

Mrs Patricia Clarke-Roberts

St Annes Care Services

Inspection report

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Lancashire.
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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 

Overall summary

This inspection visit took place on 09 November 2015 and was announced. We told the owner one day before our visit that we would be coming. We did this to ensure we had access to the main office and the management team were available.

St Annes Care Services Care offers domiciliary care and support to a range of people in their own homes. The range of support provided includes assistance with personal care, domestic duties, laundry tasks, shopping, and meal preparation. At the time of our inspection visit we were informed St Annes Care Services provided support for 18 people.

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 agency had changed location from October 2014. Since then the location had not been inspected.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. One staff member said, "We are a small agency and support each other

Summary of findings

well.” Staff were able to accommodate last minute changes to appointments as requested by the person who used the service or their relatives. This was confirmed by talking with people who used the service.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were

involved in making decisions about their care. Risk assessments were completed for staff entering private homes to ensure people were kept safe. People told us they liked the staff and looked forward to the staff coming to their homes. One person who received a service said, “Fantastic service the staff are so friendly and competent.”

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People were supported to eat and drink where needed. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals. This was confirmed by records kept by the agency.

We found a number of audits were in place to monitor quality assurance. The registered manager and provider had systems in place to obtain the views of people who used the service and their relatives/friends.

Summary of findings

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 was safe.

People told us they felt safe. Safeguarding procedures were in place and staff understood how to safeguard people they supported.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

Systems were in place to make sure the management team and staff learn from events such as accidents and incidents.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service. Also recruitment procedures were safe to ensure suitable staff were employed.

Good



Is the service effective?

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them to have a good quality of life. The registered manager was aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes.

Staff were respectful of people's rights and privacy.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

The service worked well with other agencies and services to make sure people received care in a coherent way.

People knew their comments and complaints would be listened to and responded to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered manager consulted with stakeholders, people they supported and relatives for their input on how the service could continually improve.

A range of audits were in place to monitor the health, safety and welfare of people.

St Annes Care Services

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 checked 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 visit took place on 09 November 2015 and was announced. The owner was given 24 hours' notice because the location provides a domiciliary care service to people living in the community. We did this to ensure we had access to the main office and the management team were available.

The inspection team consisted of an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had

received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people being supported had been received.

We went to St Annes Care Services office base and spoke with a range of people about the service. They included the two owners of which one was the registered manager, two senior care co-ordinators, six staff members and two carers of people the agency supported. We also visited three homes of people who received a service and spoke with them. We contacted another person who received a service by telephone, to get their views on the care provided by St Annes Care Services.

We looked at the care records of two people who used the service, training and recruitment records of staff members and records relating to the management of the service. This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff who supported them. Comments were all positive and included, “They have been a lifeline to me. I feel safe in my own house knowing the girls will be around to support me.” Also from a carer of a person who used the service. “I feel so much better that the agency are caring for [friend]. I feel safe to leave her in their hands.”

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The training was mandatory and provided on a regular basis. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. One staff member said, “I would not stand for any person to be abused and know the policy we have in place reporting any incidents.”

The service had a whistleblowing procedure so staff were aware of the process. Staff spoken with told us they were aware of the procedure. They said they wouldn’t hesitate to use this if they had any concerns about their colleagues care practice or conduct. A staff member said, “We have regular training around abuse issues and whistleblowing procedures.”

We found by talking with people who used the service and staff members staffing levels were suitable with an appropriate skill mix to meet the needs of people using the service. The registered manager provided staff teams of three to support people who used the agency. Staff we spoke with told us the system worked well and helped to develop relationships.

People we spoke with told us if staff were not going to turn up or be late they would receive a call explaining what would happen. A person who was supported by the agency said, “It very rarely happens but they always call and I am never left without a visit.”

Care plans looked at had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. Risk assessments were completed of the home environment. We also saw the service had undertaken assessments of the individual’s home so staff were aware of any potential risks or hazards. We found risk assessments had been reviewed regularly or when circumstances changed.

We looked at two recruitment records of staff. All required checks had been completed prior to any staff commencing work. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references.

Staff spoken with confirmed their recruitment had been thorough. They told us they had not commenced supporting people until all their safety checks had been completed. One staff member said, “I have been in the care industry for years. The induction training here was very good.”

We looked at the procedures the service had in place for assisting people with their medicines. The registered manager told us staff prompted people to take their medicines and were also involved in administering their medication. Records we checked were complete and staff had recorded the support they had provided people to take their medicines.

Staff employed by the service received medication training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines. Another staff member told us they had not had any medication training and would not be allowed to administer any medicines.

Is the service effective?

