St Anne's Community Services

St Anne's Community Services - Rockhaven

Inspection report

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Date of inspection visit: 15 and 16 December 2015
Date of publication: 21/01/2016

Ratings

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

Overall summary

This was an unannounced inspection carried out on the 15 and 16 December 2015. At the last inspection in December 2014 we found the provider met the regulations we looked at.

Rockhaven provides 24 hour nursing care and support for up to seven people with complex learning disability needs. It is situated in a quiet residential area on the outskirts of Leeds.

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

Summary of findings

Our observations showed people who used the service were comfortable with staff and had confidence in them. Relatives of people who used the service told us their family members were safe and well looked after. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe.

However, we found staffing levels were not sufficient at all times and there was a risk that people's needs would not be met and their safety compromised. You can see what action we told the provider to take at the back of the full version of this report.

There were systems in place to ensure accidents and incidents were reported in a timely manner and investigations took place to minimise the risk of re-occurrence. However, there was no system in place to monitor accidents for any patterns or trends.

Overall, people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely and address any irregularities found through audits. People got the support they needed with meals and healthcare.

Staff training and support provided staff with the knowledge and skills to support people well. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions; and where people did not have the capacity; decisions were made in their best interests.

We saw people who used the service had good relationships with staff; staff knew people and their individual needs very well. People's support plans contained sufficient and relevant information to provide consistent, care and support. People were supported by staff who treated them with sensitivity, kindness and were respectful of their privacy and dignity.

People participated in a range of activities both in the home and community. However, opportunities to participate in activity outside of the home were at times limited due to the availability of staff.

Staff were aware of how to support people to raise concerns and complaints and there were effective systems in place to assess and monitor the quality of the service.

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?

Requires improvement

The service was not consistently safe.

There were not always enough staff available to ensure people's safety.

People who used the service were comfortable with staff and relatives of people who used the service said they felt their family member was safe at the service. Staff knew what to do to make sure people were safeguarded from abuse.

There were appropriate arrangements for the safe handling and management of medicines.

Is the service effective?

Good

The service was effective.

Health, care and support needs were assessed and met by regular contact with health professionals. People enjoyed their meals and were supported to have a balanced diet and good nutrition.

Staff told us they received good training and support which helped them carry out their role properly. Staff completed an induction when they started work.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring

Staff had developed good relationships with the people living at the home and there was a happy, warm, relaxed atmosphere. People looked very well cared for.

People's relatives or representatives were involved in planning their care and support.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good

The service was responsive

People's needs were assessed before they moved into the service and whenever any changes to care needs were identified. We saw people's support plans had been updated regularly.

Summary of findings

People had access to activities in their home but could at times be limited in their participation in community activities.

There were systems in place to ensure complaints and concerns were fully investigated.

Is the service well-led?

Good

The service was well-led.

People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People who used the service and their relatives had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement.

St Anne's Community Services - Rockhaven

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 on 15 and 16 December 2015 and was unannounced. The inspection was carried out by one adult social care inspector.

At the time of our inspection there were seven people who used the service. Six were in residence at the time of our visits. The service supported people with a wide range of complex needs. We therefore used a number of different methods to help us understand the experiences of people who used the service, including observing the support being delivered, talking with staff and looking at records in the home.

During our visit we spoke and spent time with six people who used the service, one relative, a visiting health professional and seven members of staff which included the registered manager and the cook. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at three people's support plans. During the inspection we also spoke by telephone with one person's relative.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection providers are asked to complete 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. We did not ask the service to provide us with a PIR prior to this inspection. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires improvement

Is the service safe?

Our findings

Relatives of people who used the service said their family members were safe at the home. One relative said, "It is very good, safe care, always well looked after and I have no concerns about [name of person's] safety." Another relative said, "We are highly delighted and have every confidence that [name of person] is perfectly safe." Our observations showed there were good relationships between staff and people who used the service. It was clear people had trust and confidence in staff through their interactions with them and how comfortable they were with the staff. One person, who had difficulties with verbal communication, smiled and nodded when asked if they were well looked after.

Relatives of people who used the service said they thought there were enough staff to meet people's needs. One relative said, "Staffing here is fine, odd times with agency staff but overall OK." They said their family member's needs were met and they got what they needed when they needed it. Staff we spoke with said there were overall enough staff to meet people's needs; but that it was difficult to get people out on community activities when there were only two staff on duty. One staff member said it was also not possible to provide staff escort to people if they were taken ill and had to attend hospital. They said this had happened very rarely but it was a distressing thought to have to let people who had no verbal communication go to hospital alone. They said they would always usually be able to contact a staff member to ask them to come in in this sort of emergency. However, there was a risk that people who used the service may be put in this vulnerable position.

