St Anne's Community Services

St Anne's Community Services - Smithies Moor Lane

Inspection report

46 Smithies Moor Lane
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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 27 July 2018 August and was unannounced. We also inspected on 23 August and this date was announced. The service had previously been inspected in January 2016 and met all their legal requirements.

St Anne's Smithies Moor Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates six people in one adapted bungalow. People at the home have complex physical and learning disabilities and require care provided by trained nurses.

There was a registered manager in place who had been registered since 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 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 and were embedded within this service which worked to ensure people could live as ordinary a life as any citizen.

Staffing levels were based on the needs of people at the home and were reviewed daily. Staff had been trained and were confident to recognise safeguarding issues which meant people were protected from harm.

Risks were well managed to ensure people's freedoms were not overly restricted and risk assessments were based on positive outcomes for people.

The provider continued to perform safe recruitment practices which were evidenced when we reviewed the records of the one person who had been recruited since our last inspection.

We found decision specific capacity assessments had been carried out for people who lacked mental capacity to consent to aspects of their care delivery. These were compliant with the Mental Capacity Act 2005 (MCA). Staff understood the principles of the MCA and how to ensure people's human rights were respected when making decisions on their behalf.

Staff received ongoing support from the management team through a programme of regular supervision and appraisal and they had been trained to ensure they had the knowledge and skills to care for people.

People's nutritional needs had been assessed and detailed plans were in place to support those people with enteral feeding systems. We observed staff supporting people appropriately to maintain their nutritional and hydration needs.

People had been referred to other health professionals when the need arose and we saw this had positively affected people's wellbeing. How to contact professionals was clearly referenced in care plans to ensure all staff had access to this information.

We found all the staff to be caring in their approach to the people who lived there and treated people with dignity and respect. Staff knew the people they supported very well.

Consideration and thought has gone into the decoration and layout to create a homely environment and relatives commented the homeliness of the service was a decisive factor which helped them choose the home for their relative.

There was clear evidence of person-centred care and records contained information detailing people's life histories, preferences and choices

The registered manager was visible in the service and communication was open, honest and transparent. Staff had clear direction and were sure about their roles and responsibilities. Systems and processes for ensuring the quality of the service were securely and effectively in place.

There was evidence the organisation reflected on and learnt lessons following incidents ensuring learning was shared to improve safety for people using their services.

The registered manager provided leadership and was visible at the home. Communication was open, honest and transparent. Staff spoke about how much they enjoyed their work. They had clear direction and were confident of their roles and responsibilities.

Systems and processes for ensuring the quality of the service included nationally recognised evidence-based standards to ensure they provided a quality service to people living with a learning disability and/or complex physical disabilities.

There was oversight from the registered provider and they ensured the service continued to develop with support and encouragement for the registered manager.

There was an issue with how the service had been registered by the registered provider. The registered manager acted immediately to ensure this issue was 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? The service remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains requires improvement	**Requires Improvement**

St Anne's Community Services - Smithies Moor Lane

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 27 July 2018 and was unannounced. The service was also inspected on 23 August 2018 and this visit was announced. There was a delay between inspection dates as we found an issue with the way the service had been registered which we needed to investigate. The inspection team consisted of one adult social care inspector.

We reviewed information we had received from the provider such as statutory notifications. We also contacted Healthwatch to see if they had received any information about the provider or if they had conducted a recent 'enter and view' visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority commissioning and monitoring team and reviewed all the information regarding the service. We also contacted the infection control team and the fire service. The registered provided had completed 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 interviewed the regional manager, the registered manager, and one nurse. We also spoke with two other nurses during our inspection. We spoke with a visiting relative on the first day of our inspection and a further relative over the telephone. We observed care in the communal areas of the home and observed a staff handover.

We reviewed two care records in detail, one recruitment record (as there had only been one new member of staff since our last inspection) and checked medicine administration records. We looked at the quality assurance systems and records in relation to maintenance at the home.

Good

Is the service safe?

Our findings

This domain remained good.

We asked relatives if their relation was safe at the home. They overwhelmingly were positive and told us the care provided was safe. One relative we spoke with told us they chose the home because of the amount of staff. They said, "There are enough staff for the people here. Staff are consistent and my relative is cared for by people they know." Staff told us, "People are safe here because of the systems and processes. Everything is responded to quickly."

The service had developed and trained their staff to understand and use appropriate policies and procedures. They understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. Information on how to whistle blow if they were concerned about their colleagues was readily available.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. There were extremely detailed risk assessments around the use of equipment with information about the equipment, the servicing, the person using the equipment and how to use it safely. Staff understood the support people needed to promote their independence and freedom yet minimise the risks.

