

St Anne's Community Services







St Anne's Community Services- South Tyneside

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	

Overall summary

We carried out an inspection of St Anne's Community Services – South Tyneside on 19 and 30 November 2015. The inspection was announced. This was to ensure there would be someone present in the office to assist us. This was the first inspection of St Anne's Community Services

– South Tyneside since it moved to its current location. We inspected the service at its previous location in February 2014 and found the service was meeting the legal requirements in force at that time.

Summary of findings

St Anne's Community Services – South Tyneside provides personal care and support to people with learning disabilities. At the time of our inspection, services were provided to 12 people who lived in shared houses with support.

The service had a registered manager in post. 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 told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults. The alerts we received during the past year had been dealt with appropriately, which helped to keep people safe. We were told staff provided care safely and we found staff were subject to robust recruitment checks. Arrangements for managing people's medicines were also safe.

Staff obtained people's consent before providing care. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests.

Staff had completed relevant training for their role and they were well supported by the management team. Training included care and safety related topics and

further topics were planned. Staff understood the needs of people and we saw their needs were assessed and reviewed regularly. Staff developed care plans with sufficient detail to guide care practice. They were person centred. People's and their relatives spoke highly about the care provided.

Staff were aware of people's nutritional needs and made sure they were supported with meal preparation and food shopping where necessary. People's health needs were identified and where appropriate staff worked with other professionals to ensure these were addressed.

People had opportunities to participate in activities and in accessing local facilities; maintaining a local community presence. People and their relatives confirmed staff had a kind and caring approach. Staff explained clearly how people's privacy and dignity were maintained. People's views were sought and acted upon, through annual surveys, care review arrangements and the complaints process.

People receiving a service and staff expressed confidence in the registered manager. They felt there was good leadership. A clear set of values underpinned the service. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and those acting on their behalf.

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 and secure with the service they received. We found a robust recruitment procedure for new staff had been followed.

Staffing levels were sufficient to meet people's needs safely and staff were deployed flexibly.

There were systems in place to manage risks, respond to safeguarding matters and ensure medicines were appropriately handled.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

Staff ensured they obtained people's consent to care. Support was provided to help people shop for food and prepare their meals, where this was needed.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Good



Is the service caring?

The service was caring.

People made consistently positive comments about the caring attitude of staff.

People's dignity and privacy were respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Good



Is the service responsive?

The service was responsive.

People were satisfied with the care provided. Activities and access to community facilities were supported where necessary.

Care plans were sufficiently detailed and person centred. People's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a manager in post who was formally registered with the Care Quality Commission. People using the service, their relatives and staff praised their approach and commitment. There were clear values underpinning the service which were centred on promoting person centred care and individual independence.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been taken, or was planned, where the need for improvement was identified.

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 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 took place on 19 and 30 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector and an expert by experience who had experience of caring for people with a learning disability. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We spoke with three people using the service and five relatives. We spoke with four staff, including the registered manager, their deputy, and two care workers. We sent questionnaires to people who used the service, their relatives, staff and professionals involved in people's care. We received questionnaire responses from two people who use the service, five staff and one relative.

We looked at a sample of records including seven people's care plans and other associated documentation, medicines records, three staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

Is the service safe?

Our findings

People using the service and their relatives told us they felt the service offered was safe and they felt comfortable with the care that workers provided. Regarding the staff one person simply remarked, "They're nice." All the people we spoke with were aware of who to contact should they have any concerns. All said they would, "Speak to the office."

Relatives told us their loved ones were safe in the care of staff. Comments included; "Totally. It's just knowing that they are happy. I would trust the staff like a family member." And, "Yes. We've always had a good relationship with staff. Once there was an agency staff who asked us for proof of who we were; that's keeping (Name) safe!"

The relatives felt they could raise concerns where a loved one was unable to. Others felt their relative could bring up any concerns they had. One relative said, "If they weren't happy (Name) doesn't say. We would do that. It hasn't happened." Another relative remarked, "(Name) is given access to the phone numbers they would require if they have any issues to bring up."

Relatives also felt personal possessions were safe. One person told us, "There are no problems there. (Name)'s got a safe for their money and they do receipts and stuff like that." Another person said, "They keep very good records of everything; it's organised."

All the relatives we spoke with felt there were enough staff for their loved one to do what they wanted to do. One relative said, "There are plenty of staff there." They also felt their relative's medication was managed well.

