

## St Anne's Community Services

# St Anne's Community Services - Sunderland

### Inspection report

North East Business and Innovation Centre  
Unit 107i, Wearfield, Enterprise Park East  
Sunderland  
Tyne and Wear  
SR5 2TA

Tel: 01915166098

Website: [www.st-annes.org.uk](http://www.st-annes.org.uk)

Date of inspection visit:  
28 February 2017  
01 March 2017

Date of publication:  
18 April 2017

### 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 (Sunderland) is a domiciliary care agency which provides personal care to six people in three shared houses. Other organisations managed the tenancies for the three houses. People who used the service had learning disabilities, autism spectrum disorders and/or physical disabilities. People who used the service were supported with personal care, medicines, cooking, shopping, activities and other day to day tasks.

At the last inspection on 13 and 14 January 2015, the service was rated Good. At this inspection we found the service remained Good.

Staff had received training to ensure they knew how to recognise and report potential abuse. Risks to people were identified and plans were in place to help manage and minimise risks. Medicines were managed in a safe way and checks were made to ensure staff were competent to administer people's medicines. There were enough staff to meet people's needs.

People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to have enough to eat and drink in line with their needs and preferences. Staff were provided with effective training, support and development opportunities to enable them to meet people's needs.

Staff supported people to do the things they enjoyed and also encouraged independence with daily living. Staff were caring and respectful to people who used the service. Staff knew what was important to people.

Detailed support plans were in place which were specific to the needs of individuals. Support plans contained information about how people wanted and needed to be supported. People knew how to make a complaint but no complaints had been received since the last inspection.

The service had a registered manager. Staff told us there was a positive culture and they felt supported. Systems were in place to assess the quality of care people received. People's feedback was sought regularly and acted upon. Staff told us they could approach the management team at any time.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains good.

# St Anne's Community Services - Sunderland

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 28 February and 1 March 2017 and was announced. The provider was given 24 hours' notice because the service provided is a domiciliary care agency, so we needed to be sure someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at the information we held about the service. This included notifications of events that happened in the home that the registered provider is required to tell us about. We also reviewed the Provider Information Return (PIR), which contained information about the service and how the provider planned to develop and improve.

During the visit we spent time with four people who were using the service. We spoke with the registered manager, the deputy manager and three support workers.

We viewed a range of care records and records relating to how the service was managed. These included the care records for two people, the medicines records for three people and staff recruitment files for two staff who had been recruited since the last inspection.

# Is the service safe?

## Our findings

People who used the service were protected from the risk of abuse and avoidable harm. People told us they felt safe and comfortable. One person we spoke with told us, "I feel safe because the staff stay here overnight. I like living here." Another person said, I feel happy here."

Staff also confirmed the service was safe. A staff member told us, "People are safe here, they will tell you if they feel safe and will ask if they want us to ring [the management team]."

Staff understood the need to report any concerns to the management team immediately. They told us they had confidence in the management team to deal with safeguarding issues promptly and effectively. Records showed safeguarding concerns were recorded and dealt with appropriately and in a timely manner.

A thorough recruitment and selection process was in place. These included references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

There were enough staff to meet people's needs. Most people who used the service had been assessed as needing high levels of staff support to keep them safe. Rotas were based on people's assessed care hours and confirmed the expected staffing levels had been provided. Staff were on-site 24 hours a day seven days a week. There were enough staff to meet people's needs.

The registered manager told us, "We're client focused especially as our rotas revolve around people's needs." The deputy manager said, "We change people's rotas all the time as people email or call us and ask to change them. Staff just do it without complaining. We're really lucky as we've got great staff. They're so reliable."

The arrangements for managing people's medicines were safe. Medicines were stored securely and there were clear policies in place for supporting people to take their medicines. Each person had a medicines support plan which recorded details of their specific needs. For example, any allergies, possible side effects of medicines and if there were any specific risks such as a history of seizures.

Risk assessments relating to household tasks and accessing the community were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated in an emergency.

# Is the service effective?

## Our findings

New staff completed a comprehensive training programme as part of their induction. This included training on the provider's values and principles, health and safety, safeguarding vulnerable adults and communication. All staff had also completed the Care Certificate. This is a set of standards that health and social care workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.

Records showed staff training in essential areas was up to date. Training the provider classed as essential included nutrition and person-centred approach to care. Staff we spoke with said they had completed enough training relevant to their role.

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. Staff told us they felt supported and valued by the registered manager. One staff member said, "St Anne's keeps you up to date with training. You can ask for extra supervisions if needed. We get enough support. We can ring [the management team] at any time." Another staff member told us, "We had bespoke training to deal with one person we support. This was really useful and gave me confidence. If people's behaviours change we get additional training to deal with it."

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as psychologists, GPs and speech and language therapists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow.

