St Anne's Community Services

St Anne's Community Services - Cherry Tree Dispersed

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 26 May 2016. At the last inspection in September 2014 we found the provider met the regulations we looked at.

The Cherry Tree Dispersed Scheme provides care for up to ten adults with learning disabilities, in two houses, called Cherry Tree and Orchard View. The homes are located in a quiet residential area of Wetherby, just outside of Leeds.

There was 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 and associated Regulations about how the service is run.

People told us and indicated by gestures and body language that they felt safe in their home. People were comfortable with staff and there was a positive atmosphere in the service.

There were systems in place to ensure that people received their medication as prescribed. However we made some recommendations as to how the service could improve in this area.

In the main, people were cared for by sufficient staff who knew them and their needs. Recruitment was on-going to try and improve the numbers of permanent staff available to ensure consistency of staff. Recruitment procedures were robust to ensure that staff were suitable and fit to be employed.

Staff were aware of the processes in place to report incidents of abuse; and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence.

Staff received an induction and training and were provided with these skills and knowledge in a timely fashion to fulfil their role. Staff were given effective supervision.

People were supported to eat and drink well and to maintain a varied balanced diet of their choice. People had access to healthcare facilities and support that met their needs.

People had developed good relationships with the staff team who treated them with kindness and compassion. Systems were in place to ensure that their views were listened to; and their privacy and dignity was upheld and respected.

People's needs had been assessed and support plans outlined their preferences and how they should be supported. Staff showed a good knowledge of these preferences.

People were able to enjoy activities of their choice. Arrangements were in place for people to maintain links with the local community, friends and family.

The service had quality assurance systems in place which were used to drive continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Overall, people received their medicines safely and when they needed them. Medication errors had been identified and action taken to reduce the risk of future errors.

In the main, people were cared for by sufficient staff who knew them and their needs.

Risks to people's individual health, and safety had been assessed and were supported by management plans.

Is the service effective?

Good

The service was effective.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

Staff were trained to carry out their roles and responsibilities appropriately.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

People were listened to and enabled to exercise preferences about how they were supported.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access the community and follow their interests.

There were systems were in place to manage complaints.

Is the service well-led?

Good

The service was well- led.

There was a registered manager in post. The management team were open, supportive and approachable.

Staff were clear about their roles and responsibilities and felt well supported.

There were systems in place to review the service and the quality of care.

St Anne's Community Services - Cherry Tree Dispersed

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 May 2016 and was unannounced.

At the time of our inspection there were eight people using the service. During our visit we spoke or spent time with all eight people who used the service, spoke with four staff; two of whom were agency staff and spoke with the registered manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at three people's support plans and four people's medication records. We visited both houses within the scheme.

The inspection was carried out by one adult social care inspector a specialist advisor in governance and nursing and an expert by experience. 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 our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection providers are asked to complete a Provider Information Return (PIR). 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.

We also reviewed all the information we held about the home, including previous inspection reports and

statutory notifications. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said they felt safe living in their home. Comments we received included; "I love it here", "This is the best place I have ever lived at, the staff here are gorgeous. I wouldn't change anything" and "I think it is a nice place and I get on with my house mates very well." Risks to people who used the service were appropriately assessed, managed and reviewed. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. We saw positive interaction throughout our visit and people who used the service were comfortable with the staff.

Overall, people were cared for by sufficient staff who knew them and their needs. The registered manager said the staffing levels were planned to suit individual needs at each house. We saw from the rotas there were times when the staffing levels were arranged to suit the activities of people who used the service; which included one to one support. There were also times when it was planned to have one staff member on duty in each house. We saw on a number of occasions; due to staff vacancies or absence, agency staff worked alone at the service. The registered manager said they tried to use the same staff from the agency to ensure consistency for people who used the service and staff we spoke with; including agency staff confirmed this. They also described the on-call back up support that was in place. The records we looked at showed a consistent team of agency staff were used.

However, on the day of our visit we observed the afternoon handover from one agency staff member to another. The handover was not formal or written and the staff member coming on duty was advised to read support plans for any changes; this included changes in medication. The agency staff member coming on duty had not worked at the service for three months; which meant changes in people's needs may be overlooked. Another agency staff member we spoke with said at times they relied on other people who used the service to keep them informed of people's needs or changes in needs such as likes/dislikes and preferences. They told us they had also used the on-call support service and found this effective. They said, "We always have support from the sister home, we only have to ring and they will come here or give us advice."

We discussed these concerns with the registered manager who told us there was a formal handover and checklist procedure in place for any new agency staff members. We recommended this was used for agency staff who had not worked at the home for some time to ensure they were aware of the needs of people who used the service. The registered manager agreed to do this. Staff we spoke with confirmed they used the checklist for new agency staff and we saw records of those completed. Staff said it was rare that a new agency staff member would be working alone at the service. One staff member said, "They are usually always on shift with permanent staff until they get to know people."

