St Anne's Community Services

St Anne's Community Services - Dewsbury 2

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 June 2016 and was unannounced. The service was last inspected in September 2013 and at that time the service was meeting the regulations we inspected.

St Anne's Community Services - Dewsbury 2 provides support and personal care for up to five adults with mental health needs.

The service is required to have a registered manager. 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 of the service had recently retired. The new manager had applied to register as manager of the service, but at the time of the inspection this had not been finalised.

People who used the service told us they felt safe at the service. Staff had a good understanding of safeguarding adults from abuse and who to contact if they suspected any abuse. Risk assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Medicines were managed in a safe way for people and self-management of medicines was promoted by the service.

There were enough staff to provide a good level of interaction and the provider had effective recruitment and selection procedures in place.

Staff had received an induction, supervision, appraisal and specialist training to enable them to provide support to the people who used the service. This ensured they had the knowledge and skills to support the people who lived there.

People's consent to care and treatment was always sought in line with legislation and guidance.

Meals were planned on an individual basis and people were supported to eat a balanced diet. A range of healthcare professionals were involved in people's care.

Staff were caring and supported people in a way that maintained their dignity, privacy and human rights. People were supported to be as independent as possible throughout their daily lives.

People were able to make choices about their support and engaged in activities which were person centred.

The service was led by each individual's goals and aspirations. Individual needs were assessed and met

through the development of detailed personalised care plans and risk assessments using a 'recovery star' model. People's needs were reviewed as soon as their situation changed.

People told us they knew how to complain and told us staff were always approachable. Comments and complaints people made were responded to appropriately.

The culture of the organisation was open and transparent. The manager and deputy manager were visible in the service and knew the needs of the people who used the service.

People who used the service, their representatives, and staff were asked for their views about the service and they were acted on.

The registered provider had an overview of the service. They audited and monitored the service to ensure people's needs were met and that the service provided was to a high standard.

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.

Staff had a good understanding of safeguarding people from abuse.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

There were enough staff on duty to meet people's individual needs.

Medicines were managed in a safe way for people.

Is the service effective?

Good

The service was effective

People's consent to care was sought in line with legislation and guidance.

Staff had received specialist training to enable them to provide support to the people who used the service.

Meals were individually planned with people.

People had access to external health professionals as the need arose.

Is the service caring?

Good

The service was caring.

People who used the service told us the staff who supported them were caring.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

Is the service responsive?

Good

The service was responsive.

People's needs were reviewed as soon as their situation and needs changed and people were involved in the development and the review of their support plans.

People were supported to participate in activities which were person centred.

People told us they knew how to complain and told us staff were always approachable.

Is the service well-led?

Good

The service was well led.

The culture was positive, person centred, open and inclusive.

The manager consulted people who used the service and staff.

The registered provider had an effective system in place to assess and monitor the quality of service provided.

St Anne's Community Services - Dewsbury 2

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 8 June 2016 and was unannounced. The inspection was conducted by one adult social care inspector. Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding team and commissioners. The provider had returned a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

At the time of this inspection there were four people living at St Anne's Community Services - Dewsbury 2. We used a number of different methods to help us understand the experiences of people who used the service. We spent time in the living areas observing the support people received. We spoke with four people who used the service, two members of staff and the deputy manager. We looked in the bedrooms of two people who used the service with permission. We spoke with two visiting community health professionals. We contacted the manager after the inspection, as they were on leave on the day of our inspection.

During our visit we spent time looking at two people's care and support records. We also looked at two records relating to staff recruitment, training records, maintenance records, and a selection of the services audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. People said, "Yes we are safe. I wouldn't feel safe anywhere else" and, "I do feel safe."

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "I'd speak out for residents. That is why I am here in the first place. I'd go as high as needs be. If I had to whistle blow on the organisation I would go to the local authority or CQC." We saw safeguarding incidents had been dealt with appropriately when they arose. This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence. We saw in the care files of people who used the service comprehensive risk assessments were in place in areas such keeping a key, managing money, alcohol, smoking, dehydration, falls, self-medication and accessing the community. We saw these assessments were reviewed regularly, signed by people who use the service and up to date.

