

St Anne's Community Services

St Anne's Community Services - Leeds DCA

Inspection report

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Date of inspection visit:
19 April 2018
20 April 2018
23 April 2018
24 April 2018

Date of publication:
22 May 2018

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

The inspection took place on 19, 20, 23 and 24 April 2018 and was announced. We gave the provider 48 hours' notice because the location provides domiciliary care services and we needed to be sure that someone would be in the office. Telephone calls to people who used the service and their relatives took place on 20 April 2018. Telephone calls to staff took place on 24 April 2018.

St Anne's Community Services Leeds – DCA provides personal care to people living in their own homes; providing assistance and support to people to help them maintain and improve their independence. The service predominantly provides care and support to people who have a learning disability. At the time of this inspection, the service was providing support to 29 people.

At the last inspection, the service was rated 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 on-going 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.

The service had two registered managers in post. They shared this role. 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.

Why the service is rated good:

People told us they felt safe. People continued to receive care which protected them from avoidable harm and abuse. Staff had received appropriate safeguarding training and risk assessments had been developed when needed to reduce the risk of harm occurring. People were protected by safe recruitment procedures which helped to make sure only staff suitable to work with vulnerable people were employed. Systems for managing medicines safely were overall, effective. The registered managers responded swiftly to some issues we identified with the records of medicines support to ensure safe medicines management. There were systems in place to make sure managers and staff learnt from any accidents and incidents. There were enough staff to support people safely. Staff promoted good infection prevention and control practices.

People were 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. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where needed, people were supported to maintain a balanced diet. People's health needs were met well. All staff had completed a range of training and new staff completed the Care Certificate (a nationally recognised training course for staff new to care).

People spoke positively about the caring nature of staff and the support they received. People told us they

were treated very well. We saw people were supported by kind and attentive staff. Staff respected people's privacy, treated them with dignity and encouraged them to be as independent as they could be. Some people's relatives said there were occasions when they did not always get staff they knew well to provide the care for their family member. We were told this was improving and staff rotas were provided in advance most of the time.

Care records were person-centred and contained all relevant information to enable staff to provide personalised care and support. Support plans and risk assessments were updated as people's needs changed to ensure staff were fully aware of people's needs. People were supported to spend their time how they wanted to and were encouraged to maintain their social interests within the local community. People knew how to raise concerns if they were unhappy.

The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided. People, staff and relatives spoke positively about the management team. The management team showed a commitment to running a well- led service for the benefit of the people who used the service. Feedback was obtained from people who used the service, their relatives and representatives. Action had been taken where required.

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?

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 - Leeds DCA

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 19, 20, 23 and 24 April 2018 and was announced. The inspection was carried out by one inspector.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). 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.

During the inspection, we reviewed a range of records. These included three people's care records and two people's medicines records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a variety of policies and procedures.

During the inspection, we spoke with five members of staff. We also spoke with the two registered managers and two deputy managers. We met and spoke with two people who used the service and spoke by

telephone with five relatives.

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 or their relatives told us they or their family member felt safe and overall received support from a consistent team of staff. Comments included; "I am looked after very well", "I feel in safe hands", "We are very happy that [name of family member] is safe and well looked after." One relative said the service received, had improved and they now got the same staff team providing care for their family member. Another relative said there were times when changes to staffing were made and they were not kept informed. They said this was rare. We spoke with the registered managers who said they had reviewed staff availability and rotas to ensure increased consistency of staffing.

We looked at medicines administration and documentation and found overall, this was safe. A medication policy was in place and staff had received training in the safe management of medicines. We looked at two people's medication administration records (MAR). MARs had been completed to show people received their medicines as prescribed. Some people were prescribed 'as and when required' medicines. We found some guidance for these medicines was in place but needed more personalisation regarding people's individual needs for these medicines. The registered managers addressed this during our inspection by updating the records and introducing more management oversight of the MARs.

The provider had a safeguarding policy in place which was understood and followed by staff. Staff knew what to do if they suspected abuse and told us they would have no hesitation in reporting concerns to their manager. Safeguarding referrals had been made to the local authority when required and this had been appropriately recorded and showed any lessons learned to prevent re-occurrence of issues.

Risk assessments were in place to address and manage risk. These were person centred and gave good guidance on how to maintain people's safety while also promoting their independence. Staff knew how to reduce risks to people's safety such as making sure people who were at risk of falls had the appropriate equipment in place. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency.

People were supported by sufficient staff to meet their needs. Staff said they always had enough time allocated to meet people's needs fully. One person who used the service said staff were sometimes late to their calls. We discussed this with one of the registered managers who spoke with the person to address their concerns. People's relatives told us the staff were very reliable and punctual. One relative said, "We have never been let down." Another relative said, "We have regular staff, they know us well." A person who used the service told us staff always had time for a chat with them.