In the PIR, the registered manager told us, 'These services have a big problem with recruitment and having core staff instead of agency would give clients consistency and staff that are core staff know clients better and know the principles of St Anne's. I am looking at different ways of recruiting such as employing agency staff. Talking to other managers and when they recruit if they fill their position but still have good candidates to share the information.' We also saw recruitment fair was planned in the local area for the week our

inspection took place.

The service had policies and procedures in place for the safe handling of medicines. We saw medicines were kept in a suitably safe location. However, the registered manager told us in the PIR there had been 17 medication errors in the last 12 months. The registered manager said these had mainly been missed medications and action had now been taken to prevent re-occurrence. This included making sure all medicines that could be blister packed were, reporting any concerns that involved agency staff to the agency they worked for and asking for copies of agency staff's medication training. We looked at the investigation reports for five of these incidents and saw there was documentary evidence of the action taken.

Staff who administered medication had been trained to do so. Staff confirmed they received competency checks. Agency staff we spoke with said their competency was not checked in the service but by the agency they worked for. The registered manager and agency staff told us agency staff were shown the medication system in use as part of their induction to the home. We saw records of checklists to show permanent staff went through the system with the agency staff to familiarise them with it. The registered manager also told us they gained a copy of the agency staff member's training on medication before they worked in the home to ensure their practice was safe.

One medicine we looked at was in a foil packet and the dose the person received was half a tablet. The other half of the tablet was stored in the cupboard for the next administration, wrapped back up in the torn foil. This was not suitable storage for this medication. We advised the registered manager and they made immediate arrangements to rectify this. We saw one person was prescribed transdermal patches. Staff were aware of the need to change the position of the patch on administration to prevent skin damage; however they did not use a body map to document this. The registered manager agreed to introduce this practice.

Controlled drugs (medicines liable to misuse) were locked securely in a metal cupboard and the controlled drugs log was completed and correctly reflected the contents of the controlled drug in use. However, one of the dates in the controlled drugs records book did not correspond with the date on the medication administration record (MAR) for the administration of this medication. The registered manager said they thought this looked like an error in recording and they would investigate the issue.

We reviewed MAR's and these showed staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered. However, on the day of our inspection we saw one of the morning medications for one person had not been signed for. The member of staff on duty said they had given it but had forgotten to sign the MAR. When the afternoon staff member came on duty they checked the medicines as part of the handover and found no discrepancies which meant the medication had been administered as prescribed. We saw the individual MAR had a photograph of people who used the service with any allergies listed; however, the photographs were not recent and could not be relied on for identification purposes. The registered manager was aware of this and had plans in place to introduce a new front sheet with new photographs of people.

Some people received PRN (as and when necessary) medication. PRN medications had a separate MAR which detailed what the medication is, when it should be used, possible consequences or side effects and when to contact the GP.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any concerns. Staff showed they were aware of the action to take should they suspect that someone was being abused and they were aware of the provider's whistleblowing

policy. We saw in the house meetings folder that at every monthly meeting people who used the service were reminded about keeping safe and asked questions which included; 'Do you feel safe or are being bullied' and 'Have you any complaints or concerns.'

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

There were systems in place to make sure equipment was maintained and serviced as required. We reviewed the home's maintenance file and saw that all documents and certificates were present and within required dates. We saw both houses in the service were overall, safe, clean, tidy and homely and people had individualised their rooms in the way they wanted them. We noted in one house that a shower chair in use was rusty in places and this presented a risk of skin tears when being used. The registered manager said the person who used this had an assessment arranged for a new shower chair and would not be using this in the future.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw DoLS were in place or DoLs authorisations had been requested when it was identified people who used the service lacked the capacity to make certain decisions. We saw evidence in people's care plans that individual capacity was assessed and reviewed as part of the care and support planning process. However, for one person who used the service a DoLS had been applied for despite them having capacity to agree to their care and support. The registered manager agreed this had been an oversight under previous management arrangements and said the application would be withdrawn as a matter of urgency to make sure this person's rights were upheld. The registered manager agreed they needed a tracker system in place to ensure they monitored progress on DoLS applications.

The registered manager and the staff demonstrated that they were aware of the requirements in relation to the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. For example, making sure people were supported and given time to make decisions such as what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests.

We heard staff asking people for their views and taking action. For example, one person wished to be left alone whilst they ate their lunch. Staff ensured this happened and respected the person's wishes. We also saw staff ask for consent when administering medication to people. We saw the care records contained agreement forms, signed by people who used the service which acted as documentation of consent and included areas such as medication, holding money and valuables, service provision and key holding.