The care workers we spoke with were able to explain how they would protect people from harm and deal with any concerns they might have. They were able to explain who they would report their concerns to. Staff were familiar with the provider's safeguarding adults procedures and told us they had been trained regarding abuse awareness. This was confirmed by the training records we looked at. All expressed confidence that concerns would be dealt with promptly and effectively by their managers.

To support their safeguarding training there was also clear guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The provider also had a whistle blowing (reporting bad

practice) procedure. This detailed to staff what constituted bad practice and what to do if this was witnessed or suspected. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the alerts we received in the last year had been reported promptly and handled in a way to keep people safe. This included seeking support from outside professionals to review what had gone wrong and further action that could be taken to avoid further similar incidents.

Arrangements were in place for identifying and managing risk. Staff had recorded in people's care plans any risks to people's safety and wellbeing, including areas where staff were helping people to remain or develop their independent living skills. This included areas such as independent travel, catering and kitchen tasks and house security.

Staff explained how they would help support individual people in a safe manner, for example when helping people with their medicines. They explained how they were made aware of risks and also how they would highlight any concerns to their managers so risks could be reviewed and managed.

Checks carried out by the registered manager ensured staff were safely recruited. An application form (with a detailed employment history) was completed and other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

People were supported with their medicines safely. A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Our check of stocks corresponded accurately to the medicines records. Each person had a medicines care plan, which detailed the differing level of support needed by each

Is the service safe?

person. Staff had been trained in this area of care and their competency had been assessed periodically. Those we talked to were aware of relevant safety precautions and what to do should an error occur. A staff member told us, “You need to be mindful of some medicines, careful of

foods to avoid and what time of day to give them.” They continued, “If we saw an error we’d phone in straight away. You’ve got to phone the GP or pharmacy.” This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Is the service effective?

Our findings

The people using the service and their relatives told us they felt the service provided was effective and made positive comments about the competence and abilities of staff. One person said simply, "I think it's good." When asked if staff were suitably trained a relative said, "Yes without a doubt."

People were happy with the food and clear about their preferences. Relatives were satisfied with arrangements to support healthy diets. One told us, "(Name) gets a varied and nutritious diet." Another said "Yes, (Name) has a dietitian involved. They have a healthy diet. They do give (Name) a nutritious diet." Similarly, relatives expressed satisfaction with healthcare arrangements, one confirming their relative had, "regular check-ups."

Staff we spoke with and who responded to our survey felt suitably supported. A staff member commented, "The house I work in runs very well ... We work together as a team and take our job role very seriously." They continued, "Our service users are very well cared for and supported, which reflects in their health and well-being. We have been given praise from various health partners and the social worker involved for this."

Staff were trained in a way to help them meet people's needs effectively. Staff told us the training they received had helped them to deliver safe and effective care. One staff member told us, "I've done all my training. It's been useful and covered diabetes and dementia." New staff had undergone an induction programme when they started work with the service. This had been linked to the Skills for Care, 'Care Certificate'. This is an identified set of standards that health and social care workers adhere to in their daily working life. These were designed so workers have consistent introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

All staff were also expected to undertake key training at regular intervals. Areas covered included health and safety and care related topics, including medicines training, first aid, epilepsy and dementia awareness. Values related training included the topic of equality and diversity. All staff were positive about the training they had received.

Staff told us they were provided with regular supervision and they were well supported by the management team. A staff member told us, "You get your supervisions regularly."

Records confirmed regular supervision meetings took place and these provided staff with the opportunity to discuss their responsibilities and to develop in their role. Records of these meetings contained a detailed summary of the discussion and a range of work, professional development and care related topics had been covered.

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. The registered manager was fully aware of their responsibilities regarding this legislation and was clear about the actions to be taken where there were doubts about whether a person had capacity. Whenever possible people had signed their care plans to indicate their consent to, and agreement with, planned care interventions. People's capacity and consent was also outlined within care planning and assessment arrangements, and documents included pictorial images to help understanding and explanation. We saw, and were told by people using the service, that they were supported to be independent and make decisions about their own care. Empowering individuals to remain as independent as possible was a clearly stated aim in the providers publicity material and policy documentation. Furthermore, the registered manager stated in their PIR, "The people we support are encouraged and empowered to be as independent as possible." Where 'best interest' decisions were taken, the people involved in such decisions, as well as the rationale, was clearly documented. Examples included the introduction of procedures to help manage a person's finances and to ensure they were supported safely when they were out in the community. A best interest decision had also been taken for another person regarding the safekeeping and administration of medicines. The registered manager retained information where 'deputies' were appointed by the Court of Protection to help with welfare and financial decisions.