People were protected from the risks of infection. Staff had received training in infection control and procedures were being followed. Staff told us that personal protective equipment such as gloves and hand gel was available via the provider's office to ensure good infection control practices were being followed.

The provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS).

This scheme enables the provider to check that candidates are suitable for employment with vulnerable people.

Accidents and incidents were recorded. These records were audited and analysed to identify what had happened and actions that could be taken in the future to reduce the risk of reoccurrences. This showed learning from such incidents took place and appropriate changes were made to improve the service delivery.

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.

Staff were competent in their roles and had a very good knowledge of the people they supported which meant they could effectively meet their needs. People and their relatives told us they felt staff were well trained and had the skills needed to provide good support. Comments included; "Very well trained on [name of family member's] gastrostomy feeding routine" (a gastrostomy is an external opening in to the stomach for nutritional support), "Staff are very competent, I trust them completely" and "They (staff) seem to know what they are doing with me."

All the staff we spoke with said they had received enough training to care for people effectively. Staff received an induction into the service when they first started working there and relevant training had been provided. Staff told us they felt confident in their skills. There was a rolling training programme in place to ensure refresher training was completed and staff's skills remained up to date. Training topics included, safeguarding, moving and handling, positive behaviour support, person centred care and equality and diversity. Specialist training such as epilepsy and intensive interaction had also been completed. (Intensive interaction is an approach for teaching communication skills to people who have autism and learning disabilities).

Staff told us they were supported well by the provider and management team. Records showed staff received regular supervisions and an appraisal every year. Staff said they found it useful to receive feedback on their performance. One staff member said, "It's so encouraging to know how you are doing."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedure for this in community settings is via application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered managers had a good understanding of the legislation and staff received training to enhance their understanding. The registered managers told us that currently everyone receiving personal care was able to consent to the care and support that they provided. Staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

People received appropriate support from staff with meal support and this was clearly recorded in care records to show the type of support people needed. This included the need to have thickened drinks or pureed foods. Staff were aware of any risks such as choking when supporting people with food and drink.

Speech and language therapy advice had been gained to ensure safe practice for people at risk from choking.

People's health support needs were documented in their care records. Contact details of health professionals involved in people's care were recorded. Support to health appointments could be provided if this was needed. One staff member told us they had accompanied a person to a health appointment to give them extra re-assurance and reduce anxiety for the person.

The registered managers told us they had joined and made use of the public health resource library. This was a community initiative where they could loan resources to help promote awareness of good health for people with a learning disability. This included information on how to assist people to overcome phobias and advice on relationship issues.

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 were comfortable with the staff working with them. Interactions we observed were caring and thoughtful. It was clear people had developed good relationships with staff. We saw staff treated people as equal partners which showed they valued people who used the service. People and their relatives, without exception, spoke highly of the staff. They told us they liked the staff and they were kind and caring. People's comments included; "I cannot fault the staff; every one of them is excellent", "We could not ask for better" and "We have a great core team."

Staff were knowledgeable with regards to the people they supported. They knew people's preferred routines and how they wished to be supported. Staff were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them such as family and background issues. This showed staff genuinely cared about the people they supported. People's independence was promoted. Staff spoke of what they did to encourage people to do as much as they could for themselves. Care records also showed how people were supported to develop and maintain their independence. One person who used the service said, "The staff tell me I can do it, encourage me, it's good for me."

People and their relatives told us they or their family member were well cared for and treated with dignity and respect. People told us they felt listened to. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. Staff spoke with confidence and pride about the care they provided. It was clear they were highly motivated to provide person centred, dignified care. Staff understood their responsibilities for keeping people's personal information confidential.

The registered managers and provider showed their strong commitment to promoting dignity within the service. We saw pictures of people and staff enjoying the provider's annual 'Dignity Day'. The registered managers said this was organised every year to raise awareness of the importance of dignity in care.

People were able to choose times for staff to visit and the registered managers told us they tried to accommodate everyone's preferences. This included working flexibly due to people's personal appointments or personal circumstances. People's relatives told us they were very happy with the flexibility of the service. One said, "They are more than accommodating when we need to change things."

People and their relatives told us they or their family member were consulted with, listened to and made decisions about their support. We saw people and their relatives were involved in the planning of their or their family member's care. One relative told us they 'took the lead' in drawing up the support plans for their family member. They said they felt listened to and acknowledged. We saw many people's families were involved in this way and the caring role was very much shared by the family member and staff team working

together to provide the care and support needed.

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required.

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.

People had their care and support needs assessed prior to using the service. Assessments included the people who used the service, their family, if appropriate, and the local authority. Assessments were comprehensive, and detailed support plans were drawn up from this information.