Staff told us they received good training and were kept up to date. Staff said they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "It is good training and we get asked regularly if there is anything else we need such as computer skills to help us in our job." There was a rolling programme of training available which included; moving and handling, safeguarding, mental capacity and DoLS, equality and diversity, first aid and person centred care. There was a plan in place to ensure staff received refresher training in all mandatory topics at appropriate intervals. We saw staff undertook a comprehensive induction programme which covered all areas of mandatory training before commencing work with people who used the service. Where training or training updates were needed, for

example, six out of 12 staff required MCA and DoLS training, the registered manager told us of the plans in place to ensure this took place.

Staff told us that they felt very well supported by the registered manager and other members of the management team. Staff confirmed they received supervision on a regular basis. They also said they had an annual appraisal. This meant staff were supported to review and reflect on their practice and identify any training needs they may have.

In the PIR, the registered manager said, 'All the clients are very good at communicating if they are unwell and they are always taken to be seen by a professional.' Our review of records showed arrangements were in place that made sure people's health needs were met. This included contact with chiropodists, occupational therapists, physiotherapists and GPs.

People told us they enjoyed the food in the home and they were involved in menu planning to ensure they ate food they liked and enjoyed. We saw people were supported well at mealtimes. One person who used the service said they had weekly discussions with staff to decide on the next week's menu. On the day of our visit the menu needed a slight change. Staff asked people if they would mind having an alternative and everyone agreed this was fine. The menus showed the food was varied and met people's needs and preference. We saw there was always an alternative to what was on the menu available. The registered manager told us all the meals were home cooked using fresh ingredients. We saw in both houses we visited staff prepared appetising, well presented meals.

Good

Is the service caring?

Our findings

People who used the service told us that they liked the staff and we observed staff being patient and attentive. Our observations showed us people were treated as individuals, were supported with the utmost of respect and their views and opinions were listened to. People who used the service spoke highly of their experience; they said they enjoyed living at the home. People also said they got on with staff very well and they were well looked after. People's comments included: "They are good listeners and if I get a bit down they cheer me up", "Staff are always asking us what we would like to do and if we are happy" and "My keyworker is [name of person] and we get on really well. Staff sit down with us and ask us what we like to do."

Both houses we visited had a warm, relaxed, homely feel to them. There was a positive and uplifting atmosphere. Staff were encouraging and supportive in their communication with people; they demonstrated this very well in the way they spoke to people and how they reacted. For example, one person became anxious and confused and staff were able to offer reassurance by talking with them to help the person calm. We saw staff assisted people to do things that were important to them such as helping within the home and art activities.

People looked well cared for, well presented clean and tidy which is achieved through good care standards. People were dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff and enjoyed the relaxed, friendly communication from staff. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with any care interventions.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy, dignity and care preferences were respected. They told us of the importance of assisting people to be as independent as they could to maintain self-esteem and dignity. We saw staff members encouraged people to do things for themselves. A person who used the service said they were encouraged to get involved in the household activity. They told us, "I like cleaning so I help out by hoovering and dusting, I also help prepare some of the meals."

In the PIR the registered manager told us they assessed the caring nature of staff at the recruitment stage to ensure they found staff with a caring nature. At the inspection they told us how they involved people who used the service in recruitment. On the day of our inspection, people who lived in another service were assisting with leafleting in the local area to raise awareness of the recruitment fair that was organised.

In the PIR the registered manager also said, 'We have a dignity champion and this year all clients let off a balloon with a message of what dignity means to them and then enjoyed cake and coffee.' We saw the event had been captured in photographs and quotes which were on display in the service. The quotes, in response to the question, what does dignity mean to me, included; 'Helping me do tasks but letting me keep my independence as much as possible', 'Respecting my needs and treating me equally and making me feel valued' and 'Not being talked down to and giving time to listen to me and understand me.' Staff told us they

found these quotes a good reminder of the importance of respect and dignity for all.

Support plans showed people who used the service and/or their family members were involved in developing them. In the PIR, the registered manager said, 'Clients are encouraged to be part of their support planning and risk assessments' and 'Relatives where possible are involved in decision making.'

Two people who used the service had an advocate and the registered manager was aware of how to assist people to use this service.

Good

Is the service responsive?

Our findings

Staff and the people we spoke with told us about the activities people enjoyed and we saw staff supported people to choose what they did each day. Each person who used the service had their own timetable of activity and community involvement; which also included voluntary work. They told us how much they enjoyed this work and the sense of satisfaction they felt by doing it. One person said, "I work at [name of place] which I love."