The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. Staff gave examples of how the risk of falls was reduced for one person with a visual impairment by using brightly coloured tape to highlight hand rails and enable the person to continue to use the stairs independently. Staff we spoke with also had a thorough understanding of the options for managing risks to enable two people who used the service to remain at the home, in line with their expressed wishes, when their health was deteriorating, This showed the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw the incident and accident log incidents that accidents had been recorded and a report had been completed for each one. Accidents and incidents were recorded in detail and staff took appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the service.

There were enough staff on duty to meet people's individual needs. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received sufficient support. Staffing was adjusted when people's needs changed, for example, if their health deteriorated. People who used the service received staff support to enable them to access the community and engage in activities of their choice. Some staff felt it would benefit people who used the service if there was more than one member of staff on duty after 6pm to provide more individualised support to people. People who used the service did not raise this as a concern but the manager agreed to consider it.

The provider had their own bank of staff to cover for absence and occasionally used familiar agency staff. This meant people were supported and cared for by staff who knew them well.

We saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. This showed staff had been properly checked to make sure they were suitable and safe to work with vulnerable people.

Appropriate arrangements were in place for the management of medicines. The manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw medicines competence was also assessed annually. This meant people received their medicines from people who had the appropriate knowledge and skills.

Blister packs were used for most medicines at the home, as well as some boxed medicines. We checked medicines for people and saw medicines were checked and signed when received by members of staff. We found the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. This demonstrated the home had a good medicines governance regime.

People's medicines were stored safely in a secure medicines cupboard, or securely in their bedrooms. People who used the service had a medicines contract with agreed protocols to support safe self-administration where appropriate.

Care plans also contained detailed information about medicines and how the person liked to take them, including an individual PRN (as and when required) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety.

People who used the service that we spoke with knew what action to take in the event of a fire. People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated. We saw staff training in fire safety was up to date and fire drills occurred regularly. Minutes from a service user meeting in May 2016 showed an emergency situation scenario had been used to support people who used the service to seek help in the event of staff ill health. This showed the service had plans in place in the event of an emergency situation.

Good

Is the service effective?

Our findings

One person who used the service said, "Staff know what they are doing."

Staff were provided with training and support to ensure they were able to meet people's needs effectively. We saw evidence in staff files that new staff completed an induction programme when they commenced employment at the service. We asked two staff members what support new employees received. They told us they completed induction training and then shadowed a more experienced staff member before they were counted in the staffing numbers. The shadowing focused on getting to know people's individual needs and preferences. Induction training was followed by completion of the care certificate. This demonstrated new employees were supported in their role.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Training was a mixture of computer based and face to face learning and included topics such as safeguarding adults from abuse, infection control, behaviour and de-escalation techniques, dual diagnoses, first aid and food hygiene.

Additionally staff told us the provider sourced specialist courses, such as a 'hearing voices' course and dementia training, to enable them to deliver personalised support effectively. We saw a specialist nurse was attending the next staff meeting to provide training specific to one person's health condition. We saw a system in place to alert the manager when staff needed to update their training.

Staff we spoke with told us they felt appropriately supported by the manager and they said they had supervision every two months, an annual appraisal and regular staff meetings. One staff members said, "I couldn't ask for a better staff team. I have had a lot of support." Staff supervisions covered areas of performance and also included the opportunity for staff to raise any concerns or ideas. This showed staff were receiving regular management supervision to monitor their performance and development. Positive feedback was also given to staff.

The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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.

One person who used the service said, "I can come and go as I want." Staff at the service had completed training and had a good understanding of the Mental Capacity Act 2005. We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. The deputy manager told us there were no people using the service who lacked capacity to make certain decisions, although one person was diagnosed with dementia and their capacity could fluctuate. They were aware decisions would need to be made on a decision specific basis with the person in the future, considering their capacity and best interests.

We saw that before people received any support they were asked for their consent and the service acted in accordance with their wishes.

People told us they made choices in what they wanted to eat and meals were planned on an individual basis. One person said, "We get our own food during the day. Staff help make the meals in the evening." People and staff told us some people who used the service took it in turns to choose and cook the evening meal and one person made all their own meals. There was free access to the kitchen throughout the day and most people had a fridge in their room for personal use. We saw people prepared the meals they wanted during the day and helped themselves to drinks and snacks.

