inspection. We reviewed a range of records. This included two people's care records and medication records. We looked at a variety of records relating to the management of the service, including audit and quality assurance information.

After the inspection

We continued to seek clarification from the provider to validate evidence found and looked at quality assurance records they sent to us. We spoke with a relative of a person at the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "Safe, yes. It's nice and relaxed. It's easy going. Not stressed."
- Staff understood how to protect people from the risk of abuse. Staff confirmed they had received training in safeguarding adults. We saw safeguarding was discussed as part of staff supervisions and team meetings.
- Staff were aware of how to report any unsafe practice. The provider had policies and procedures for safeguarding and whistleblowing policy. Information was displayed at the home.

Assessing risk, safety monitoring and management

- Systems and processes were in place to enable the registered manager to assess and manage risks to keep people as safe as possible.
- Staff were trained (although had not needed) to use positive behavioural support to manage behaviours which challenged. This is a person-centred approach to supporting people who display, or are at risk of displaying, behaviours which challenge. The registered manager confirmed they never used restraining techniques at the service.
- The service used positive risk assessment ensuring people were encouraged to take part in activities to improve their experiences.
- The provider used an external company to undertake electrical, fire, gas and water checks. We saw these were all up to date.

Staffing and recruitment

- There were sufficient staff to meet people's needs; people using the service, and staff confirmed this. The rotas allowed for flexibility to support people to appointments and events. The deputy manager told us no two days were the same in terms of staffing levels.
- Staff worked well together as a team to ensure people's needs were met. Agency staff were used both during the day and at night, although bank staff and existing staff generally filled in vacant shifts to ensure people were supported by staff they knew.
- People told us there were enough staff. In respect of agency staff, one said, "They don't know you as well as ordinary staff, but they have a rough idea."
- There had been no new recruitment to the service since our last inspection. The provider had systems in place to ensure recruitment practices were safe.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. A random check during the inspection showed stocks tallied with their medicine counts.
- People were encouraged to manage their own medicines where this was assessed as safe and the effectiveness of the level of support required was regularly reviewed.
- Staff had completed training in medicines administration and had their competency assessed. Our discussions with staff showed they were knowledgeable about people's medicines.

Preventing and controlling infection

- People living at the service had responsibility for ensuring all areas were clean. We observed people undertaking these duties at inspection and all the communal areas we visited were extremely clean.
- People were protected from the spread of infection. Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections. There were adequate supplies of personal protective equipment such as gloves.
- There had been no outbreaks of infections at the service, which evidenced good practice was observed.

Learning lessons when things go wrong

- All accidents and incidents were on an on-line database which notified the provider's designated quality and safety team. This ensured the provider had oversight and analysed any themes in accidents, incidents and safeguarding issues to share lessons learnt across all the provider's services.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were assessed, to ensure their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance to achieve effective outcomes
- People were offered choice in line with their preferences whilst at the home. We saw this included how they wanted to spend their day and what they wanted to do.

Staff support: induction, training, skills and experience

- People received effective care from staff who received the induction and training they required to meet individual needs.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. The provider had a programme of ongoing training which staff were expected to refresh at set intervals either face to face or online.
- Staff told us they were happy with the training they completed and felt supported and encouraged to develop. One member of staff was undertaking a degree course and although funding this themselves, praised the management for allowing them flexibility and support to undertake this.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose what food they wanted to eat and were given a weekly allowance for food. They were either independent or supported to shop for these ingredients.
- Staff supported people to make their meals when they required support, but people were encouraged to make their own meals to encourage independence.
- People with special dietary needs were supported to eat food which promoted their wellbeing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to a multitude of external health professionals.
- We saw evidence people were supported to access services to improve their wellbeing. These included, continence nurses, psychiatrists and GPs.
- The service had won an award for their support of one person whose health had improved as a result of staff support.
- The registered manager said, "We use a traffic light system at handover so we can assess on a daily basis, their mental health." This enabled them to effectively monitor and act quickly if a person's mental health deteriorated and additional services were required.

Adapting service, design, decoration to meet people's needs

- The service was an old Victorian house. No specific adaptations were required for people using the service.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People living at the service had capacity to consent to their care arrangements. No one had a DoLS in place and people were free to come and go as they wished. People had a key to the front door and to their bedrooms. Communal areas remained unlocked.
- The service did not use restraining techniques although staff had been trained to use positive behavioural support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the staff we spoke with clearly knew people well. We saw people and staff were comfortable and relaxed with each other and we heard friendly banter between people and staff.
- People told us they were happy living at the service and were respected. One said, "They do listen. I think they know us all well. They know a lot about all of us."
- Staff described the importance of the homely environment. One said, "Staff voluntarily cook Sunday dinner. Clients help to cook and clean afterwards. It is like a communal thing. There is something about togetherness. It is helpful. It gives a sense of home."
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. Our conversations with people, the registered managers and staff confirmed people's unique characteristics were respected.

