St Anne's Community Services

St Anne's Community Services - Boroughbridge Road

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

This inspection took place on 10 December 2015 and was announced. The last inspection took place in August 2014 when the service was found to be meeting the Regulations.

St Anne's Community Services – Boroughbridge Road provides residential care and support for up to three people with a learning disability. The service is located in a residential road close to a range of community amenities and facilities in Knaresborough. At the time of our inspection there werethree people living there.

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

Summary of findings

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.

St Anne's Community Services - Boroughbridge Road provided good care and support for the people that lived there. People were encouraged to lead fulfilling lives in line with their own preferences and choices. The emphasis was on supporting people to be as independent as possible. People were involved in making decisions about their care and how the service was run. Each person had an advocate who supported them in expressing their views. Care and support plans contained clear and up to date information about how people wanted their needs met. There were good opportunities for people to discuss any concerns or ideas that they had.

People were supported in having their day to day health needs met. Health services such as dentists, GPs and opticians were used as required and there were close links with other services such as the local North Yorkshire County Council Learning Disability Team.

Staff were knowledgeable about the needs of each person and how they preferred to live their lives. Staff received the training they needed and were supported through regular supervision meetings with the registered manager. There were safe recruitment practices in place for new staff and there were a sufficient number of staff on duty to meet people's needs.

There were good systems in place to keep people safe. Staff were confident about their responsibilities in relation to safeguarding and also knew who they could contact regarding any concerns they had about the service. There was a positive approach to risk taking so that people could be as independent as possible. Risks in peoples' day to day lives had been identified and measures put in place to keep people safe. The focus was on how each person benefited from the activity undertaken.

The staff team were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. All the people at the service had a DoLS authorisation due to the level of supervision provided by staff. Staff had been trained in the MCA and had a good awareness of issues relating to capacity and consent.

The service was well led. The registered manager was responsible for managing other services and so did not spend all their time at St Anne's Community Services - Boroughbridge Road . Staff told us that the service was well managed and that there was good support. The registered manager promoted a culture of respect, involvement and independence. There were good systems in place to make sure that the quality of care was maintained and areas that required improvement were identified and necessary action taken.

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

Good

People told us they felt safe at the service. Staff had a clear understanding of their safeguarding responsibilities.

There were good systems in place to protect people from the risks associated with day to day activities, care tasks and the environment.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Is the service effective?
The service was effective.

Good

Staff received the support they needed to carry out their roles effectively. The staff team had a good understanding of the needs of each person at the service.

People were supported to consent to decisions about their care, in line with legislation and guidance.

People received the support they needed to stay healthy. People were able to decide what they wanted to eat and told us that they enjoyed the food and drink provided.

Is the service caring?
The service was caring.

Good

People had good relationships with staff and were treated with kindness and respect.

People were encouraged to express their opinions and make their own decisions about care and support. People were encouraged to be independent and were supported to spend time in the way they wanted.

People were given time and space to spend time in private if they chose.

Is the service responsive?
The service was responsive.

Good

People were involved in contributing to how their care and support was provided. Individual preferences were taken into account and people were supported to take part in activities of their choosing.

They were good opportunities for people to talk about any concerns or complaints that they had. People told us that they felt listened to and that any issues were acted on.

Is the service well-led?
The service was well-led.

Good

There was effective management of the service and a clear culture which promoted independence, involvement and community participation.

Summary of findings

The registered manager had good oversight of the service. Staff told us that the management support was available if needed.

There were effective systems in place to make sure that the service continued to deliver good quality care.

St Anne's Community Services - Boroughbridge Road

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 on10 December 2015.Because it is a small service we contacted the registered manager the day before the inspection to check that people would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service. The PIRis 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. During this inspection we looked around the premises and spent time with people in the lounge and dining room. We looked at records which related to people's individual care. We looked at two people's care planning documentation and other records associated with running a care home. This included four recruitment files, training records, the staff rota, notifications and records of meetings.

We were unable to speak directly with people who used the service due to communication difficulties. However, we observed how people led their lives during the day and the support that they were given by staff. During the inspection we spoke with three members of staff and the registered manager.

Good

Is the service safe?

