

St Anne's Community Services

St Anne's Community Services - Huddersfield

Inspection report

3 Heaton Road
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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

We inspected St Anne's Community Services – Huddersfield on 21 October 2016. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

3 Heaton Road is a registered unit that provides accommodation and support for up to six people aged 18 and over who experience mental health problems. There are six bedrooms, a lounge, dining room and kitchen. Separate bath and shower rooms are situated on each floor. The service operates as a step-down facility that provides support for people to progress into their own accommodation. Therefore people admitted to the home are relatively well and very independent.

The Commission set conditions when registering services and one used for care homes is the number of people who can be accommodated. This condition of registration for St Anne's Community Services – Huddersfield is that registered provider can accommodate a maximum of 20 people. There is only room in the home for six people so we discussed the need to vary this condition with the area manager and they undertook to ensure action was taken to change the conditions to a maximum of six people.

The registered manager and has been in this role since at least 2010. 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 the time of the inspection six people lived at the service and we met three of the people who used the service. They told us that they were very happy with the service and found it met their needs. We found that the registered provider and staff consistently ensured people were supported to lead an independent lifestyle.

Staff readily identified triggers that would lead people to become distressed or indicate that their mental health was deteriorating. We found this had a very positive impact on people and led to staff taking prompt action when people became unwell.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people. These assessments were used to create plans to reduce the risks identified as well as support plans.

We saw that people cooked their own meals. Staff assisted them to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that people were supported to manage their weight.

We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

People were supported to maintain good health and had access to healthcare professionals and services. People were encouraged to have regular health checks and, if requested staff accompanied them to their appointments.

Staff were aware of how to respect people's privacy and dignity. We saw that staff supported people to make choices and decisions.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have mental health needs.

Staff had also received training around the application of the Mental Capacity Act 2005 and the Mental Health Act 1983 (amended in 2007). The staff we spoke with understood the requirements of this legislation.

Staff shared with us a range of information about how they as a team worked very closely with people to make sure the service enabled each person to reach their potential.

People and the staff we spoke with told us that there were enough staff on duty. We found that sufficient staff were on duty to meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the registered provider had an effective system in place for dealing with people's concerns and complaints. We found that people felt confident that staff would respond to any concerns raised and take action to resolve them.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the service.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the provider had implemented these and used them to critically review the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

There were sufficient skilled and experienced staff on duty to meet people's needs. Appropriate recruitment checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005 and Mental Health Act 1983 (amended 2007).

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good 

This service was caring.

Staff were extremely supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to manage any negative impact of their mental health needs.

People were treated with respect and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support was to be provided.

People led very active lives.

We found that the views of the people and their relatives were regularly sought and people understood how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The service was well-led and the registered manager was effective at ensuring staff delivered an effective service.

We found that the registered manager and staff were very conscientious and critically reviewed all aspects of the service then took action to make any necessary changes.

Staff told us they found the registered manager was very supportive and felt able to have open and transparent discussions with them.

St Anne's Community Services - Huddersfield

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.

An adult social care inspector completed this unannounced inspection of St Anne's Community Services – Huddersfield on 21 October 2016.

The provider completed 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.

Before the inspection we reviewed all the information we held about the service. The information included reports from local authority contract monitoring visits.

During the inspection we met with three people who used the service. We also spoke with the area manager and two support workers.

We spent time with people and observed how staff interacted and supported individuals. We also looked around the service. We looked at three people's care records, staff records and the training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

People told us that they were happy and liked the staff and they thought the service met their needs.

People said "They do a top job." And, "I have no problems being here." And, "I like it here."

Staff told us that they regularly received safeguarding training. We saw that the staff had completed safeguarding training this year. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. Staff told us the registered manager would respond appropriately to any concerns. We found that procedures were in place to assist staff to understand whistleblowing [telling someone] processes and staff told us that they felt confident about raising any worries. The service had up to date policies in place, which clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check to show that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as using the kitchen, and going out in the community. This ensured staff had all the guidance they needed to help people to remain safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the service.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that a one to two support workers were on duty during the day and a staff member provided sleep-in cover overnight. The registered manager provided oversight during the week.

Staff, at times, obtained the medicines for people who used the service but at the time of the inspection the people who used the service self-medicated. When staff managed people's medication we found they ensured there were adequate stocks of medicines and these were securely maintained. All staff that were responsible for the administration of medicines had been appropriately trained to do so.

We saw that there was a system of regular checks of medication people administered and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

People told us that the staff understood them and knew how to effectively support them. They told us that staff had a very good knowledge of how to support people with mental health needs and that because of the staff support they had remained well.

People said, "The staff really know their stuff. I have been fine for a good while" And, "I am pleased with the service and staff."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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.

At the time of the inspection no one lacked the capacity to make decisions and therefore no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. We found that staff had a good understanding of the requirements of the Mental Health Act 1983 (Amended 2007) and made sure the Code of Practice was followed.

