St Anne's Community Services

St Anne's Community Services - The Brambles

Inspection report

28 Silver Street
Dodsworth
Barnsley
South Yorkshire
S75 3NP

Tel: 01226242348
Website: www.st-annes.org.uk

Date of inspection visit:
30 August 2018

Date of publication:
09 October 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 Brambles provides respite for adults with a learning disability and/or physical disability, in the South Yorkshire area. At the time of this announced inspection on 30 August 2018 there were four people who used the service. We announced our inspection to make sure that someone was available.

There is a registered manager in place who had been registered since September 2016. 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.

The Brambles is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was previously inspected in August 2017 and was rated requires improvement. We found there was one breach of the regulations. These referred to care records, risk management plans, capacity assessments and best interest decisions. We asked the provider to complete an improvement plan to show what they would do and by when, to improve the key questions of Safe, Effective, Responsive and Well-Led.

At this inspection, we found sufficient improvements to meet the previously breached regulation for good governance and have rated The Brambles as 'good.'

People using the service appeared to feel safe and were comfortable in the presence of staff. Staff had received training to enable them to recognise signs of abuse and they felt confident in how to report any concerns. People had risk assessments in place to enable them to be as independent as possible whilst also remaining safe. Staff knew how to manage risks to promote people's safety, and balanced these with people's rights to take risks and remain independent. There were sufficient numbers of skilled staff on duty to support people to have their needs met safely. Effective recruitment processes were in place to ensure only suitable staff were employed.

Medicines were given to people as prescribed and disposed of safely by properly trained staff. Auditing processes were effective in identifying and addressing any medicines shortfalls. The storage, recording and stock control was robust and in line with guidance.

New staff were required to complete an induction and initial training. Training was regularly refreshed. Supervisions, annual appraisals and staff meetings enabled staff to raise any issues or suggestions.

There were enough staff deployed with the right experience and skills mix, to provide effective care and support to meet people's needs, although relatives did not always think staff deployment was effective. Staff

were enabled to develop and maintain the necessary skills to meet people's needs.

Staff applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in their day to day care practice. For example, people were involved in best interest decisions about their care, to ensure their human and legal rights were protected.

People's needs were assessed before they moved into the service. These needs were met by staff who had the skills and knowledge to deliver effective support. People were supported to eat and drink enough to have a balanced diet, including those with associated health needs. People were supported to have healthier lives by having timely access to healthcare services. People lived in an environment which was suitable for their needs.

People received a service which was caring, they were treated with dignity and respect. Staff were compassionate and caring. Staff treated people's private information confidentially. People, where possible, made decisions about how their care was provided and were involved in reviews of their care together with people important to them.

Care was personalised to people's individual needs and preferences. Activities were available for people to participate in if they wished and people enjoyed spending time with staff, although one relative believed activities were not regular. Staff knew people's interests and needs well. There was a complaints policy available to people. Staff were open to any complaints and understood that responding to people's concerns was a part of good care. One relative found responses to complaints could be slow.

Staff were positive about the culture of the service and people felt the staff team were approachable and polite. The staff team worked with other organisations to make sure they followed current good practice. Maintenance records for equipment and the environment were up to date. Policies and procedures were up to date and available for staff to refer to. Staff said they were encouraged to suggest improvements to the service.

The provider had sent CQC notifications in a timely manner. Notifications are changes, events or incidents that the service must inform us about.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive continuous improvement and ensure shortfalls in service delivery were identified and rectified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's prescribed medicines were managed safely.

Risks to people were identified, assessed and plans provided staff with clear guidance to mitigate these risks and protect people from harm.

Staff demonstrated awareness about how to protect the human rights of people who lacked a voice.

The provider deployed sufficient suitable staff with the right mix of skills to ensure care and support was delivered to people safely.

Is the service effective?

Good

The service was effective.

Staff had received the necessary training, supervision and appraisal they required to deliver care safely.

Staff understood the importance of supporting people to make choices and to act in their best interests.

People were supported to eat and drink sufficient amounts and were assisted by staff to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff that spent time with, and treated them with kindness and compassion.

People were supported by staff that used person centred approaches to deliver care and support.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care files, guidelines and risk assessments were up to date and regularly reviewed.

People were supported by staff that recognised, responded to and understood their changing needs.

People were supported to access the community and take part in activities.

Information was provided to people in a variety of formats in line with the Accessible Information Standard.