Staff assessed people's nutritional risks and had compiled care plans for meeting their dietary needs. Weights were monitored and advice was sought from dietitians and speech and language therapists where risks, such as unexpected weight loss and swallowing difficulties, were identified. Special diets were catered for, including for

Is the service effective?

people with diabetes and staff were aware of foods to avoid with certain medicines. Staff also supported people with food shopping, meal preparation and checking whether food remained within its best before date.

People were supported to maintain good health. This included providing support to attend medical appointments. The registered manager told us about the day to day working relationships they had developed with

various health professionals, including GPs, district nurses and the community mental health team. Records we looked at outlined people's key health needs and the impact of these was reflected in care plans. The outcome of routine and other healthcare visits was documented in people's care records and if necessary care plans updated to reflect any changes in practice.

Is the service caring?

Our findings

We were told people were treated with kindness and compassion and their privacy and dignity promoted. One person told us, "I'm happy here, the best thing is having my own house." Another said, "I've got my own room to use."

Relatives expressed satisfaction with the care provided and approach of staff. In a questionnaire response one relative said, "I am well satisfied with the care and support given to my sister by St Anne's." Relatives told us they felt involved in making decisions about their relatives care. Comments included, "We are always involved. It all ticks over quite smoothly anyhow." "Yes they do consult me. If there is any problem they will get on the phone. Minor things they don't but big things they do. If they are going to put a new carer in they will ask if it is okay." "We meet regularly for different things and have a case conference." And "Whenever we have meetings with the management any concerns are dealt with quickly. They have been happy to support us through other things. We know there is someone always there."

All the relatives we spoke with felt their relative was supported in maintaining their independence. One relative commented, "(Name) is encouraged. They have a rota for dishes. They are each responsible for their own rooms, changing the bed and doing their washing. If you ask (Name) openly if they want to come and live back home they will say, no!"

Relatives stated their loved one's privacy and dignity were respected. One person felt there were some difficulties for their relative in this area due to another resident rather

than the approach of staff. One relative stated, "Everything is spot on." Another said, "Yes. I have been at the home and if (Name) is in their room they will always knock and wait to be invited in. With bathing (Name) needs help with their hair washing but they(staff) won't be in the bathroom with (Name) until they need that assistance."

Staff were observed to interact with people in a respectful manner. We saw staff respected people's privacy and were also supportive in helping people to express their views and opinions to us. Staff had a good understanding of people and their needs. They were able to describe how they would promote positive caring relationships and respect people's diversity. The provider had a clear statement and supporting policy and procedures regarding equality and diversity. Training was provided to staff to support this commitment.

Staff were clear about their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions and supported their opinions on matters such as personal care.

The need to maintain confidentiality was clearly stated in guidance given to staff and this was covered in the induction process. Staff explained to us how they maintained people's confidences. One told us, "We keep records in a locked cupboard." Staff were also able to explain the practical steps they would take to respect people's privacy, such as ensuring doors and curtains were closed when people were being supported with personal care.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs and they were listened to. People using the service told us they could take part in a range of activities and enjoyed the freedom and independence their supported tenancy arrangements allowed. Two people told us they would be going to a Christmas pantomime and about activities they planned to take part in over the festive period.

Relatives explained to us how they were involved in decisions about their relatives care. One relative told us, "We are always involved in big decisions. They try and involve (my relative) in decisions. They support them in choosing the clothes they wear." "I am very involved but (Name) is quite capable. They would be quite comfortable to air any grievances."

Relative's said their loved one's preferences and wishes were respected. For example, regarding people's beliefs, one relative said "My relative goes to church and is going to have their first communion. They're pleased about that. They go bowling and have a boyfriend and they invite him to tea."

All the people we spoke with had positive feelings regarding the care their relative received. One relative commented, "Excellent. You can tell when you go into the house, there's a happy atmosphere." Another said, "I think they do excellent because of (Name)'s behaviour. They have a good rapport with my relative. The personal things they are very good at."

Relatives who we spoke with could not recall having information about the provider's complaints procedure, but expressed confidence they would be addressed should they have a concern. Those who responded to our questionnaire said they knew how to complain and were confident in the process. One relative felt they had been given this information when their relative first used the service. Another told us, "I would certainly voice my opinions. I know there is a complaints procedure. I've never had to do that."

We reviewed complaints records and saw the last complaint was received in 2012. This had been acknowledged, investigated and action taken to reduce the likelihood of a similar incident being repeated. Compliments were documented and outlined people's

positive experiences of the care offered. One received from a health care professional stated, "I've seen a big improvement in (name's) health and weight since being supported by St Anne's."

