

St Anne's Community Services

St Anne's Community Services - Greenacres

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

St Anne's Community Services – Greenacres is a residential care home and provides support for up to five people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is provided in a large bungalow and located on a residential road close to a range of community amenities and facilities in Ripon. At the time of our inspection there were four people living there. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was 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.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from abuse as staff understood how to recognise the signs and report concerns. Staff were recruited safely and people were supported by enough staff to meet their needs. People had their medicines as prescribed and these were managed safely. The provider had systems in place to learn when things went wrong.

Risks to individuals had been assessed and were regularly reviewed. They provided staff with guidance on how to manage identified risks to ensure people's safety. When accident and incidents occurred, these were recorded and investigated by the registered manager to prevent similar incidents reoccurring. The service ensured that people received effective care that met their needs and wishes.

People were protected from discrimination and harassment. Staff had received training and were aware of their responsibilities to ensure people were not disadvantaged because of their disability. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to eat a well-balanced diet and make healthy eating choices. The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was

protected.

The provider had a complaints policy in place and the registered manager and staff knew what they should do if anyone made a complaint.

There were regular opportunities for people, relatives and staff to give their feedback on the service and the provider had systems in place to monitor the quality of people's care and make improvements.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

St Anne's Community Services - Greenacres

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 comprehensive inspection took place on 21 August 2018 and was announced. The inspection was carried out by one inspector.

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that they would be in.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority safeguarding and commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

During the inspection, we spoke to three people who lived at the service, the registered manager and three staff. We observed care and support in communal areas and also looked at some people's bedrooms with their consent. Following the inspection, we spoke with two relatives by telephone to gather their feedback about the service

We looked at a range of documents and records related to people's care and the management of the service. We also looked at two care plans, two staff recruitment records, training records, quality assurance audits, minutes of staff and resident's meetings, complaints records, policies and procedures.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People who live at St Anne's Community Services – Greenacres have some difficulties expressing themselves, so we asked the staff to help us speak with them. When we asked people if they felt safe, comments included, "It's good living here" and "This is a nice place." Relatives we spoke with were very confident people were looked after safely.

Staff understood how to recognise the signs of abuse and told us they had been trained. Staff understood how to report any suspected abuse and were confident the registered manager would take action.

People had risk assessments in place. These were reviewed regularly and identified any potential hazards to their well-being. Staff we spoke with could tell us about risks to people at the service and how they supported them to remain safe. Staff were made aware of any changes in managing identified risks and we saw records were updated.

The provider's recruitment process ensured that staff were suitable to work with people who need support. Prospective staff completed an application form and attended an interview. A Disclosure and Barring Service (DBS) check was carried out before staff started working at the service. DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

There were enough staff to meet people's needs. Staff we spoke with told us they had enough time to spend with people on an individual basis. The registered manager explained that when rotas were organised they made sure that people's individual needs were met. Any shortfalls in staffing levels were covered by existing staff or a regular member of the service's bank staff who knew people well.

Medicines were administered safely. Staff received training and had their competency checked. Medicine Administration Records (MAR) charts were in place and our checks confirmed the records were completed accurately. We observed a staff member administering medicines who followed good practice guidelines. Checks were in place to ensure medicines were managed safely.

People had personal emergency evacuation plans so staff knew how to support them if they were required to leave the building in an emergency. Records confirmed checks on the building and equipment were completed to ensure they were safe. We found the service was clean and staff recognised the importance of preventing cross infection and used gloves and aprons when required. Relatives commented on how clean the service was.

We could see from records that there was learning and improvements made when things went wrong. For example, one record showed that a person had incurred a minor injury. The service completed an enquiry, actions were taken and a plan made to ensure the risk of reoccurrence was reduced.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

Relatives told us that the service was effective. One said, "The service is absolutely perfect for [Name]". Another told us, "Everything that staff do for [Name] and the other people, just seems to suit them all very well."

Assessments of people's needs took place with the person, professionals and relatives when appropriate. This process considered issues in relation to equality and diversity and guided staff on how to support people to achieve their outcomes in all areas of their lives. This ensured people had good quality and fulfilled lives.

We observed the established staff team worked well together and had a detailed understanding of people's individual needs. External agencies, such as healthcare services were contacted in a timely way when people's needs changed and they were supported to attend appointments to dentists and opticians. Records showed training had been regularly updated and staff had the skills and knowledge necessary to meet people's needs. Staff received regular supervisions and appraisals and told us they felt very supported by the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 found that it was. Appropriate applications had been submitted to the local authority when required and documentation was in place for people who lacked capacity. Staff sought people's consent before providing support and respected people's decisions where support was declined. For example, when staff checked with people to see if they were happy to speak with us and look at their bedrooms, one person declined. Staff acknowledged this decision which was clearly respected and valued.

People were supported to eat a well-balanced diet and make healthy eating choices. Care plans included information about people's dietary needs and they were encouraged to be involved in choosing their meals and food shopping. One person was supported to manage their specific nutritional requirements effectively through their diet. This demonstrated staff had a good understanding of food types the person needed to avoid to remain well.