We looked at the staff rotas to check staffing levels were appropriate. These confirmed the staffing levels were appropriate to meet the needs of the people living at the home. The service no longer needed to use agency staff, with their own staff and bank staff filling in when the need arose. Staffing levels were flexible to accommodate people's appointments, to support people to undertake activities and to visit their families.

Regular safety checks took place throughout the home, to help ensure premises and equipment were safe. Fire safety measures were in place, and people had personal emergency evacuation plans which included their name, how they mobilised, how they communicated and any behavioural issues. The registered manager and a member of staff had recently had additional fire safety training to enable them to train other staff and cascade information to maximise staff knowledge in this area.

Staff files showed safe recruitment practices had been followed including obtaining references and ensuring Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked to see how accidents and incidents were recorded and reviewed. There had been no accidents or incident since our last inspection. However, staff at the home could learn through incidents at other services and we saw where this learning had been shared amongst staff through detailed reflection and training.

Medicines were stored and administered safely and medicine competency checks had been undertaken by

the registered manager to ensure staff were competent in their administration practices and followed national recognised best practice. We found creams did not all have the date of opening although they were all in date, and we raised this with the management of the home who agreed to rectify this.

The home did not employ cleaning staff and care staff undertook domestic tasks amongst their caring duties. The home was found to be clean and with an adequate supply of personal protective equipment for staff.

Good

Is the service effective?

Our findings

This domain remained good.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 and we found the service was meeting this requirement. Staff understood the principles of the Act and how to support people who might lack capacity to make large decisions to be involved in some of the decisions in their everyday lives.

We found staff received ongoing support from the management team through a programme of regular supervision and appraisals. Staff had been trained to gain the knowledge and skills to care for people. The registered provider had a training department that sourced suitable courses depending on the needs of staff and the people they supported. They provided face to face training and online courses depending on the subject. Examples of face to face learning included catheter care, emergency first aid, positive behavioural support, and moving and handling. The registered manager kept an overview of the training needs of the staff and staff training was up to date.

The registered provider had introduced a policy which ensured bank staff who undertook more than three shifts a week for four weeks had the same level of supervision as permanent staff. This ensured their development needs were considered which ultimately benefitted people using their services.

Each care plan was linked to national best practice guidelines and policy, which clearly showed the registered provider kept up to date and recognised the importance of continuously developing the service. The registered manager was fully aware of where to access information and could show us how they implemented this to achieve positive outcomes for people. For example, recent changes to guidelines on thickened fluids and classification of textures diets.

People's nutritional and hydration needs were clearly identified, and detailed records were kept and monitored which ensured these needs were met. People had a range of specialised requirements in relation to their nutritional intake such as textured diets and enteral feeding system and we could see clear guidance and training had been provided. People at the home were supported with meals that met their cultural requirements. There was a separate area in the fridge and freezer for Halal meat and meals were prepared according to religious requirements.

Referrals were made to other health care professionals such as speech and language therapists, physiotherapists, occupational therapists, neurologists, GPs, dieticians and learning disability professionals. This showed people received additional health care support when appropriate.

Good

Is the service caring?

Our findings

This domain remained good.

There was a strong, visible person-centred culture at the home. Both staff and management were fully committed to ensuring people received the best possible care in a loving and caring environment. One relative said of the homely environment, "As soon as we came in we could feel it. Staff are so friendly. It was lovely."

Positive caring relationships were developed through staff understanding people's needs and their personalities. It was clear from our discussion with staff they knew all about the people they supported. One relative commented on how well the staff knew their relative and how they always ensured they were dressed to protect their dignity, "in clothes that matched." They said, "It's lovely to watch. You can see how happy [name] is." We observed staff supporting several people during our inspection helping them to eat and undertake activities. We found there was an atmosphere of care and empathy between staff and the people they were supporting.

We could see people were happy and engaged, cared for by staff who understood how to communicate with them, knowing their gestures when these were used instead of words. Communication needs were recorded in detail in people's care plans to guide staff on the best way to engage with people.

People's human right to be treated with respect was clearly understood by staff, who protected their privacy and cared for them respectfully. Staff told us how they ensured people's privacy was protected by ensuring they knocked on their bedroom door, kept people covered during personal care, and whilst transporting to the communal bathroom.

The home used advocacy services for those people who did not have family to independently advocate on their behalf. One person used an independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. They were involved routinely at reviews of this person's care but also when decisions were required in relation to finances and medical and dental treatments.

Good

Is the service responsive?

Our findings

This domain remained good.