People's care and support was assessed proactively and planned in partnership with them. Care was planned in detail before the start of the service and the registered manager spent time with people using the service, finding out about their particular needs and their individual preferences. After this initial assessment there was an on-going relationship between the registered manager, their deputy and each person. This ensured they remained aware of people's needs and enabled them to monitor the service provided.

From the information outlined in people's assessments, individual care plans were developed and put in place. Care plans were clear and were designed to ensure staff had the correct information to help them maintain people's health, well-being, safety and individual identity. The care plans were highly detailed and showed people received personalised care that was responsive to their individual needs and preferences. Reviews of care were completed regularly. Staff indicated that if they had concerns, or people's needs changed they would inform their managers so a further care need's review could be carried out.

Care plans were person centred and covered a range of areas including personal care, managing medicines and accessing the community. We saw if new areas of support were identified then care plans were developed to address these. Care plans were up to date and were suitably detailed to guide staff's care practice. The input of other care professionals had also been reflected in individual care plans and these documents were well ordered, making them easy to use as a working document.

Staff kept daily progress notes which showed how staff had promoted people's independence. These records also offered a detailed record of people's wellbeing and outlined what care was provided. Care plan reviews also contained comments that were meaningful and useful in documenting people's changing needs and progress. The language used was factual and respectful.

Staff had a detailed knowledge of the people using the service and how they provided care that was important to the person. They were aware of their preferences and

Is the service responsive?

interests, as well as their health and support needs. This enabled staff to provide a personalised and responsive service. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

From our observations, discussions and review of care records it was apparent that people were encouraged to

maintain their independence. This included maintaining their own tenancies, attending college courses and taking responsibility for various aspects of running their own home. This meant people using the service were supported to keep control over their needs and develop their skills.

Is the service well-led?

Our findings

People told us they were happy with the service provided for them or their relative and with the leadership within the organisation. All the relatives we spoke to felt positive about the manager. One described them as "Absolutely fine." Another said, "They're actually alright to talk to. If I have a problem they will try and resolve it. I've had no complaints for a good while." A further comment made to us was, "I think they are excellent." In regard to the overall management of the service a relative told us, "They are always very quick to respond to queries or issues raised." Relatives thought the culture of the service was good although one person was unsure about this.

Relatives confirmed their views and opinions on the quality of the service were sought. A relative told us, "We have a yearly questionnaire to fill in. If there is anything else they would ring us and ask us." Another said, "Well I thought I was going to get a questionnaire but I actually got a call last Wednesday and they are doing it over the phone."

The staff we surveyed and spoke with also made positive comments about the management of the service. One care worker said, "The company have a good network of support, which I can use. They do pop-ins every week; checking medicines and finances." Another care worker noted, "I've never had a problem they're very fair. If anything's a bother you can talk to them."

At the time of our inspection there was a registered manager in place. They were present and assisted us with the inspection. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a cooperative and transparent way. They were clear about their requirements as a registered person to send CQC notifications for notifiable events. (Notifiable events include incidents such as serious injuries, allegations of abuse, or the absence of the registered manager).

The registered manager was observed to act as a positive role model; seeking and acting on the views of others. They

were proud of the quality of the service and had a clear vision and values that were person-centred, ensuring people were at the heart of the service. The aims and objectives of the service were outlined in the provider's publicity material, their statement of purpose and policy documents. They told us how they updated teams on current good practice. Examples they told us about included ensuring training was updated and a Continuous Quality Improvement Group who decanted best practice information and informed teams about the most current data. Briefings from external bodies, such as CQC were generated and distributed across the organisation.

The registered manager had a stated focus on promoting equality and diversity amongst the staff team and in respecting the choices and diversity of people using the service. They told us, "St. Anne's is an equal opportunities employer and are committed to providing a working environment which is free from all forms of harassment, bullying and other inappropriate work place behaviour."

They had clear plans for the future, including updating care plans to a new format and improving the IT system to allow staff to more easily access the most up to date policies, improving communication and transparency within the organisation.

The registered manager monitored the quality of the service by speaking with people who received a service on a regular basis. This was to ensure they were happy with the service they received. The registered manager undertook spot checks and obtained the views of people in the form of questionnaires. Records we looked at confirmed the registered manager had carried out a range of checks and audits, such as those relating to medicines, finances and care practices.

The registered manager told us they had periodic staff meetings and staff were also kept people up to date with regular communications and phone calls. This was confirmed by staff.