People were supported to maintain a balanced diet and to have enough to eat and drink. Staff supported people to make their own meals based on people's preferences and health needs.

Staff received training in relation to the requirements of the Mental Capacity Act 2005 (MCA). We also saw written guidance on the use of mental capacity assessments, best-interests decision-making and how to support individual's choices in people's care files. The registered manager and staff we spoke with demonstrated an understanding of the implications of the MCA for their work with people who used the service.

Staff understood the need to support people to make their own decisions and the role of best-interests decision-making. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. We saw evidence that people and/or relatives currently using the service had consented to their care, treatment and support plans.

## Is the service caring?

### Our findings

On the day of our visit staff communicated with people in an appropriate manner according to their understanding and ability. Two people who used the service communicated through British Sign Language, which staff had been trained in. This meant staff knew how to communicate with people in the way they needed. Staff were caring and respectful and people were comfortable with staff. This meant the locations we visited had a relaxed, homely atmosphere.

People told us they were supported to make choices. One person we spoke with said, "St Anne's has been brilliant to me." Another person signed, "I like living here. Staff help me by driving my car, taking me to the gym and helping me cook."

Staff supported people to do the things they enjoyed and also encouraged independence with daily living. One person who used the service proudly told us how they helped staff test the smoke alarms regularly. Staff told us how important it was to encourage people's independence while ensuring they were safe. For example when using the kitchen or accessing the community.

Staff had a good understanding of what was important to people who used the service and talked about people who used the service with affection and respect. A staff member told us, "I really enjoy working here as I like to help people get involved in new activities."

The service had received feedback from people and relatives. One person who used the service had written, 'I want to thank you for what you have done for me in such a short time. You and the lads have made a big impact on me and I couldn't be happier.' A relative had written, 'We have noticed an improvement in [family member's] speech. A vast improvement to us.'

Each person who used the service had information about the service in their care plan. These were available in an easy read format with pictures. The service user guide contained information about all aspects of the service, including how to access independent advice and assistance such as an advocate. Although nobody at the service had an advocate, this facility was available. Advocacy information was also prominently displayed in communal areas of the locations we visited.

## Is the service responsive?

### Our findings

Support plans were specific to the individual and detailed. They contained clear information about the person's level of independence as well as details of areas where support from staff was required. Each person had a 'this is me' document which provided a person-centred snapshot about the individual for staff to refer to. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, routines and communication.

Support plans also contained risk assessments which were detailed and specific to the person. People had 'hospital passports' which contained an overview of the person should they need to be admitted to hospital. This meant staff had access to information about how to support people in the right way.

Records showed support plans were continuously reviewed by staff. Annual reviews were held with relatives and care professionals. Staff we spoke with told us they were given time to read and contribute to people's support plans and staff demonstrated a good knowledge of people's preferences and support needs.

People took part in activities and were supported to access the local community. Activities included going to the gym, chair exercises, walking to the shops, going to a disco and doing household chores. One person told us how staff supported them to improve their literacy skills.

Residents' meetings were held monthly. People were supported to express their views using sign language, communication aids and pictures at such meetings. For example, people decided what activities they wanted to do and what they wanted to eat. This meant that people were actively encouraged and supported to express their views and opinions on the service.

The provider had a complaints procedure which was available to people, relatives and stakeholders. Information about how to complain was available in an easy read format with pictures to help with people's understanding of the information. No complaints had been received since the last inspection in January 2015.

People we spoke with knew how to make a complaint. The registered manager said, "We encourage all of our clients to make a complaint if they want to. All of our clients know how to make a complaint."



## Is the service well-led?

### Our findings

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with knew the registered manager and the deputy manager well.

Staff said the registered manager was approachable and supportive. One staff member told us, "[The registered manager] is easy to communicate with, they're very approachable."

Staff meetings were held monthly. Issues covered included safeguarding, health and safety, finances, maintenance issues, complaints and staff training. Staff told us they felt able to voice their opinions and raise any concerns at these meetings or at any time as there was an open culture. Minutes of staff meetings were taken so staff not on duty could read them later.

There were systems in place to gather feedback from people who used the service about how the service could be improved. House meetings were held monthly in each location and covered issues such as activities, safeguarding and fire safety. Records of discussions held and actions taken were available in easy read format with pictures for people to refer to later.

The provider sought feedback about the quality of the service from people who used the service and their relatives through annual questionnaires. This was last carried out in February 2017. The feedback from 11 people who used the service and six relatives was positive. All respondents said they trusted the provider, were happy with the support provided and felt people were safe.

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and medicines administration. Regular audits carried out by the registered manager and provider led to action plans with completion dates where necessary. For example, more robust financial checks were put in place following a safeguarding incident to minimise the risk of similar events happening again.