One day per week, each person had a day where they had full one to one staff support to engage in an activity of their choice. One person said, "We all have a day that's ours and the support workers help us in what we choose to do." We saw the emphasis was very much concentrated on personal hobbies and interests for people and keeping in touch with family and friends. The written and photographic records in the service showed people regularly participated in a variety of activities. People also told us of the holidays they had enjoyed and had got booked. One person said, "I like going on holidays abroad so I have been helped to choose and book one to Majorca." On the day of our visit people were involved in activities such as art work, going out to clubs and assisting with household activities.

Staff said they thought people had enough to do and enjoyed activity of their choice. One staff member said there were times when activity had to be re-arranged due to staffing difficulties such as the availability of drivers or general staff shortages. They said this did on occasion lead to disappointment for people.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. We looked at support needs assessments and saw these were comprehensive and included; personal safety, life skills, personal hygiene, coping with money, community and culture and well-being.

We looked in detail at the support plans for three people who used the service. The support plans were written in an individual and person centred way, which included a one page profile and likes and dislikes. A one page profile is a summary of what is important to someone and how they want to be supported. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. This included statements such as ; 'I enjoy a joyful atmosphere and singing songs' and 'I need prompting to eat enough fruit and veg.'

Staff, including the agency staff on duty, showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care provided for each person. This included individual ways of communicating with people. One agency staff member said, "The support plans really help us to get to know people and what they need."

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. However, we noted there was no easy read information available to help all people who used the service to understand how to raise a complaint. We did however see that people were asked at their monthly house meeting if there were any concerns or complaints they wished to

raise.

In the PIR, the registered manager said, 'I encourage clients and staff to report anything they think might not be quite right even the smallest thing and I ensure there is an outcome to everything that is reported. I take all grumbles and complaints seriously from all levels for staff and clients and I respond to them in the same format that I receive them.'

There had not been any complaints made in the service for many years. The registered manager had recently developed a document to record any 'grumbles' received and the action taken in response to them. This had not been used at the time of our inspection. In the PIR, the registered manager told us they were going to improve the service in the next 12 months by developing a complaints guide that was accessible to all people who used the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. People who used the service all spoke highly of the management team and said the service was well run. One person said, "I really like [name of manager] I can talk to her."

Staff said they felt well supported in their role and spoke of how much they enjoyed their job. One said, "It's a great place to work, I love it." Staff said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. Staff described an open culture, where they communicated well with each other and had confidence in the registered manager. One staff member said, "We are a great team, support each other very well, all very willing and will help out."

In the PIR, the registered manager told us, 'I ensure the service is well led by promoting open communication, I do this by making sure I make time to talk to staff and clients informally and formally and encouraging them to talk to me about good and poor practice.'

Staff said they felt confident to put forward ideas and suggestions. They said they were listened to and felt valued. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home and to receive feedback on important issues in the service. We saw this included; issues affecting people who used the service, safeguarding matters, learning and development opportunities and learning from incidents to prevent re-occurrence.

People who used the service and their relatives were asked for their views about the care and support the service offered. The provider sent out annual questionnaires for people who used the service, their relatives and other stakeholders who had contact with the service. These were collected and analysed to make sure people were satisfied with the service. We looked at the survey carried out in 2015 and saw there was a high degree of satisfaction with no negative comments made. The registered manager said if suggestions were made through the use of surveys they would always be followed up to try and ensure the service was continually improving and responding to what people wanted.

Records we looked at showed the registered manager and provider made checks that the quality and standard of care was maintained and improved on where needed. We saw that all medications were stock checked daily by staff and the registered manager checked them on a weekly basis. We saw support plan checks were completed and the results of these discussed with staff in their supervisions or staff meetings. The registered manager said they wanted to encourage staff and develop their skills in care and support planning. We also saw a monthly health and safety check was carried out which included a check of the premises and any equipment used.

The registered manager told us they had good support from the provider who visited frequently. We saw the area manager visited the home regularly to check standards and the quality of care being provided; this included checks on staffing, staff training and medication. Staff told us the area manager spent time in the

service talking with staff and people who used the service to ask for their feedback on the quality of the service.

The provider's quality and safety team carried out annual audits and the registered manager told us one had been carried out recently. No report or action plan was yet available, however, the registered manager showed us the notes they had made on areas that were identified for improvement. These included medication issues, staff appraisals to be scheduled for the full year and the need for an index system for risk assessments. The registered manager said they would receive a report and action plan from the visit and the area manager would review progress on actions through their monthly visits.

The registered manager said they submitted a monthly report to their area manager covering all aspects of the service delivery. We saw this included safeguarding, accidents and incidents, medication issues and agency staff usage. The registered manager said they then discussed this in their supervision meetings each month with their area manager to ensure any actions needed were implemented or communicated to the staff team. We recommended a more robust system of recording this was used to demonstrate more clearly when actions had been completed.