We looked at two people's care records in detail. We found care plans were extremely detailed and contained all the information required to guide staff. Thought had been put into making these easy to follow and work was ongoing continuously to seek out better ways of recording to provide responsive care. This enabled staff to provide effective care and support to people. Care plan reviews were frequent, and any changes recorded. Families who wanted to be involved could input into the development and review of care plans. They told us staff made them feel their input was invaluable and one commented on how a staff member copied their gestures to be able to communicate with their relative. They said, "They are all friends, now."

Staff responsible for writing care plans told us, "once a year, the care plans are completely rewritten to ensure they remain easy to follow." People's goals were detailed in the care plans and the support they required to achieve these goals.

People were supported to take part in a range of activities and their relatives confirmed this. For each activity there was a support plan which guided the staff on the risks, the opportunities, and the positive outcome to be achieved. These detailed the person's right to enjoy a fulfilling life of their own and linked to national strategies such as "Valuing People Now." Staff had an excellent understanding of people's needs and continued to find creative ways of supporting them to have a good quality of life within safe boundaries. The home employed a dedicated driver to support people to undertake activities, and people also attended one of the registered providers other homes to use their facilities and other community facilities. The home had recently opened their gardens to a summer garden party and we saw evidence to demonstrate how much people at the home had enjoyed this. People were involved in art projects and one drawing containing hand and foot prints was displayed on the wall in the communal lounge area. Other activities included wheelchair ice skating, wheelchair cycling and taking part in activities for Learning Disability Week at a local park.

We spoke with the management team on how they were using technology to support people at the service. They explained to us how they supported one person to communicate with a relative who lived abroad, and there were plans to expand the use of technology.

The provider was meeting the Accessible Information Standard which requires them to ask, record, flag and share information about people's communication needs. We saw documents which would accompany people to hospital such as Hospital Passports. The registered manager told us people requiring hospital treatment were always accompanied by staff due to their inability to communicate their needs and to ensure continuity of care. Staff were aware of people's individual communication methods and could explain these to us in detail. Information was provided to people in easy read formats to ensure accessibility.

Although not supporting people at the end of their life during our inspection, there were plans in place to

support people. The registered manager told us as there was always a registered nurse on duty at the home, people would be supported by the service to remain there if they required end of life care.

The registered provider had a complaints policy in place and there was information available throughout the building on how people could complain. The registered manager told us, they had recently sent out information to relatives to advise them on the process, as when they asked people if they knew how to complain, they were unsure. Relatives told us they were confident to raise any concerns or complaints, although there were no complaints. One relative said, "I'd go to all of them. I feel I could talk to any of them."

Requires Improvement

Is the service well-led?

Our findings

This domain remained requires improvement.

At this inspection we found an issue with how the service was registered. The registered provider had made changes to their registration but had omitted to request the changes required for this service. The registered manager acted immediately once identified but this meant this domain could not be rated higher than requires improvement.

The manager had been registered with CQC since 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. Relatives were very positive about the manager. One said, " It is well-led. The manager has high standards and she has a good team with her."

The registered manager was very visible in the service and had a complete oversight of how the home was run. Our discussions with them showed us how well they led and developed their team which had also been recognised by the registered provider's award of "Leader of the year." Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. Comments included, "Management are excellent in the service. I have never felt so supported by a manager." "Positivity from the manager feeds down to us. This gets other staff on board as they see a sense of team working." "Everyone is open and honest. Concerns are aired."

Staff were encouraged to express their ideas on how to develop the service and the team had been involved in developing their own mission statement. This was "Person centred care is at the centre of everything we do. The staff team look after the clients in a way that they would expect their relatives to be cared for and everyone is respected and dignity is maintained at all time." There was a clear vision for the service to support people in a homely environment and all our observations confirmed this.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The documentation showed management took steps to learn from such events and put measures in place which meant they were less likely to happen again. The registered provider had created a Quality and Safety Team after previous events, and we saw how this team positively supported managers to safeguarding people from harm. Learning materials from incidents were of high quality and had been developed to reflect on current knowledge but also provide them with information to improve their practice.

The regional manager undertook regular quality assurance checks with overview from the registered provider. The regional manager had both a visible presence at the service and regular contact with the registered manager. This ensured the registered provider could monitor the quality of the service provided at this home.
The registered manager was clearly able to demonstrate how the organisation was continually striving to

improve their service by partnership working at a local and national level. They attended the local registered manager network and good practice events and we could see they implemented new initiatives following these sessions. They also attended the registered provider's workforce development group which demonstrated how they recognised the importance of developing staff, to ensure a motivated, committed workforce.