Some people who used the service, due to complexity of needs, required two staff to support with personal care, moving and handling and when out in the community or in transport. This meant there were times when there were only two staff on duty that people who used the service were not supervised as staff were busy supporting people in their rooms or bathrooms. Some people were at risk from falls or seizures or both. The registered manager said they had introduced assistive technology to alert staff to falls or seizures from those at risk. We spoke with staff about how they managed this and they said if they were engaged with a person, providing personal care, they 'kept an eye on things' or 'kept popping out'. We saw that two staff were available to support people at the tea time meal. However, one of these staff also had to administer medication which meant some people had to wait for their meal and could not eat at the same time as others.

We discussed staffing levels with the registered manager. They said the usual staffing arrangements were a nurse and two support assistants on morning shifts, a nurse and a support assistant on afternoon/evening shifts and a nurse and support assistant on nights. In addition to this the registered manager worked Monday to Friday during the day and there was a cook on duty each day until after tea. We looked at rotas and this confirmed staffing was provided as planned, with any gaps filled by agency staff or additional hours from the staff team. The registered manager said additional staffing could be provided at times to ensure some flexibility such as to cover appointments and social events. We reviewed rotas and saw that on only one occasion in the last three months had staffing been increased to enable a social activity to take place.

We concluded that there were not at all times, sufficient staff deployed to ensure people's needs were met safely and that people were properly supervised to ensure their safety. This was a breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in the safeguarding of vulnerable adults. Staff we spoke with said the training had provided them with good information that helped them understand the safeguarding processes, including reporting systems.

We looked at three support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to care plans and the activity involved in care or support delivery such as moving and handling. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff were able to describe the risk management plans of people who used the service and how they maintained people's safety.

Requires improvement

Is the service safe?

Staff spoke of their training in managing behaviours that could challenge the service. This is called Positive Behaviour Support (PBS). They said they were trained in de-escalation techniques and felt confident these techniques prevented incidents of behaviour that could challenge others.

We saw there were systems in place to analyse and monitor accidents and incidents. Information showed incidents were reviewed and action taken to minimise or prevent re-occurrence. However, there was no overall analysis of accidents or incidents over a period of time to identify patterns or trends that may occur. The registered manager said they would review this to ensure a system was introduced and any actions could be addressed if needed. The registered manager had however, identified a high number of medication errors in the service, in the past year, and that these had occurred when agency nurses were on duty. The errors ranged from missed signatures on medication administration records, spillages of medication to missed doses of medication. Action had been taken on every occasion; including medical advice and reported to the agency providing the staff. A new protocol had been introduced which was given to all agency nurses on the safe practice of medication within the home.

We looked at the systems in place for managing medicines in the home and found there were appropriate arrangements for the safe handling of medicines. Medicines were safely kept. A suitable room was used to store the medicine trolley that contained the current medicines and spare stock was safely stored in a dedicated medicines storage cupboard. Controlled drugs (medicines liable to misuse) were safely kept and recorded to help prevent any mishandling.

We saw medication administration records were completed correctly and medicines were audited on a regular basis to ensure this. People's care records provided information about how to support people with their medicines, this included PRN (as and when necessary medications). However, we saw for two people one of their PRN medicines did not have a protocol in place. The registered manager said these were currently being updated and we saw evidence of this.

Staff who administered medicines told us they had completed medicines training and competency checks to ensure were administering medicines safely, and the records we looked at confirmed this. The provider had guidance for administering medicines which reflected National Institute for Health and Care and Excellence (NICE) guidance for managing medicines in care homes, which provides recommendations for good practice on the systems and processes for managing medicines in care homes. We did however see that the system for returns of unused medicines did not follow current NICE guidance. The medication awaiting return to the pharmacist was not in a tamper proof container which meant there was a risk of mis-use of these medications. The registered manager agreed to speak with the collecting pharmacist to ensure a system of audit was put in place.

We saw there were systems in place to make sure equipment was maintained and serviced as required. We carried out an inspection of the premises and equipment used in the home. We saw that the home was clean, tidy and homely. We also looked at the maintenance records in the home and could see that regular checks took place and any maintenance requests were acted upon.

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for the two most recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service (DBS) checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people. The registered manager said all staff supplied by agencies were checked by the provider's human resources department; this included checks on their training, qualifications and DBS status.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. Staff completed induction training at the start of their job and throughout this period of time their competency in all aspects of their role was checked. We looked at training records which showed staff had completed a range of training courses including emergency aid, mental capacity act, moving and handling, safeguarding adults, medication and infection prevention and control. The training record showed most staff were up to date with their required training. If updates were needed they had been identified and the registered manager said they were booked to ensure staff's practice remained up to date.