The service had been adapted to meet people's needs, was well maintained and appropriately decorated. Bedrooms were spacious and had been personalised with a variety of furniture, ornaments and pictures.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People we spoke with told us they liked the staff. Comments included, "Nice staff" and "Yes, I like [Name of staff member]. They are good to me." Relatives spoke highly of the staff approach. One told us, "The staff are brilliant and amazing. They are so very kind and caring."

During our inspection we observed positive and caring interactions between staff and people who used the service. They regularly checked if people were happy and if they needed anything. Staff spoke fondly and passionately about their work and the people they supported.

Staff communicated well with people in a variety of ways. For example, we observed staff actively listening, encouraging and giving people the time to express themselves. Staff used expressive body language or less complex language and shorter sentences where appropriate.

People were fully involved in making decisions about their lives. We saw how people were asked about what they wanted to do and where they wanted to go. For example, one person told us where they had chosen to go on holiday.

We could see for ourselves and relatives told us staff treated people with dignity and respect. One relative explained how staff were very discreet when people needed reminding to go to the bathroom or needed support to change their clothes.

People's independence was promoted and staff understood the importance of maintaining this. For example, during our inspection one person took pride in the fact it was their responsibility to ensure the leaves were swept up. Another person made sure their bedroom was tidy and confirmed with us they enjoyed doing this. A relative said, "[Name] likes to have their bedroom just the way they like it."

Information was displayed about the local advocacy service. An advocate is a person who supports the person to have an independent voice if they do not have family or friends to advocate for them.

The registered manager and staff was able to talk about people's diverse needs and understood their differences to ensure they were valued for who they were. Staff were aware of maintaining confidentiality and records were stored securely in the office.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Care was person centred and met people's individual needs. Records we looked at reflected this as care plans were personalised and contained information about how people wanted to be supported. Staff held monthly reviews with people they were key worker for and records were updated when their needs changed. This ensured people were happy with the support provided and the service was meeting people's outcomes.

Staff knew people's preferences about how they wanted to spend their time and looked for activities within the local community to participate in. This meant people had the opportunity to make meaningful relationships within their community. People had choice about the activities they enjoyed doing and were supported to access the community. Staff told us about the variety of activities people participated in which included going to the pub, out for meals, visiting places of interest and going on holiday. One person had their own summer house in the garden and enjoyed spending time in there watching the birds. We spoke to this person who invited us in to this space. They said, "I feed the birds. I like it." Staff explained how this person was supported to keep in contact with relatives. The person said, "Yes" when we asked if they enjoyed doing this. A relative told us, "[Name] does the things they want to do, when they want." Another person wanted to keep fit and was supported by staff to attend a class in the local community.

Information was available for people with a disability or sensory loss related communication need as outlined in the principles of the Accessible Information Standard (AIS). This standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. For example, staff were in the process of introducing 'talking picture frames' which would show in pictorial and voice format what was important to people.

Staff we spoke with were clear on their responsibilities to protect people from discrimination. Staff told us they would report any concerns to the registered manager as any form of discrimination would not be tolerated. One said, "I love standing up for the people we support."

Complaints policies and procedures were in place and were available in easy read formats. No complaints had been received about the service, but if people wished to, information included how and with whom people could raise concerns or complaints.

There were no people receiving end of life care at the time of the inspection. The registered manager told us they would ensure care plans reflected their wishes and would work alongside healthcare professionals when people needed this level of support.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

A registered manager was in post. They also managed a small outreach resource that was based in the premises next door.

People were relaxed and comfortable throughout the inspection. The registered manager explained they continued to develop an open culture where staff and people living in the service were included and encouraged to participate in aspects of running of the service. For example, people were asked for their opinion on the colour of carpets or furniture and consulted about the type of person they wanted to occupy the vacancy. A relative told us how the registered manager recognised when a person who was being considered for this vacancy, would not have 'fitted in' with the people already living there and they were not accepted into the service.

Staff and relatives were complimentary about the registered manager and provided positive comments about them. Staff told us, "The registered manager is very approachable" and "We definitely get good support to do our job." A relative said, "The manager is lovely and notices changes in people's needs and is alert." Records confirmed people and relatives were asked their opinion on the quality of the service provided.

The registered manager and provider had systems in place to check on the quality of the service people received. There was an audit process in place which used the key lines of enquiry to assess the quality of the service people received. Audits covered all aspects of people's care and how the service was run. When any shortfalls were noted we saw when the action had been taken to address these. For example, we could see from an audit completed by the provider that they had highlighted some minor errors. These related to a receipt number about a person's expenditure that had not been documented and a staff member had not used the 24 hour clock method of recording.

We could see that that the service had developed relationships and worked in partnership with other organisations. Staff told us they were proud of the care provided and had organised a party in February 2018 to celebrate the services' 25th anniversary. People had meaningful relationships with their neighbours. They had an active part in the local community and took part in a community BBQ.

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and incidences of abuse. We could see that they kept themselves updated with best practice guidelines on subjects such as the administration of medicines and new guidance for staff on how to manage constipation.

A relative told us that the service was managed just like anybody's home. They said, "It is very well run and when I go out with [Name], they always refer it as their home. I can't praise every member of staff too highly."