Our findings

People we spoke with told us staff were trained well and were competent in their role. People who received a service and carers told us staff always did extra than what they had been asked to do. For example a carer said, “[friend] would not be around but for the care and attention they give always going the extra mile.” People who received a service told us staff who visited them were matched well to them personally. For example the agency matched three staff to a person who received a service. This meant care was effective because staff developed relationships with people due to the consistency of a small staff team supporting each individual. A staff member said, “It works well and we get to be more aware of peoples’ needs and wishes.”

People told us they were supported by staff who had the knowledge required to meet their needs. People told us staff understood the support they required and said they received an effective service that met their care needs.

A training programme was in place for all staff. The training events were relevant to the needs of people who received a service from the agency. This was confirmed by talking with staff. One staff member said, “Anything we feel would help us care for people better is always supported by the owners in terms of training.” Mandatory training the service provided included, safeguarding and first aid. Other training was provided by external training providers. For example a staff member told us they were supported to complete a National Vocational Qualification (NVQ) that was nearing completion. This demonstrated the registered manager supported staff to develop their professional skills. Records showed future training had been arranged in areas that included medication, health and safety and dementia.

Staff received support to understand their roles and responsibilities through supervision sessions with the

management team and an annual appraisal. Supervision consisted of individual one to one monthly sessions and group staff meetings. The one to one meetings discussed individual development and any issues staff wanted to discuss. One staff member said, “The sessions are useful and enables us to discuss any issues or training courses.”

The management team demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA). Discussion with the registered provider informed us he was aware of the ‘process to assess capacity and the fact that it is decision specific. Staff told us they understood the procedures that needed to be followed if people’s liberty needed to be restricted for their safety.

At the time of our inspection visit few people required support with meal provision. However staff who prepared food had completed ‘Food and Hygiene’ training. We spoke with staff members who confirmed this. Care plans seen confirmed people’s dietary needs had been assessed and any support they required with their meals documented.

People confirmed they had consented to the care they received. They told us staff asked them if they were happy with support being provided to them. One person who received a service said, “Yes we have discussed the way I want things done and come to an agreement. It works well, the carers are wonderful.” People had signed their care plans to say they agreed to the support provided.

Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. Staff we spoke with confirmed this. Peoples care records included evidence the agency had supported them to access General Practitioners, district nurses and other healthcare professionals based on individual needs.

Is the service caring?

Our findings

We spoke with people being supported by the agency in their own homes. We asked about the attitude of staff and how they felt they were cared for. Comments were all positive, they included, “They are all kind and caring, I have got to know them well.” Also, “As you can see I need them but they come with a smile that cheers me up.” One home we visited we spoke with the carer. “They all give 110%. They are truly wonderful, caring people.”

Staff told us following the assessment of a person they would identify specific staff that would suit the individual and build a three staff team to care for them. A staff member said, “We did this following suggestions from relatives and clients. It was so people get to know the staff that are supporting them.”

We looked at the care records of three people and found a person centred culture which encouraged people to express their views. Care plans were available in the homes so that staff were able to look at them to ensure the right care and support was delivered. We saw evidence people had been involved in developing their care plans by signing them to say they agreed to the plan of care. People’s preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people’s wishes. This demonstrated people were encouraged to express their views about how their care and support was delivered.

Daily events that were important to people had been recorded so staff could provide care to meet their needs. Information was also contained daily of how the person was in terms of social and health needs. This supported staff to be aware of any issues when they visited the person. A staff member said, “It is important to write down daily about the person so that staff following on had as much information as possible.”

Care plans contained information about people’s current needs as well as their wishes and preferences. We saw evidence to demonstrate people’s care plans were reviewed with them and updated on a regular basis.

During the inspection we observed two staff members supporting a person in their own home who had complex needs. We saw both spoke gently and respectfully to the person taking care to wait for responses. During the period we were there in the home both staff members were gentle and kind and took time to ensure they understood what the person wanted before they helped them.

Staff were respectful of people’s privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care. However they made sure they were close by to maintain the person’s safety. A staff member said, “Privacy for people is important when supporting with personal care.”

Staff told us they received guidance during their induction training and shadowing other staff members in relation to dignity and respect. Their practice was then monitored when they were observed by the management team in people’s own homes. One person who received a service said, “They do let me be as independent as possible when I am dressing myself but are there should I need them.”

When we arrived at peoples houses we observed staff introduced themselves straight away. They also knocked on the door and waited for a response before entering. A staff member we spoke with said, “This is their home and we are visiting, you have to respect that.”