Staff we spoke with told us they received good support from the registered manager and management team. Everyone said they had training opportunities and had received appropriate training to help them understand how to do their job well. They said they received regular supervisions and appraisals and we saw evidence of this in the staff records we looked at. Staff told us they received good training and were kept up to date. Comments we received included; "Really good training here, plenty of opportunities" and "They make sure we are kept well informed." Staff spoke of training they had completed specific to the needs of the people who lived at the service. This included; dementia, epilepsy and percutaneous endoscopic gastrostomy (PEG) feed training.

People had access to healthcare services when they needed them. We saw records in the support plans of people who used the service which showed they had regular and prompt contact with healthcare professionals such as GP's, speech and language therapists, physiotherapists, occupational therapists, practice nurses, dieticians, dentists and opticians. We saw evidence that regular health checks were documented with details of any follow up or outcomes of the appointments. Relatives of people who used the service said the staff were prompt in gaining medical attention when it was needed. One relative said, "They are very good at recognising early signs of ill health." We saw people who used the service had a 'hospital passport' in place. This gave information on essential needs and would accompany people to any hospital admissions.

Throughout our inspection we saw that people who used the service were encouraged to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked where they wanted to spend time, what they would like to eat and what activity they would like to be involved in. Staff showed a good understanding of the way people communicated their choices and we saw staff respected these. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the individual ways in which people indicated their consent.

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. Our review of people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. The registered manager showed a good understanding of DoLS and the application process and showed us they were currently awaiting DoLS renewals for people where the documentation had expired.

Staff told us effective systems were in place which ensured people could make decisions about their care and support. They provided examples where people were encouraged to make decisions themselves. Staff told us they had received MCA training and were able to give us an overview of the key requirements of the MCA. Staff we spoke with showed a good understanding of protecting people's rights to refuse

Good

Is the service effective?

care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Support plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. We noted however that best interest meeting documentation for the use of movement sensor equipment was not on file for two people. The registered manager explained the decision to use this equipment had been made in a meeting led by health professionals. They said they would make sure they got copies of the minutes of these meetings to keep in the care records.

We looked at weekly menus which showed people ate a varied and balanced diet and their nutritional needs were met. Staff said they could be flexible with the menu and there were always alternatives available if people changed their mind and didn't want what was on the menu. We saw this occurred during our visit.

We observed the lunch time meal in the home. The atmosphere was relaxed and people were given the support they needed to enjoy their meal and as much independence as they could in supporting themselves to eat. On the second day of our visit we observed the tea time meal and saw people had to wait for staff to become available to assist them. The meal time experience was not at this time a social occasion and was task focused.

Good

Is the service caring?

Our findings

People who used the service told us they liked the staff. They described them as 'nice' and throughout our visit one person regularly told the staff how much they liked them. We saw staff were kind and caring in their approach with people. They spoke with people in a caring and encouraging way and supported their needs very well. It was clear they had excellent knowledge of people and their needs. The staff often thanked people who used the service for their support in the home and were polite and respectful of people. They treated people as equal partners which showed how much they valued people who used the service.

Relatives of people who used the service spoke highly of the staff. They said they were very caring. One relative said, "I am more than happy with how [name of person] is treated; staff are superb and really understand [name of person]. We could not ask for better." Another relative said, "We know she is cared for very well, when we leave, [name of person] happily waves us off and we feel reassured and confident she's well looked after."

We spoke to a visiting health practitioner during the inspection. They were very positive about the service and the care and support received by people who used the service. They said, "The care here is excellent, a real home from home, I have been coming here ten years, people are really well cared for." We saw a visiting professional had left a comment in the compliments file in the home. They said, 'The level of support they [people who use the service] receive is excellent. I have no concerns. It is obvious there is a strong, caring, loving approach from the staff team.'

People looked very well cared for, which is achieved through good standards of care. Staff provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs such as how people liked to dress. Staff told us how it was important for one person who used the service to always be clean shaven, wear a shirt and tie and wear a hat of their choice. They also spoke of another person who liked to wear a cardigan and have a handbag. We saw both these people were supported to dress as they wished. Staff were skilled in their recognition of when people showed they were distressed or anxious. They provided reassurance and comfort when needed. People who used the service enjoyed the relaxed, friendly communication from staff.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff were trained in privacy and dignity and said the registered manager worked alongside them to ensure this was always put in to practice. The service had a 'dignity champion'. The registered manager said the dignity champion would be expected to demonstrate good practice and challenge any bad practice with regards to respecting people's dignity at all times. We saw staff responded to people promptly and discreetly when care interventions were required. Staff demonstrated they knew people very well and had a good understanding of their support requirements.