A complaints procedure was in place which included an accessible easy read version. People and relatives were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and conditions of the provider's registration were met.

People, but not all relatives, were happy with how the service was managed and staff felt supported in their roles.

The provider had systems and processes in place to continuously monitor the safety and quality of the service, which were implemented effectively.

St Anne's Community Services - The Brambles

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 site visit took place on 30 August 2018 and was announced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used information the provider sent us in the Provider Information Return. 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.

We received feedback from two relatives and one person who lived at the service. We also spoke with the area manager the registered manager, two nurses and two care staff. We reviewed three people's care files, three Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reports, consent to care and treatment and quality audits. We looked at two staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people.

Good

Is the service safe?

Our findings

At our previous inspection in August 2017 we found that whilst risk assessments and risk reduction plans were much improved there were minor improvements still required to make them complete to provide detailed guidance for staff.

At this inspection we found people's needs and risk assessments contained the information staff required to meet people's needs safely and to mitigate any identified risks. Where there were risks to people's safety and wellbeing, these had been assessed. Environmental and individual risk assessments and plans were available. These included risks to general health, finances and the person's ability to complete tasks related to everyday living such as personal hygiene, eating and drinking, using the kitchen and communication. We observed staff consistently deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs.

People we spoke with told us that they felt safe in the home and were happy to be living there. One person told us, "Yes, I feel safe." Staff told us about a range of actions that were completed on a regular basis to help keep people safe. For example, records showed that fire drills took place on a regular basis and people knew what to do in the case of a fire.

Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that the person might be at risk of abuse and what action to take if they had any concerns about people's safety. One staff member told us, "If I had any concerns I would report them immediately to the registered manager." Another staff member told us there are clear procedures in place to follow to report suspected abuse, including to outside agencies.

We checked two staff files and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

There were enough staff to meet people's care and support needs. The area manager told us, the service had fluid staff numbers which reflected the needs of the people who were staying at the Brambles at any one time. This was confirmed in our checks of the staff rotas. Shifts which were vacant due to staff illness or holiday were filled by existing staff, bank staff or agency workers who were familiar with the service. The area manager said, "We regularly review staffing and can both increase and decrease staffing levels in response to changes in need and/or behaviour." However, a relative said, "It seems the handover is all staff, which means there is not enough staff on the floor." We fed this back to the registered manager who said they would ensure an obvious staff presence on the floor during shift handover.

Medicines were managed safely. All the people using the service required support to take their medicines and we saw care plans were in place to help staff to know how the person was to be supported with this. We looked at the Medicines Administration Records (MAR) for three people who used the service and these were

completed correctly with no unexplained gaps. Regular audits of medicines management were undertaken to ensure the providers medicines policy and processes were adhered to and that errors in administration and stock management were identified quickly should they occur. Some people required medication to be given, 'as and when required' and there were very clear protocols in place, with detailed guidance for staff about when this medication should be given.

We saw that people were protected from the risks of infection. The home was clean and tidy and staff had access to the appropriate cleaning materials and equipment. The communal kitchen contained different coloured chopping boards and items in the fridge were clearly labelled with dates on which they had been opened. The home had a separate locked cupboard where cleaning materials were kept.

Records showed that incidents and accidents were recorded by staff. This enabled managers to monitor trends and patterns and take action as appropriate. The registered manager had countersigned all incident and accident records and had made recommendations for any required action for each incident. The registered provider required the registered manager to submit a monthly report on all accidents and incidents so that actions required could be monitored by the registered provider.

Good

Is the service effective?

Our findings

At our previous inspection in August 2017 we rated this key question 'Requires Improvement' as we identified documentary omissions regarding mental capacity assessments and best interest decisions. At this inspection we found improvements had been made and have rated this key question as, 'Good.'

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 Mental Capacity Act 2005 (MCA). The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection three people had a DoLS in place. Other DoLS applications had been submitted to the local authority for authorisation.

The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We did observe instances where staff asked people's consent before providing care. This showed consideration to people's right to consent to day to day decisions.

People's needs had been assessed prior to coming to stay at the service. They experienced a good quality of life because staff ensured their care and support was delivered in line with current standards and evidence based guidance, such as 'Registering the Right Support'. 'Registering the Right Support' values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen. Care and support was regularly reviewed and appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively.