The staff we spoke with acknowledged it was people's choice regarding what they ate, however they encouraged people to make healthy choices. Staff gave examples of how they encouraged people to vary their diet and a 'healthy plate' was being introduced with the recommended portion sizes of different food groups marked on to support healthy eating.

We saw the individual dietary requirements of people were catered for. One person was living with diabetes. We saw the person's dietary intake was documented and they were supported to choose healthy options. People were weighed regularly to keep an overview of any changes in their weight. Staff told us they left plenty of fresh drinks out for one person who was forgetting to drink fluids due to a developing cognitive impairment and this prompted the person to drink regularly and increase their fluid intake. This showed the service ensured people's nutritional and hydration needs were monitored and action taken if required.

People had access to external health professionals as the need arose. The service supported people to manage their own health needs where possible and we saw systems were in place to make sure people's healthcare needs were met. Two health professionals were visiting people at the service on the day of our inspection. People told us they attended healthcare appointments and we saw from people's records a range of health professionals were involved. This had included GPs, consultants, community nurses, chiropodists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs

The atmosphere of the service was comfortable and homely. The home had a spacious living area, kitchen and dining area. We saw appropriate equipment was used to support a person with visual impairment to negotiate the building. The design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service.

Good

Is the service caring?

Our findings

People who used the service told us the staff were caring. People said, "(name of staff) is my favourite. (Name of staff) is very kind," "The staff are caring. We help each other" and "Staff treat us alright. Yes they are caring."

The community professionals we spoke with told us the staff were caring and they knew people well.

People told us they liked the staff and we saw there were good relationships between staff and the people who used the service. Staff told us they enjoyed working at the service and providing support to people who lived there.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities and they used this knowledge to engage people in meaningful ways. For example, we heard staff engaging people in conversations about family, activities, hobbies or holidays.

Staff worked in a supportive way with people and we saw examples of kind and caring interaction that was respectful of people's rights and needs. One person became ill and the staff member was sympathetic and supported them to their room to provide support in private.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff said they ensured the office door was closed when giving out medicines or discussing personal information. One staff member said, "We never go in people's rooms without permission." People who used the service had a key to their rooms and to the front door and were free to come and go as they pleased. We saw a staff member ask permission before moving personal items in one person's bedroom when supporting them with their medicines. Good practice guidelines were available in care files for staff such as, "What does dignity mean."

People were supported to make choices and decisions about their daily lives. They were consulted on how the home was run and they commented on aspects of support such as food, décor, furnishings in communal areas and leisure activities.

People's individual rooms were personalised to their taste. We saw one person had a collection of Guinness world record books and personal family mementos around their room. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

People were encouraged to do things for themselves in their daily life. People said, "I go to the bank to get my own money" and "Shopping. I do it myself." People were responsible for cleaning their own bedrooms and people were supported to complete jobs around the house. This showed people using the service were encouraged to maintain their independence.

Staff we spoke with were aware of how to access advocacy services for people if the need arose and one

person had been referred for an independent advocate to ensure they were supported to express their opinions about how their needs were being met.

Good

Is the service responsive?

Our findings

People who used the service said, "They always involve you" and "They help you if you have a problem."

Community professionals we spoke with said, "They are really good. They highlight any issues straight away" and "They are pretty good here. Staff know the service user well."

Through speaking with staff and people who used the service we felt confident people's views were taken into account. There was evidence people had been involved in discussions about their care and support. This meant the choices of people who used the service were respected.

We saw support plans were person centred and provided information about the individual that would enable them to receive person centred support, for example; "Staff will support (person) to make a GP appointment. If (person) doesn't want to staff will do it. A detailed "log of forgetting' was kept for one person due to an emerging cognitive impairment in order to track patterns and look for ways to enable the person to remain independent. A log was kept to ensure the person was prompted to pick up a weekly book they had ordered from the newsagents in order to maintain their independence and control.