Our findings

We were unable to get verbal feedback from people who used the service. However, we noted that support plans included a section about keeping safe and managing personal safety. We also saw that there were regular keyworker meetings with individual people, and discussions about safety had taken place. Staff were confident that people were kept free from harm. Staff comments included "People are safe. They are able to express how they are feeling. If they were not safe we would know" and "People are kept safe here".

Staff had the skills and information needed to keep people safe. Staff had been trained in safeguarding and were confident about acting on any concerns. This was confirmed by one member of staff who told us "I have had safeguarding training and we are often asked in team meetings about safety. I am confident about using the procedures". The record of incidents and accidents had been completed as required and included details of action taken to prevent a reoccurrence. Accident reporting procedures included guidance about when it would be necessary to notify under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 2013.

We noted that there was a medicines incident in July 2015. This had been reported internally within the organisation and appropriate action taken in response. However the incident was not reported to the local authority under safeguarding procedures until three weeks later and had not been reported to the CQC. We spoke with the registered manager about this who accepted there had been an error in reporting. However they showed us that they had taken action to prevent future errors and developed a safeguarding checklist which included who to inform and when. There had been no further reporting errors since that time.

Risks associated with people's day to day lives had been identified and there were clear, up to date risk assessments in place. There was a positive approach to risk taking, with the emphasis being on encouraging independence. Risk assessments included information about how to minimise each risk and how each person benefitted from the activity undertaken. We noted that care plans made reference to the risk assessments throughout.

Workplace risks had also been identified and clearly recorded. These included for example, environmental risks such as security and infection control. Health and safety checks relating to gas, electrics, fire and water had been carried out and systems were inspected as necessary. There were no avoidable hazards seen in the building and equipment had been checked to ensure it worked properly. Personal evacuation plans were in place for each person which described the support they would need in the event of an emergency.

We were unable to look at the recruitment records for staff as these were kept at the Head Office. However, there was a recruitment checklist for each member of staff which showed the checks which had been completed. These showed that proper checks had been carried out on new staff before they stated work. Checks included two references, proof of identification and a criminal background check. The checks in place meant that the provider could make sure that new staff were of suitable character and competence.

The staff we spoke with all felt that staffing levels were sufficient to provide people with the support they needed. There was usually one or two staff on in the daytime and a sleep-in at night. One person required two staff to support them when out in the community and we saw that there was flexibility in the rota to ensure this happened. Staff confirmed this and told us "I feel there are sufficient staff. It's a stable staff team" and "Staff are flexible and will alter their hours if needed". One staff member explained "[Name] has two to one staffing. This doesn't prevent [Name] going out as staff are flexible and work around this".

There were safe systems for the storage and administration of people's medicines. Medicines were stored in a locked cabinet. Most medicines were received from the pharmacy in blister packs which contained guidance on the medicine as well as a description of each tablet. This meant that staff could check the correct medicine was administered. Medicine administration records (MAR) were used to record administration and we saw there no unexplained gaps in recording. There was information about the use of 'as required' medicines and, when these had been administered, there was a description of why it had been needed. Each person had a medicines support plan which

Good

Is the service safe?

gave guidance on what medicines were for, any possible side effects and allergies. A record was kept of medicines no longer used and which had been returned to the pharmacist.

Staff confirmed that they were only able to administer medicines after receiving training and then being approved by a manager. There was a list of approved staff in the medicines folder as well as sample signatures so that it could be identified from the records who had administered medicines each day. The service did not routinely measure the temperature of the medicines cabinet which meant staff could not be certain that medicines were being stored at the correct temperature. However, we did not identify any concerns about the temperature in the storage area and the manager said they would make sure a system to do this was immediately put in place.

Good

Is the service effective?

Our findings

Staff were well informed about the people they supported and had a clear understanding of each person's needs. The team of staff were all permanent and most had worked at the service for a long time. This meant there was a consistent approach to care and support from a stable staff team who knew people well.

Staff told us that they felt support in their roles and were given the training they needed. Feedback from staff included "I enjoy the work. I feel fully supported. Training is always updated. Additional courses are available if we want" and "I feel supported by staff and management. My training is up to date". Staff were trained in key areas of practice such as manual handling, safeguarding and infection control and this was refreshed regularly to make sure it was in line with current guidance.

