

St Anne's Community Services

St Anne's Community Services - Norfolk Road

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

St Anne's Community Services – Norfolk Road is a two-storey house, in a quiet residential area on the outskirts of Harrogate. The service is registered to provide residential care for up to four adults who may be living with a learning disability or autistic spectrum disorder. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection took place on 6 and 8 November 2018 and was announced. At the time of our inspection there were three adults with learning disabilities using the service.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion so that people with learning disabilities and autism can live as ordinary a life as any citizen.

At our last inspection in February 2016, we rated the service 'good'. At this inspection, the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. They had been the registered manager since April 2018. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager also managed two other of the provider's locations and split their time between managing the three services. They were supported by a deputy manager and area manager.

People who used the were confident and at ease in their surroundings which showed us they felt safe. The provider safely recruited new staff and the registered manager made sure sufficient staff were on duty to meet people's needs. We spoke with them about deployment within the service to make sure a person was not left unsupervised.

Staff were trained to recognise and respond to safeguarding concerns. They reported any accidents or incidents and the registered manager monitored these to help keep people safe. Medicines were managed safely. Risk assessments contained person-centred information to guide staff on how to safely meet people's needs.

The environment was clean and generally well maintained. We recommended checking window restrictors regularly to make sure they remained in good working order. The laundry and bannister rails needed repainting to make them easier to clean.

Staff had regular training, supervisions and appraisals to support them to provide effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff made sure people ate and drank enough and helped them to attend appointment and access healthcare services when needed.

People and their relatives told us staff were kind and caring. Staff treated people with dignity and respect. They encouraged people to express their wishes and views and be involved in decisions.

The provider was meeting the accessible information standard. Information was provided in a range of accessible ways and staff provided effective support to help people communicate.

Care plans were person-centred and staff showed a good understanding of people's needs and how best to support them. Staff supported people to take part in regular activities and access their wider community.

The provider had a system in place to gather feedback and respond to any complaints.

We received positive feedback about the new registered manager. Staff told us they were approachable and supportive. Audits and regular checks helped to ensure the quality and safety of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Anne's Community Services - Norfolk Road

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. The inspection was planned to check whether the provider was 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 6 and 8 November 2018 and was announced. We gave four days' notice, because it is a small care home for adults who are often out during the day and we needed to be sure people would be in when we visited. The inspection was carried out by one inspector.

Before the inspection we checked information we held about the service. This included notifications the provider had sent us about events or incidents that occurred and which affected their service or the people who used it. We contacted the local authority adult safeguarding and quality monitoring team as well as local Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We also 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.

CQC was aware of a past incident in which a person using the service died. The inspection did not examine the specific circumstances of this incident. However, we checked the care and support provided to manage and minimise risks associated with choking.

During the inspection we spoke with the two people who used the service and two people's relatives. We spoke with the registered manager, deputy manager, and two members of staff and observed interactions with between staff and people who used the service in communal areas.

We checked two people's care plans, risk assessments, daily notes and medication administration records.

We reviewed recruitment records for two members of staff, as well as training, supervision and appraisal records for the staff team. We looked at maintenance records, meeting minutes, audits and a selection of other records relating to the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, the service continued to be safe.

People who used the service were very relaxed and at ease with staff. They moved confidently around the service and interacted with staff and the registered manager in a way which showed us they felt safe in their company. One person told us, "I am happy here." A relative of a person who used the service said, "I know that [name] is safe and in a safe environment. If they are not happy you can tell. They've always got a smile on their face, so I know they are happy."

The provider continued to safely recruit new staff. This included checking they were not barred from working with adults who may be vulnerable. The registered manager checked profiles and documented an induction to make sure any agency staff had the knowledge and training to safely support people.

The registered manager made sure sufficient staff were on duty to meet people's needs. Staff told us, "Staffing levels are good now" and "Staffing levels are a lot better, there was a big turnover of staff in 2017, but it is about right now."

Staff supported people throughout our inspection in a patient and unrushed way. We spoke with the registered manager about staff deployment as we noted one instance where a person was left unsupervised for a short period when a member of staff should have been present.

The provider had a safeguarding policy and procedure and staff understood their duty to identify and report any safeguarding concerns. Staff recorded information about what had happened and how they responded to accidents and incidents that had occurred. The registered manager reviewed these records to check and make sure appropriate action had been taken to keep people safe.