Relatives of people who used the service said they had been involved in developing and reviewing the care plans of their family member. They said they felt fully involved in the care and support of their family member and were kept well informed on any changes in needs. One relative said, "We get asked about everything involving our [name of person]."

The registered manager was aware of how to assist people who used the service to access advocacy support and spoke of how they had done this. We saw some people who used the service had independent mental capacity advocates to represent them when needed and take an active part in the planning of their care and support.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to support in the service. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate person centred care.

We looked at the care records for three people who used the service. Support plans contained details of people's preferences, routines and information about people's health and support needs. Information was person centred, clear and individualised. The records included a one page profile of people. A one page profile is a summary of what is important to someone and how they want to be supported. This gave information about people as individuals, their personalities, gifts and capacities and aspirations for the future. People had communication passports which gave detailed information on how they communicated their wants and needs and expressed themselves.

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, people's preferences and routines. Staff said they found the support plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. We saw support plans were updated regularly with all relevant information added. We did however note that the care records were quite bulky and it was sometimes difficult to find the most current information. The registered manager agreed to archive some of the older out of date information to avoid any confusion.

People who used the service were involved in activities within the home and at times in the community. On the day of our visit some people who used the service were preparing for an evening visit to the theatre. Two people had chosen to spend the day resting in preparation for this and staff provided the support they needed such as making sure their television was on or the music they wanted to listen to was available. Another person was engaged in making Christmas cards. This was done over the course of the day and at the person's own pace. Sensory equipment was available to people and clearly well used and enjoyed by people who used the service. One of the sitting rooms was used as a quiet room for use of the sensory equipment. We saw one person used this facility when they were feeling anxious and it helped them to become more settled.

Records we looked at did not show the activity people were involved in; either in the home or the community. Daily notes focussed on how people's physical needs were met but not how their social needs were met. The registered manager said they would address this with staff to ensure records were an accurate reflection of how people spent their time. Staff said it was difficult to get people out in the community due to staffing levels and the lack of adapted transport available. The registered manager had in response to this hired an adapted vehicle for the Christmas period and was now looking into how a lease vehicle could be obtained. Staff spoke of the community activity people who used the service were involved in such as going to church, shopping or using a local café. They said they tried to ensure these activities happened as frequently as they could; being mindful of people's health status and staffing requirements.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We saw the complaints procedure was on display in the main entrance and the registered manager told us an easy read version was also available. We looked at records of complaints and concerns received in the last 12 months. One had been received. It was clear from the records that people had their comments listened to and acted upon. The registered manager said any learning from this complaint would be discussed with the staff team once any investigation had concluded. We saw from staff meeting minutes that any feedback on concerns and complaints was discussed with staff in order to prevent re-occurrence of issues. Staff meeting minutes had a set agenda point; 'learning from what went wrong and what works well.' Staff confirmed they were kept well informed on issues that affected the service. They said they were given feedback on the outcome of any investigations such as accidents/incidents, safeguarding concerns and senior manager's visits to prevent re-occurrence of issues and improve the service.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a team of nurses and care and support staff.

Relatives of people who used the service and visiting health and social care professionals all spoke highly of the management team and how the home was well run. Comments we received included: “Can’t fault the home in any way”, “The manager is very well organised, runs very smoothly in my opinion” and “The manager is very easy to talk to, and we get on with her very well.”

Staff said they felt well supported in their role and spoke of how much they enjoyed their job. They said the registered manager worked alongside them and carried out spot checks to ensure good standards were maintained and they remained aware of issues that affected the service. Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had any. Staff said they were encouraged to put forward their opinions or ideas and felt they were valued and well received. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home.

Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people’s support and care. Staff described the culture in the home as happy, open and all about the people who lived at the service. Staff described working in a great team who all supported each other well. They knew what was expected of them and understood their role in ensuring people received the care and support they required

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service, their relatives and other stakeholders such as health professionals. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2014 and these showed a high degree of satisfaction with the service. People’s comments included; ‘we are very satisfied with the nursing care [name of person] receives’ and ‘I have a lot of input with the residents at Rockhaven; staff contact me for reviews or further assessments in a timely manner.’

The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted from the service. They spoke of how they had responded to suggestions for menu changes and trying to gain adapted transport for the home.

There was a system of a continuous audit in place. This included audits on support plans, medication, health and safety, and the premises. We saw documentary evidence these took place at regular intervals and any actions identified were addressed. Senior managers visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke and spent time with people who used the service and staff during these visits. We looked at the records of recent audits and saw that any actions identified were acted upon to ensure continued improvement in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were not at all times, sufficient staff deployed to ensure people's needs were met safely and that people were properly supervised to ensure their safety.