Staff were supported through regular supervision and a yearly appraisal with a manager. This gave them opportunities to talk about their development and goals for the future. Appraisals allowed staff to review their progress and look at objectives for the coming year, such as training needs. There were monthly team meetings where staff had an opportunity to discuss anything related to the service they delivered. Records showed that team meetings were also used to discuss any incidents that had occurred in order to make sure they could be prevented in the future.

New staff were supported with an induction programme when they took up employment with the service. Reviews took place after a few months to make sure new staff were competent before starting full employment. One member of staff who had started recently told us about their positive experience of induction and explained "I find it good here. I'm getting to know the routines. Staff are very helpful. I have been shadowing mostly. I am able to ask for what I need".

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.

The registered manager and staff understood their responsibilities under MCA and DoLS procedures and had received appropriate training in this area. All three people who used the service had been referred through DoLS and authorisations had been made as required. Staff were aware of when a best interest meeting would need to be held. A best interest meeting is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. Where best interest meetings had taken place there was information in support plans about the decisions made and the reason the person lacked capacity for that decision.

People were supported to maintain good health. Each person had a Health Action Plan which gave details about health needs and how these were to be met. Care records showed there were good links with health professionals to support people when needed. These included the learning disability health team, dentist, GP and optician.

People were provided with sufficient amounts of food and drink. There was a kitchen/dining area which meant that while meals were being prepared people could sit and chat making it relaxed and communal. Meals were usually cooked by staff. People decided on a menu each week and helped with the weekly shopping.

Where people required support with eating and drinking there was information in their support plan. Two people were at risk of choking due to swallowing difficulties and there was evidence that the Speech and Language Therapy (SALT) team had been involved to offer guidance. We noted that one of these people did not have an eating and drinking risk assessment in place, despite this being referred to in their support plan. However, the staff we spoke with were aware of the risks to this person and understood the support that was needed. The manager completed the risk assessment during our inspection.

Good

Is the service caring?

Our findings

We were unable to get feedback from people about the service so we spent time observing care practices. All the people that used the service had lived there for many years and it was clear they were comfortable with the environment and familiar with daily routines. Throughout the inspection we observed that staff spoke with people in a friendly manner, listened to what was being said and responded in a way that was understood. The impression given was of a service that was centred around the people that lived there and what they wanted to do.

Staff told us that people were cared for. Comments included "They (people who use the service) are comfortable and happy. They choose their own things and can move about the home freely" and "Clients are well looked after. I have no concerns". We noted in the dining room that there were profiles of each member of staff on the wall. These included photos and pictures as well as likes, dislikes and interests. These were similar to people's profiles in their support plans. This meant that people had information about staff which helped them to build better relationships.

Throughout the inspection we observed that people were treated with dignity and respect by the staff on duty. Staff told us that dignity was strongly promoted by the organisation. One staff member said "We have a dignity champion at the service. There will be a presentation in a couple of months. I'm learning a lot about dignity. There are new policies and procedures". Another member of staff told us "Dignity is promoted quite highly". Staff told us that they respected people's right to privacy and everyone had a private space they could go to if they wanted. One member of staff explained "Privacy is common sense, such as being discreet and closing doors". We noted that people were provided with easy to understand information about their rights, in the service user guide. This included the right to respect, privacy and dignity as well as the right to confidentiality.

We looked at how people were supported to be involved with day to day practices in the service. This included support with communication to make sure people had a say about what they did during the day. One member of staff explained "We encourage choices. Use objects of reference (these are object which are familiar to the person to help them understand what is being discussed). We have involved SALT to help with communication". There were also monthly meetings where people had one to one time with their keyworker. Records of these meetings showed that people were asked about the support they had received and if there were any changes needed. The meetings were also opportunities for people to understand more about their rights. We saw that recent meetings had included topics such as dignity and safety.

The registered manager told us that none of the people who used the service had close relatives who could speak on their behalf. They explained that each person therefore had an independent advocate to support them. Records of reviews confirmed that advocates had been involved.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Care and support plans were detailed, clearly written and focussed on individual preferences. Each person had a one page profile in their support plan which gave information about their background, character, interests and wishes. This gave staff good information about the people they supported and their individual identity. There was also a section which described how each person was involved in their plan.