Staff told us they received training that supported them to do their job well and our observations and review of records supported this. One member of staff said, "We have access to a lot of training, it's really helped me to develop my professional skills." Training records showed that staff undertook training related to the specific needs of people using the service such as epilepsy and positive behaviour management. This was in addition to mandatory training such as safeguarding people from abuse, moving and handling people, first aid, food hygiene, fire safety and health and safety.

Staff told us they felt supported with regular supervisions and an annual appraisal. Records indicated that supervisions took place with staff on a regular basis. Supervision sessions were individual to the staff member and topics such as work performance, objectives, personal development, organisational values, communication and any personal concerns the staff member may have. The annual appraisal followed a similar format and staff who had been in employment for more than one year.

The staff recognised the importance of food, nutrition and a healthy diet for people's wellbeing and as an important aspect of their daily life. People told us they enjoyed the food they ate and were given choice. One

person told us, "I like the dinners, they are nice." One relative stated, "The food seems to be fine."

People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plan. Nutritional care plans contained guidelines for staff to ensure they understood and met people's individual needs. There was information available about what constituted a healthy diet. Staff consulted healthcare professionals regarding people's nutritional needs such as speech and language therapists (SALT) and staff followed their guidelines and advice.

People were supported to access healthcare services when required. Within care records we saw that people had been referred to external professionals in a timely manner and staff had accompanied them to a variety of appointments, including dentists and GP's. Each person had detailed health action plans that identified their health needs and how these were to be met.

People's care plans reflected their diversity and protected characteristics under the Equality Act. People's sensory needs had been identified and staff were prompted to make sure people had access to equipment to ensure their continued independence. Where people had specific language, cultural or religious needs these had clearly been identified and guidance provided to staff.

The environment was designed to meet people's needs. For example, bathrooms and toilets were fully accessible to people using the service and rooms were en-suite. There was a sensory room which was used by people regularly when they wanted to. The communal rooms were spacious and clean. There was a board with photographs of all the staff so that people could recognise who they were when they were on duty.

People's bedrooms were decorated in colours chosen by them. Each bedroom was personalised and reflected people's choices and interests. Communal areas displayed photographs of events that had taken place at the home and outings. The garden was well maintained and accessible.

Good

Is the service caring?

Our findings

At our last inspection, this key area was rated good. At this inspection, the rating remained good.

We observed that people were very comfortable in the presence of staff and there was a positive rapport between them. Staff supported people in a quiet and unobtrusive manner, which showed respect, patience and kindness towards them. Although staff were present at all times, the people who used the service clearly felt they had 'ownership' of the home. There was a homely atmosphere and people appeared to be in control of their home environment and their lives with as much or as little support as they needed.

There was a warm and positive atmosphere within the service, where people were relaxed and reassured by the presence of staff. Staff consistently interacted with people in a in a calm and sensitive manner, using appropriate body language and gestures where appropriate, in accordance with their communication plans. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing and happiness.

The staff team, on the day of our inspection, were well established at the home, which meant people experienced consistency of care. Staff knew people well and could tell us about their life histories, their families, their interests and what was important to them. However, a relative told us that recent staff turnover had not ensured continuity. We spoke to the area manager and registered manager about this. They told us that recent recruitment was now complete and future continuity would not be an issue. They were committed to ensuring new staff would be working with experienced staff to promote and develop a continuity of care.

People were well supported to maintain relationships that were important to them. One person told us, "I can have visitors when I want." A relative told us, "We can visit as and when we wish, it's never an issue."

We observed people being treated with privacy, dignity and respect. Staff knocked on people's bedroom doors and waited to be invited in. Staff involved people in conversations rather than talking to each other. When we arrived, we were introduced to everyone, the purpose of our visit was explained and people were included in the conversation as much as they were able.

People and where appropriate their relatives were involved in their care planning, which took into account their wishes, needs and preferences. Relatives told us they felt listened to and their opinions mattered, although they also told us that communication was not always good with regard to incidents. The registered manager said they would discuss this with family members directly to ensure they were kept updated and involved.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

Staff promoted people's choices and independence, for example, by supporting them to do things themselves, rather than doing things for them. During the inspection one person was supported to use the kitchen to prepare a meal and drink.

Information about people was treated confidentially and the provider kept and stored records in accordance with the Data Protection Act and within the principles of the General Data Protection Regulations (GDPR).

Good

Is the service responsive?

Our findings

At the last inspection in August 2017 we found care records had improved from January 2017 but not all files had been reviewed and contained some out of date and conflicting information. This demonstrated a continuing breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made, the previous breach satisfied, and have rated this key question as, 'Good.'