Staff assessed people's needs to identify risks to their safety. They documented care plans and risk assessments, which outlined how to safely support people to meet their needs. Risk assessments were generally detailed and person-centred and showed a positive approach to managing risks.

Staff completed health, safety and maintenance checks to make sure the building and equipment used were safe. Window restrictors were in place, but we recommended staff regularly check these to make sure they remained in good working order.

The provider had a medicine policy, staff completed training and the registered manager checked staff's competency to make sure they provided safe support with people's medicines. Medicines were securely stored at a safe temperature. Staff documented medicines administered and kept a record of any medicines returned to the pharmacy. The registered manager investigated medicine errors and acted to make sure lessons were learnt.

The home environment was clean and generally well-maintained. The paintwork in the laundry and bannister rails were either worn or chipped and flaking making those areas harder to hygienically clean. The registered manager agreed to address these minor issues.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, the service continued to be effective.

New staff completed an induction period and shadowed other staff to learn about people's needs and how best to support them. The registered manager completed probationary reviews to monitor staff's progress. They used regular supervisions and an annual appraisal to further support staff to learn and develop in the role.

The provider offered a range of training courses to guide staff on how to provide effective care. Staff spoke enthusiastically about the opportunities available to them and extra training they could do to develop and improve their practice. Comments included, "There is plenty of training available if you want to do something" and "We get all the mandatory training, and, if we feel there is any training we want to do, we can. The training is good; some is classroom based and some is online."

People's care plans showed staff had assessed their needs. Staff understood what was important to people and how best to support them. They were skilled and effective in the way they supported people. They were quick to recognise potential triggers and responded to situations to reassure people and defuse any anxiety or distress.

We checked whether the service was working within the principles of the Mental Capacity Act 2005, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found people were involved in shaping the care and support provided. Staff had completed mental capacity assessments and made best interest decisions when needed. The registered manager had made sure appropriate applications had been submitted to deprive people of their liberty.

Staff supported people to make sure they ate and drank enough. Care plans recorded information about people's nutritional needs as well as their food likes and dislikes. Staff involved people in planning the weekly menu and helped them to make choices. They encouraged people to eat a varied and healthy diet and regularly weighed people to make sure their nutritional needs were met.

People told us they liked the food and we observed them enjoying, choosing and eating meals together. A relative said, "[Name] likes the food and they seem to get a good choice on the menu."

Staff had assessed people's needs to identify the level of support needed to maintain their health and wellbeing. For example, detailed plans were in place, including guidance from relevant professionals, about the support people needed to safely eat their meals and to minimise the risk of choking. Each person had a 'health passport' which contained information that would need to be shared if the person was admitted to hospital. This helped to ensure people would receive consistent joined up care as they moved between services.

The registered manager had introduced and was embedding a system to monitor and make sure people had an annual health review and attended regular appointments with other healthcare professionals. We spoke with the registered manager about documentation around professional's visits and how this could help with monitoring people's health needs.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, the service continued to be caring.

Staff were patient and kind in the way they supported people. Relatives told us, "The carers seem very good, very nice, very helpful and very caring. They are a nice bunch of people who work there" and "The staff are caring. [Name] gets on well with their keyworker, which is important."

At the time of our inspection, the provider employed a small team, which meant people were cared for by familiar staff. A member of staff said, "We know the people and they know us." People who used the service clearly knew the staff who supported them and enjoyed their company. They spoke freely with staff and there was a very relaxed and informal atmosphere. Staff acknowledged people, asked them questions and showed an interest in what they were doing or wanted to talk about.

Staff were respectful and polite in the way they spoke with people. There were friendly and warm interactions between staff and people who used the service throughout our inspection. Staff understood the importance of treating people with respect and supporting them to maintain their dignity. For example, staff encouraged people to wash their hands and face after their meal. Staff helped people to meet their personal care needs and people were clean and appropriately dressed.

Staff had training on equality and diversity and took proactive steps to make sure people were not unduly restricted or discriminated against. They made sure reasonable adaptations were in place and provided effective support to promote people's independence. Staff routinely offered people choices, for example, about what to eat and drink or how to spend their time. They listened to people's choices and respected their decisions.