We saw support for people was person centred and staff were led in their work by what people wanted to do. The service used the mental health 'recovery star' model as the basis for identifying people's support needs. This is a tool for supporting and measuring change when working with adults who access mental health support services. The care records contained action plans in areas such as; managing mental health, physical health and self-care, living skills, social networks, work, relationships, responsibilities, identity and self-esteem. Some information in one care record was old and needed to be removed to avoid any possible confusion. The deputy manager said they would address this straight away.

Care records we sampled also contained mental health relapse indicators and crisis contingency plans. Daily records were kept detailing what activities the person had undertaken, any concerns and prompts or support provided.

Goals that the person wished to achieve were set at reviews and progress toward the goal was recorded. On one record we saw one person was supported to monitor their own blood sugar levels. People's needs were also reviewed as soon as their situation changed. These reviews helped in monitoring whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage.

People were supported to participate in activities in line with their tastes and interests. One person who used the service said, "I go out with staff." Another person said, "I like going to a café. I'm starting drumming at pathways in a bit." One person told us, "I like reading. I get books in cheap shops." And they had been supported to go on holiday recently to Bridlington.

Staff spoke with good insight into people's personal interests and we saw from people's support plans they

were given opportunities to pursue hobbies and activities of their choice. One person had a store of art materials which they enjoyed using and attended craft sessions at a local day centre. One person went to a chair exercise class at the local sports centre during our inspection.

Some people enjoyed gardening and had recently planted some seeds and vegetables. We saw from records people regularly took part in activities such as chair exercises, swimming, walking and going to the cinema. Two people were supported to attend church locally. This meant staff supported people with their social, cultural and leisure needs.

The people we spoke with told us if they felt unhappy they would speak with staff and they knew how to complain. One person said, "You could complain if you wanted to. I have no complaints." Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw the complaints record showed where people had raised concerns these were documented and responded to appropriately. Compliments were also recorded and available for staff to read. They included a thankyou from a person who had moved to more independent living, thanking staff for making the move, "stress free" and from a person who used the service for, "Keeping me on the straight and narrow."

Good

Is the service well-led?

Our findings

People who used the service told us they were happy with the service. One person who used the service said, "Happy yes. I love it." Another said, "It's a fairly good run house really." And another person said, "We are alright here."

A community professional we spoke with said, "It seems well led. It's quite a new manager. The person I come to see seems happy with the service."

Staff we spoke with were positive about the recently retired manager and the new manager and told us the home was well led. The staff we spoke with told us they would be happy for a relative of theirs to use the service.

The deputy manager had an in-depth knowledge of the needs and preferences of the people who used the service and used this knowledge to organise person centred support for people. The manager said the aim of the service was to promote independence and ensure people were enabled to do as much as possible for themselves.

The service promoted a positive culture that was person-centred, open, inclusive and empowering.
The manager said they operated an 'open door policy' and staff and people who used the service were able to speak to them about any problem any time. People we spoke with confirmed this.

The manager told us they felt supported by the provider and could call their manager any time. They told us they attended managers' meetings every month and also attended an annual managers' conference. They said the registered provider's intranet webpage contained good practice updates and information and they also attended formal training. This meant the manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people who used the service.

People who used the service, their representatives and staff were asked for their views about their care and they were acted on. Service user meetings were held and people commented on food choices, holidays, activities and décor. Complaints, fire awareness and health and safety were also discussed. We saw from records individuals had been consulted on every aspect of their support and their views were recorded. The manager was introducing a newsletter for the service and hoped people would become involved in producing this.

Staff meetings were held every month, although they had been held less frequently in recent months due to the change of manager. Topics discussed included staff training and development, individual people's needs, health and safety, learning from incidents, feedback from people using the service, policies and building maintenance. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people using the service.

We saw audits were maintained in relation to the premises. There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Audits of medicines were completed daily and the manager also completed monthly checks. Service users' money audits were conducted twice a day and care plans and documents were also reviewed and checked regularly. This showed staff compliance with the service's procedures was monitored.

The manager sent a report to the registered provider every month with details of topics such as audits, incidents, complaints, training and supervision. The provider carried out its own quality assessment of the service through stakeholder, relative and client questionnaires.

The area manager visited the home occasionally to ensure compliance with the providers' policies and procedures and the provider had introduced a quality team to support improvements in service provision. This demonstrated the senior management of the organisation were reviewing information to drive up the quality of the service.