We looked at support plans for three people who used the service. The support plans were written in an individual, person-centred way, which included a one page profile, likes and dislikes. The support plans clearly recorded what a person could manage independently and areas of daily living where they required support from staff. For example, one person's support plan described how they assisted themselves when dressing. Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people. Where people who used the service did not use words to communicate there was guidance for staff on how best to communicate with the person. Care records we looked at included very detailed information about how people communicated. There was also information about how to support people to make decisions and choices.

Reviews were held with people who used the service, family members and other social care professionals to ensure people's needs were met and they were satisfied with the service. One person told us, "Oh yes, we have reviews to see how things are going."

Care records had been regularly reviewed and updated when changes had occurred. Daily records showed people received their support as planned. A new electronic recording system had been introduced to ensure updates and entries could be made in a timely way. Staff spoke highly of this. One staff member said, "It's brilliant, means you can do the notes and involve the clients more."

The registered managers told us they worked with other agencies to provide end of life care when this was needed. This included hospices and the palliative care team. Staff spoke of the sensitivity needed when supporting people at the end of their lives.

People were supported to follow their interests and hobbies and were involved in a wide range of activities. People told us they enjoyed the activities they were involved in. The provider ran a number of groups for people to get involved in. This included regular coffee mornings, a bowling group and an allotment group. People were encouraged and supported to attend events if they wished. This helped to avoid social isolation for people.

The registered managers were aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or

sensory loss can access and understand information they are given. A number of easy read and pictorial documents were available. This included information on complaints, safeguarding and DoLS.

The provider had a complaints policy in place and there were systems in place to ensure complaints were addressed and given full investigation and explanation. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The registered manager told us this was given to people when they first began to use the service. Staff were aware of the process to follow should someone raise a complaint. They told us they would always try to resolve people's concerns in the first instance but were aware of people's rights to make formal complaints. People who used the service knew how to make a complaint. Records showed complaints and concerns had been managed appropriately.

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.

The service had two registered managers in place. They shared the role of managing two teams who delivered the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Both registered managers were also supported by a deputy manager. People and their relatives spoke positively about the management team and their approach. Comments included, "[Name of registered manager] is awfully nice and very helpful; we find them very approachable", "I have every confidence in them", "Everything runs very smoothly", "We get asked if we are happy with things; that makes a real difference to feel you are listened to." All the staff we spoke with said the registered managers put people who used the service at the centre of everything. One staff member said, "[Names of registered managers] are very caring."

The management team spoke passionately and enthusiastically about the service and the support they provided to people. It was clear they encouraged people to approach them if they had any concerns. The registered managers were proactive and made sure they kept in contact with people so any changes to service could be planned with people. One of the registered managers said, "It's always best to go out and see people, face to face, to check everything is okay." The management team had a range of knowledge and experience to effectively manage the service. They were open, transparent and person-centred. The registered managers were aware of, and understood their regulatory responsibilities. They had notified the CQC about incidents and notifiable events that occurred during the delivery of the service to enable us to take action if this was required.

Staff told us they enjoyed working at the service and said there was a positive team working culture. They said the management team were all approachable, good listeners and open to suggestions. Staff said they felt valued and able to contribute to the running of the service. They told us their practice was checked to ensure they were doing a good job and treating people well. Regular staff meetings were held to enable staff to participate and provide feedback on developments in the service. The provider had a number of award schemes where staff had been nominated or achieved awards to recognise good practice.

Procedures and systems were in place to enable the quality of the service to be monitored and assessed and look for any improvements that could be made. A number of audits were completed by the management team and provider. These included checks on medication, care records, accidents, incidents, complaints and staff related issues such as training. We noted medication audits had not been fully documented as to what was checked and if any shortfalls had been found. The registered managers told us they were introducing a new system to ensure this in the future. We also saw some action plans were not always

signed off when actions had been completed. The registered managers said they would discuss this with their senior management team to ensure previous actions were checked at the start of any new audit. This would ensure any required improvements were addressed.

The service worked well with other agencies and services to make sure people received their care in a joined up way. This included working with community learning disability teams, speech and language therapists, GPs and occupational therapists.

People and their relatives, staff and other stakeholders were asked to provide feedback on the service. Satisfaction questionnaires had been distributed in 2017. Details of action the management team had taken as a result of the comments made were included. For example, where people had raised comments about consistency of staff, a letter to acknowledge their concerns had been sent and they were informed that a rota consultation exercise with staff was underway. The provider shared information throughout the organisation so lessons could be learnt. This was done via email, training and newsletters to staff. It was clear that when an incident had occurred, the provider was open and honest and any areas of improvement were shared. When policies and procedures were updated; staff were notified through team meetings. This ensured staff were following current best practice guidance.