The Brambles was responsive to people and their changing needs. Throughout the inspection we observed a positive and inclusive culture at service. Promoting independence, involving people and using creative approaches was embedded and normal practice for staff. There were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. Care plans were comprehensive and contained detailed information of the needs of each person and how to meet these. Some care plans contained pictorial references to assist staff. A staff member said, "Care plans are clear and give us the information and guidance we need." Each person's care plan was based on their needs, abilities, likes, dislikes and preferences in a range of areas such as personal care, food, social activities and communication. People and relatives we spoke with told us they were involved in making decisions and in the care planning process, although one relative said, "Communication could be better at times." Where possible, people had signed their own records, which indicated they had understood and agreed what had been recorded. Staff told us they had access to care plans and knew how to meet people's needs.

Staff told us they encouraged and supported people to undertake activities of interest to them. Each person had their own individual activity care plan which included a summary of the person and what they wished to do. People told us that they enjoyed a range of activities. Their comments included, "Staff help me cook, I like that."

Activities were planned ahead and were based on people's preferences and reflected their home routines, including clubs and day centres. The service employed a driver to use the service's vehicle to ensure people could access the community. This included shopping trips, meals out or day trips. We saw a range of outdoor games stored in an outbuilding to be used in the garden during good weather.

The area manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. We found historical complaints had been dealt with in accordance with the registered provider's policy regarding a timely, written response. A relative told us, "We would raise any complaint immediately. We have raised complaints before and the response can sometimes be slow." People were supported to understand the complaints procedure which was also available in an easy read pictorial format.

Staff told us that people's end of life wishes were predominantly taken care of by family. We did see documents available for use when the need arose. We also saw staff training in place regarding end of life.

Good

Is the service well-led?

Our findings

At our previous inspection in August 2017 we rated this domain as requires improvement as we needed the registered provider to demonstrate the sustainability of improvements made to ensure the quality of the service continued to improve. At this inspection we found those improvements had been sustained and embedded. We have rated this domain as 'Good.'

There was a registered manager in post who was aware of their regulatory requirements. 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.

The registered manager and staff had developed an open, person-centred culture, which achieved good outcomes for people, based on the provider's values. Staff could explain the provider's values, for example, one staff member told us, "We put people's care at the centre of everything we do." The registered manager monitored the support provided against these values, to ensure they were embedded in staff practice. Staff demonstrated these values during our inspection, for example; staff consistently spoke with people in a caring, supportive manner. We observed cooperative, supportive and appreciative relationships amongst the staff group. Staff told us how they covered shifts for each other when needed, which rotas confirmed.

Records showed that people had many opportunities to provide feedback on the service through a number of means including surveys, care reviews and a system to provide anonymous feedback through putting different coloured balls in a basket. We saw from records staff offered appropriate levels of support to enable people to participate in sharing their views.

Staff meetings took place on a regular basis and staff told us they had the opportunity to contribute to discussions and to share their views about the service and how improvements could be made. Staff were positive about the support they received from the management team and the registered provider. One member of staff said, "They [registered provider] has been really supportive." They went on to say, "I think it's a great place to work, with great people. I'm very happy." All the staff we spoke with told us the management team were approachable and they were confident that they would listen to any concerns they raised and take appropriate action. However, one relative told us, "I don't have a lot of confidence in the strength of the leadership here as the same things keep happening all the time, like clothes not being ironed." We passed this feedback onto the management team who committed to meet with the relatives to address the issue.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. The registered manager was supported by the provider's area manager and quality team who regularly visited the service and completed quality assurance surveys to identify areas for improvement. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service. The local authority's quality assurance team

undertook regular monitoring visits of the service. We viewed the most recent report and saw that it had been rated good in all areas.

There was vision and strategy to deliver high quality care and support. There were defined lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered manager was supported by nurses and a team of motivated staff.

Staff informed us they had regular meetings and records confirmed this. The items discussed included people's care plans, person-centred approach, positive behaviour support, activities, budget and responsibilities, health and safety and inspections. Outcomes of incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment and audits. There were daily handover meetings which included any appointments, maintenance or health and safety issues and tasks to be undertaken.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

The registered manager told us, and records confirmed, that the home worked in partnership with other key agencies and organisations such as the local authority, hospitals and other health professionals to ensure the provision of joined-up care.