Staff showed a good understanding of people's communication needs and how best to share information and support them to make choices. They completed detailed assessments of people's verbal and non-verbal communication needs and used accessible information to help them express their wishes and views and to make decisions. Staff showed us and explained how they used picture boards or showed people options to help them decide.

The provider was compliant with the Accessible Information Standard. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Information about the weekly menu, which members of staff were on duty and activities planned for the day were all provided in an accessible way for people who used the service.

The registered manager understood how to seek the support of advocacy services if needed. An advocate is someone who supports people to make sure their wishes and views are heard on matters that are important to them.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, the service continued to be responsive.

Staff were person-centred in their approach to supporting people. They showed a good understanding of people's needs as well as their individual preferences, hobbies and interests. This helped staff to tailor their approach and provide person-centred care. A member of staff explained, "We work closely with people so we know their routines and exactly what needs to be done, but you still have to ask and make sure they give their permission. We can't just do things because you know it. It is all about knowing them and understanding their support plan, but still giving them the choice."

Staff had assessed people's needs and used this information to develop personalised care plans setting out how those needs would be met. Care plans reinforced the importance of offering people choices and promoting their independence. They included person-centred information about people's likes, dislikes and what was important to them. This showed the person and important people in their lives had been involved in planning the support.

Staff held monthly review meetings to monitor and make sure people's needs were met. This process included setting and reviewing goals to support people to achieve personal milestones; such as promoting a person's independence by encouraging them to help with household tasks.

People's care plans had information about their hobbies and interests. Each person had a weekly activity plan and staff supported them to do a range of activities within the home and in the local community. This included voluntary work, activity centres, classes and visiting places or going for walks locally. A relative of a person who used the service said, "[Name] likes going shopping and out to eat. They do take them to different places."

A person who used the service enthusiastically shared the plans they were making to go on holiday and it was clear they were looking forward to this.

Staff supported people to maintain relationships with people that were important to them. People's relatives told us they were made to feel welcome and could visit at any time. Staff also helped people to visit relatives or speak with them by video call.

Staff had documented any wishes or preferences people had for care and support at the end of their life. The provider had a policy and procedure to guide staff on the support people may need and offered training to staff to support them to provide dignified, compassionate and person-centred end of life care.

The provider had processes in place to manage and respond to any complaints about the service. Information about how to complain was available in an 'easy-read' format to help people who use the service understand the process. Easy read information includes pictures and words and is a way of

presenting information in an accessible format. The registered manager told us there had not been any complaints about the service since our last inspection. A relative said, "The staff always make time to talk to me about any concerns I have. The carers on the ground are very good."

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, the service continued to be well-led.

The service had a registered manager. They had been registered manager since April 2018 and split their time between St Anne's Community Services – Norfolk Road and managing two other small services run by the provider. They were supported by a deputy manager and an area manager in the management of the service.

People and their relatives gave positive feedback about the care and support provided. A person who used the service told us, "I do like living here." Relatives said, "[Name] seems very happy there. Overall, I am very happy with the service" and "I like the manager if there are any problems they are straight on the phone and are hands on."

Staff told they liked working there and praised the positive impact the registered manager had made since taking over management of the service. They explained the registered manager was approachable and supportive if there were any issues or concerns. Comments included, "We have got a very good manager now. Their door is always open for everyone to come in and if you have any concerns they are immediately on to it. It is very relaxed, you can talk to them and they will support you and help" and "It's a nice place to work, it's the best service I've worked in. It's well-run and led; everybody seems to get on."

Staff told us they were asked their opinions and felt listened to and involved in decisions. They attended team meetings to discuss people's needs and the running of the service. The registered manager used these to share information about good practice guidance and to discuss any lessons learnt to continually improve the service.

There was a relaxed, friendly and welcoming atmosphere within the service. Staff communicated with each other and worked collaboratively to meet people's needs. The registered manager responded to feedback and acted immediately on suggestions to improve the service.

The registered manager and provider used a range of audits to monitor the quality and safety of the service. The registered manager showed us monthly medicine audits, which had been introduced to make sure medicines were managed safely. Monthly 'premises surveys' helped to monitor health and safety issues within the home environment. The area manager and provider's 'quality and safety team' visited the service to complete audits and identify any changes or improvements that could be made.

Staff worked with the local authority who commissioned the service to ensure people's care and support was regularly reviewed and meeting their needs.