Support plans were up to date and focussed on individual needs. People's care plans had been reviewed recently to make sure that care and support reflected people's current needs. Advocates and professionals had been asked to contribute to reviews where needed. Progress against identified goals had been discussed and an action plan set up for meeting new goals and supporting with any issues. For example one person had goals to achieve a reduction in a medicine and to have a more personalised bedroom space. Each person also had a monthly meeting with a keyworker where they reviewed the support provided and discussed whether there needed to be any changes. This showed that the service was responsive to people's changing needs.

Support plans contained good information about preferences and approaches for helping with individual needs. For example there was a section on life skills which explained what each person could do well, how they liked to live and the support needed to do this. There was detailed information about personal care needs which was clearly written and easy to understand. This gave a clear picture of what people could do for themselves and how they preferred to be supported where they needed assistance.

People were supported to take part in a range of activities of their choosing. These included activities in the local community such as attendance at church or going to the pub. Individual interests were supported and included horse riding and clubs. Links were encouraged with other services managed by the provider. For example each week one of the services held a coffee meeting where people could come and socialise with others which helped maintain friendships and prevented social isolation.

A record of complaints and compliments received was held in the office. This showed that no complaints had been recorded over the last year. We noted that an easy to understand complaints leaflet was displayed on a noticeboard and the Service User Guide also gave information about how to complain and included details of the CQC. A comprehensive complaints procedure was in place which gave information about how complaints should be managed and timescales for response and investigation.

Staff told us that complaints were discussed in keyworker meetings to make sure people understood what they should do if they were unhappy about something. Records confirmed this. One member of staff felt confident that if a person was unhappy this would be identified. They added "If there was a complaint I believe we take the right action".

Good

Is the service well-led?

Our findings

The registered manager had been in post for six months. They managed two residential services as well as an outreach team. The registered manager spoke knowledgeably about the service and had a clear understanding of the requirements of the Health and Social Care Act Regulations. They were aware of areas of practice that could be improved and had taken action to make changes where appropriate. For example staff told us that training was more organised and people's care plans had been updated with better guidance. One staff member told us "Staff are more encouraged to be involved".

Care staff told us that they thought the service was well led. Comments included "The manager has been responsive to some of the areas that needed improving" and "There have been positive changes since we had a new manager". Although the registered manager split her time between other services, care staff told us "I feel supported by management" and "Management are supportive. I can ask about anything". There was also an on call system and 'manager helpline' for staff to use in the event that the registered manager was unavailable. One member of staff confirmed this and said "I am able to contact a manager if ours is not around. There is a St Anne's hotline if needed".

The staff we spoke with demonstrated an awareness and commitment to the values of the organisation. One staff member said "People are at the forefront. It's their home. We try to give them life opportunities". Another member of staff told us "Clients are at the centre of the organisation". The Service User Guide included the aims of the organisation, the main one being "To provide each person with a quality of life with the most chances to develop whilst living in a safe and stimulating environment".

Staff and people who used the service were given opportunities to be involved in how the organisation developed. One staff member described how the registered manager would raise any relevant matters affecting the service at senior management meetings. They added "There are focus meetings once a year for all the St Anne's staff". These were meetings where all staff could get together to review progress in the organisation and discuss ideas for the future. There were also 'Making it Happen' meetings every two months with people from all the St Anne's services. The focus of these meetings is consultation and client involvement, encouraging and promoting inclusion and advocacy learning experiences. These meetings were made sociable and fun and information was provided in a way that people could think about and discuss according to their level of understanding.

The registered manager carried out regular checks on different aspects of the service to make sure that quality and effectiveness was maintained. These included medicines audits, spot checks of care practice and health and safety checks. The registered manager told us that they were keen to make improvements and had made an action plan to improve the way that the team worked. We saw that this plan included giving all staff 'champion' roles to encourage development and new ways of working. For example, one member of staff was a dignity champion, responsible for looking at how dignity could be promoted within the service.

The provider had systems in place to identify where improvements could be made and to make sure appropriate action was taken. We were told that the provider came to visit the service once a month. A formal audit visit was carried out monthly where the provider would focus on how the service was meeting different requirements of the Regulations. St Anne's Community services operated a number of residential care homes and there were close links between them. This meant that they could share ideas and 'best practice' to drive improvement at an organisational level.