Staff spoke respectfully of the people they supported. All the staff we spoke with knew the people they cared for well and were able to describe the personality of people we visited. For example they were able to describe their care needs and how they preferred their support to be done. This demonstrated staff were kind, attentive and caring. A person supported by the agency said, “With having the same staff they know all about me and my likes and dislikes, they are so good.”

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. People who used the service and their carers told us when their care was being planned at the start of the service, the registered manager and senior staff spent a lot of time with them. This was to find out about their preferences, what care they felt was required and how they wanted this care to be delivered. The registered manager and owner from that point on responded to any issues people had by keeping in constant contact with them. Comments from people who used the service included, "The manager is always calling to see if I am alright from the day I received support from them." Also, "What I like is the managers help out and always telephone or call in to see me."

We looked at care records of three people who we visited in their homes. The care records were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed to respond to any changes in care. Care plans were updated when changes occurred to reflect their current needs. A staff member said, "We ensure all care plans are updated when any changes in circumstances occur."

People we spoke with told us they found the service was flexible and responsive in changing the times of their visits when required. For example a complex care package the service provided at times required staff to provide care at a

moment's notice and extend the visits. We spoke with the carer who said, "The service is so good at dealing with any crisis and so flexible. I do not know what we would do without them."

Information on how to make a complaint we found was available in people's homes we visited. People were encouraged to give their views and raise any complaints or issues with the registered manager. The registered manager made contact with every person who received a service on a regular basis either in person or by telephone in order to obtain their views and to give people the opportunity to raise any issues they may have.

The registered manager told us constant engaging with people who used the agency developed relationships and encourage people to discuss any complaints they had. People told us they were aware of the formal complaint procedure and that they were confident the registered manager would address concerns if they had any. One person who received a service said, "I know the drill to complain however I never need to the manager visits me regularly and if ever I had any complaints I would address it with them."

The agency viewed concerns and complaints as part of the improvement of the service. We saw that the agency's complaints process was included in information given to people when they started receiving care. The agency had received one minor complaint in the last 12 months. The record included the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

Is the service well-led?

Our findings

People told us they felt the care provided met their individual needs and the service was well led. One person who received a service said, “[owner] is so lovely she runs a tight ship.”

Comments from everybody we spoke with told us the agency was well led, with owners who supported their staff. For example a staff member said, “It’s a great agency to work for. The owners are truly hands on people.” Another said, “They won’t be in the office much they are always supporting us in the community. That is what the clients love to see.” A person who used the service said, “The owners are like a family they are always popping in and out.”

All the staff had received an individual complimentary letter from the ‘motor neurone disease association’ (MIND). This was to recognise the support the agency had given to a person who required significant support from the service. It detailed the competency and caring nature of the staff involved. A staff member said, “We are proud of the recognition given to us.”

Comments received from people being supported were positive about the registered manager’s leadership. They included, “Both [owner and [registered manager] are like the staff and wanted to be treated as such. The best managed agency I have had. The girls are wonderful. They have such good staff.”

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. The two senior staff we spoke with was aware of their roles and responsibilities and people spoke highly of them. For example the registered manager told us how supportive the staff and senior staff were and this enable more time for the owners to spend with people who used the service.

People who used the agency and their carers told us they were encouraged to be actively involved in the continuous development of the service. For example we looked at

completed surveys which were sent to the homes of people to get their views on how they feel the service was performing. We looked at a selection of the surveys from 2015. The responses were all positive about the service people received. For example one question asked, ‘Did they feel staff were polite’. The response was ‘All of the staff are patient, compassionate and understanding. ‘The registered manager told us any negative comments would be identified and action taken to address the issues. For example one person requested regular staff to attend to their needs. The response from the agency was to ensure a rota of three staff per person was developed so that regular staff members visit the same person. This ensured continuity and helped build relationships. A staff member said, “It is a good system and the clients enjoy getting to know people it definitely helps.”

People were regularly asked their opinions whether the care and support they received was sufficient and reliable. The registered manager monitored the quality of the service by speaking with every person who received a service on a weekly basis to ensure they were happy with the service they received. The management team also undertook a combination of announced and unannounced spot checks and telephone calls to make sure the service provided was efficient and reliable. For example arriving at times when staff members were there to observe the standard of care provided. This demonstrated the service was continually monitored and committed to improve the service they were providing.

Monthly staff meetings were held and records confirmed these were well attended. Issues discussed at a recent meeting included the care of the people who used the service and staff training. Staff we spoke with felt the meetings were a good forum to discuss any topics that arise and discuss any issues. One staff member said, “I recently attended one. They are good as it enables us to discuss things as a team.”

There were a range of audits and systems in place. These were put in place to monitor the quality of service provided. Audits were undertaken and covered areas such as training for staff and reviews of care plans. This was to ensure people received the care and support they required.