Supporting people to express their views and be involved in making decisions about their care

- Throughout the day we could see people were involved in day to day decisions about their care and what they wanted to do.
- Staff encouraged people in a caring way. One said, "It's not about being over caring but being present for the people you care about. Sometimes it's only a bit of encouragement."

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of respecting people's private space and would not access anyone's room without express permission. The registered manager said, "We would never enter without knocking on doors."
- People had a key to their bedrooms and used these to ensure they could keep this space private. One person said, "If I want some time of my own I can go to the room. No one can come in if I want to be on my own."
- People were encouraged to be as independent as possible in all aspects of their daily lives. One person said, "They have got me a fridge for my bedroom, a kettle and three containers." They told us this had given them the ability to make a hot drink in their bedroom.
- People's personal information was respected, and we saw documents were locked away in the offices when not in use.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were clear and provided detailed assessments of people's support needs and how they wanted their support to be provided.
- The service used the 'mental health recovery star' to record each person's individual support needs as well as documenting progress against their objectives.
- People told us they had choice and control over how their support was provided and they did not feel restricted. One person said, "My decision, on Thursday or Saturday I can stay in bed till dinner time, but if I have a good night sleep I get out of bed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each care plan contained a section on the standard to ensure staff considered these requirements as part of their assessment and review.
- The registered manager said, "Information is available in easy read but it's not needed at this service."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities that were important to them and were encouraged to maintain relationships with family and friends.
- One person was interested in accessing work opportunities and had been supported to follow their ambition.
- People at the service regularly spent time away from the service with friends and family and two people were on social leave at the time of the inspection
- Relatives told us they took part in festivities at the home such as the Christmas party.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain.
- No complaints about the service had been received. However, there had been complaints by people at the service about other people at the service and these had been handled appropriately. People had been encouraged to voice their concerns.

End of life care and support

- No one at the service was at this stage in their life. Staff had received end of life training and would want to continue to support the person if this was practical depending on their needs.
- The registered manager said, "Everyone has a profile and after I die form, but not everyone will sign or talk about it. We would have to take it as it comes if someone died."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home had a registered manager who registered with the Care Quality Commission. They were also registered at two of the provider's other services and spent time across these services. Some management tasks had been delegated to a deputy manager who had a good understanding of the running of the service.
- The deputy manager spoke highly of staff at the service and was confident in the care they provided. They said, "We have such a good staff, everyone looks after each other here. They really do. They all gel together really well."
- Staff said, "We are well-led, efficient and people get the best support. Communication is really good here."
- One person we spoke with said, "Very good management. They do a good job. They should be proud of the staff as they do a good job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the staff team were clear about their responsibilities in terms of duty of candour and when to notify CQC of incidents. There had been very few incidents at the service and we did not find any evidence to suggest this was a lack of reporting.
- The service was displaying the ratings of their previous inspection as required by legislation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The deputy manager told us staff morale was good. They said, "They know my door is always open. They will come with everything. The atmosphere is good. We have a compliment form from one of the clients. Nothing is ever too much trouble"
- The people we spoke with confirmed they were happy living there and were supported by staff who understood them. One person who lived there said there was, "A good atmosphere. Cheerful and not stressful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager advised us they held regular meetings with people at the home. They said, "They could influence what happens here. We are not here to impose."

- People confirmed they had meetings to feed back their views about the service. One person said, "I do [feedback]. If there is anything going off like a trip to the seaside. They talk about it."
- Meetings were held with staff and the minutes from these showed the registered manager used this as an opportunity to motivate and inform staff of opportunities and developments at the provider's services.

Continuous learning and improving care

- Regular checks and audits were completed at the service. Some were completed by staff, others by the deputy manager with overall responsibility for monitoring the quality of the service sitting with the registered manager.
- The area manager visited every month to complete an audit of the service. The registered manager told us this was based on the CQC key lines of enquiry. They shared the latest report with us.
- The provider's quality and safety team also monitored safety at the service to confirm people were protected from harm from the environment, and other factors.
- There was a lack of recorded evidence to show how the service was using the most up to date best mental health practice to improve care. We discussed this with the management team, to show how they were taking the service forwards to remain good but to move to outstanding.

Working in partnership with others

- Managers and staff worked closely with relevant health and social care professionals. This enabled them to deliver effective care to people.
- The registered manager told us they worked in partnership with three different educational establishments. These included providing work experience for some children and adults and nursing placements for university students.