From our discussions with staff and the review of the care records we found that they had a very good understanding of each person's needs. We saw records to confirm that staff encouraged people to have regular health checks.

We found that the people organised and cooked their own meals but, if needed staff were available to support them. Staff routinely cooked Sunday dinner for everyone at the home and people told us this was always very tasty. From our review of the care records we saw that nutritional screening had been completed for people who used the service.

We confirmed from our discussions that the staff and review of the records that staff were suitably qualified and experienced to fulfil the requirements of their posts. We found that new staff, where appropriate were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. One of the senior support workers we met had recently started work at the service and told us about their induction, which had included mandatory training and

shadowing the other staff. Staff we spoke with told us they completed mandatory training and condition specific training around working with people who had mental health needs. We found that the registered manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Is the service caring?

Our findings

People told us that they found the staff were very supportive. We heard about the positive changes to people's behaviour and how they had not had relapses in their mental health for some years. The people we spoke with attributed some of this change to the support they received at the service.

People said, "I find that the staff have always been kind and caring." And, "The staff are always friendly and seem to want to help."

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences and had used this knowledge to form very strong therapeutic relationships.

We found that people went out on a daily basis and were very independent. Staff worked with people to assist them to identify their triggers for deteriorations in their mental health. Staff also assisted people to reduce the adverse impact of their conditions on their day-to-day lives.

The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought people's views and engaged people in conversations about their day.

We saw that staff understood the needs of the people and actively monitored people's mental health. The people who used the service described how staff had supported them and we heard how staff monitored people's mental health conditions. We found that if people became unwell staff had a range of techniques that supported the individuals to address the issue.

We found that the care records were very detailed and informative. The support plans and assessments clearly outlined each person's individual needs and were completely person-centred. We found that staff worked in a variety of ways to ensure people received support they needed and this was enabling people to move into their own accommodation.

The environment supported people's privacy and dignity. All the bedrooms we went into contained personal items that belonged to the person such as photographs and pictures and lamps. The staff also promoted people to be as independent as possible.

Is the service responsive?

Our findings

The people we spoke with told us they found that the staff made sure the service worked to meet their individual needs and to reach their goals.

People said, "I have been doing my own cooking and that for a while now and am looking forward to moving to my own place at some point." And, "We are very happy here."

People led very independent lives and we heard that people went on holidays, attended courses, sought voluntary and paid employment and engaged in community activities each day. None of the people required any support to meet their personal care needs.

We found the care records were comprehensive and well-written. They clearly detailed each person's needs and were very informative. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments. We found that staff who were extremely knowledgeable about the support that people received. They could readily outline what support plans were in place and the goals of each plan.

We saw that staff had given consideration to the impact on people's mental health upon their ability to understand events and engage in every-day activities.

We found that resident meetings were regularly held and reviewed the minutes from the recent meetings. Within the minutes we saw that people were asked consistently for their views about the operation of the service and where improvements could be made. We heard how people who used the service were involved in the recruitment process.

We saw that people were regularly seen by their clinicians and staff assisted them to make contact with relevant healthcare professionals, if this was needed.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. The registered provider's complaints procedure was on display in the home. We looked at the complaint procedure and saw it clearly informed people how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been made in the last 12 months. The area manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

Staff told us that they were very comfortable being advocates for people but also enabled people to access local independent advocacy services. Staff also had a good understanding of people's right to make appeals to the Mental Health Tribunal, if they were subject to sections of the Mental Health Act 1983 (amended 2007). They knew that people had the right have legal aid in order to appoint a solicitor to represent them at tribunal and told us they let people know this, when appropriate.

Is the service well-led?

Our findings

We found that people were routinely consulted and found they spoke very highly of the service, the staff and the registered manager. They thought the service was well run and completely met their needs.

Staff told us, "I enjoy working here and think we assist people to make real positive changes to their lives. This has led to people being able to live independently in the community."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the service was completely person centred.

Staff told us that the registered manager was the integral force ensuring the service was safe, responsive, caring and effective. Under their leadership the service had developed and been able to support people move to less supported accommodation.

The staff told us how they as a team discussed what went well and what did not and used this to make positive changes. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive to their comments. Staff told us there was good communication within the team and they worked well together.

The service had a clear management structure in place. The registered manager ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at St Anne's Community Services – Huddersfield.

The Commission set conditions when registering services and one stated St Anne's Community Services – Huddersfield is that registered provider can accommodate a maximum of 20 people. There is only room in the home for six people so we discussed the need to vary this condition with the area manager who undertook to ensure action was taken to change the conditions to a maximum of six people.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. Monthly audits of all aspects of the service, such as infection control, medication and learning and development for staff were completed. The registered provider and registered manager took these audits seriously and used them to critically review the service. We found the audits routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the service was well-run.

Staff told us that morale was very good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that they were encouraged to share their views.