

## St Anne's Community Services

# St Anne's Community Services - Shady Trees

### 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

Shady Trees offers a nursing respite service for up to 25 adults aged 18 and over who have learning disabilities and other complex physical health needs. The home is registered to provide accommodation for people who require personal or nursing care. Up to four people can be accommodated at any one time. Shady Trees is part of St Anne's Community Services, a Voluntary Sector 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. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the time of our inspection, the home had a registered manager, although they were working at a 'sister' home which needed management support. An interim home manager was in place and they were in day-to-day charge of running Shady Trees.

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.

At our last inspection we rated the service overall as good. At this inspection we found the evidence continued to support the overall 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.

Relatives were satisfied their family members were safe in the care of staff at Shady Trees. The storage, administration and disposal of medicines was found to be safe. The recruitment of staffing was safe and staffing levels were calculated to meet people's care needs. Risks had been assessed, monitored and reviewed to minimise the risk of harm to people.

Technology was used to meet people's care needs and there were plans to further develop this. 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. People received prompt access to healthcare. Some meals were prepared using ingredients which met specific cultural needs. Following our discussions, the registered manager took immediate action to ensure people's representatives were able to formally consent to this.

Staff were patient with people and knew their care needs as well as individual preferences. Privacy and dignity was maintained and staff 'champions' had been appointed to promote best practice.

Care planning was well managed with detailed records of people's preferences and routines. This information was updated prior to admission and feedback was provided to relatives after each stay. Complaints were responded to appropriately and people were supported to access the local community.

Quality management systems were effective. There was evidence of continuous improvement and an open culture had been developed by the management team. Systems were in place to gather feedback from relatives who said the home was well-led. The home worked in partnership with other agencies and followed up-to-date legislation.

## 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 has improved to 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 - Shady Trees

## **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 25 October 2018. Our inspection was unannounced and was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a background in care for people with a learning disability. At the time of our inspection, two people were staying at Shady Trees, although a total of 18 people were accessing this service for both regular and ad hoc stays.

People accessing this home were unable to communicate their opinion of the service they received. We spoke with a total of six relatives by telephone and one relative in person to ask about their experience. We also spoke with the area manager, registered manager, an interim home manager a nurse and three members of staff. We looked at two care plans as well as two people's medication administration records.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the registered provider 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.

# Is the service safe?

## Our findings

Relatives we spoke with said their family members were safe staying at Shady Trees. One relative told us, "Safe? 100 per cent. [Relative] loves going there, there's never any problems." Another relative said, "[Name] is happy and safe, I am happy as well." A third relative commented, "There's enough staff, if not, I wouldn't leave [name]."

Staff had received safeguarding training and were able to confidently describe different types of abuse and appropriate action they would take to report this.

We looked at the storage, administration and disposal of medicines and found these processes were safe. Medication administration records showed people received their medicines as prescribed. Protocols for the use of 'as required' medicines provided detailed guidance for staff. Staff had received medication training and their competency had recently been checked.

We found there were sufficient numbers of staff to meet people's needs. The registered manager calculated staffing levels based on people's dependency levels and staff confirmed this happened. Some agency staff had been used, although the same worker was routinely allocated to working at Shady Trees.

We looked at how risks were managed and saw steps had been taken to minimise risks to people using the least restrictive approach. For example, risk assessments for epilepsy were clearly written and included clear guidance for staff to follow to reduce the risk of harm to people. Staff knew what to do in the event of a fire and a fire risk assessment as well as detailed personal emergency evacuation plans were in place.

At the time of our inspection, the boiler had broken down and steps were being taken to deal with this. A risk assessment had been put in place to ensure the heaters and the temperature in the home were both safe. Certificates for maintenance of the building and equipment within were all up-to-date.

We saw staff had access to a supply of personal protective equipment. At the end of every respite stay, staff carried out a deep clean of the vacated room to ensure it was ready for the next stay. This helped to demonstrate infection control was well managed.

We looked at a concern raised by a relative and saw the service had responded by updating systems to ensure all staff routinely read care plans before a new stay commenced. Records of accidents and incidents showed how the risk of future occurrences could be reduced. These initiatives enabled continuous improvement within the service through lessons learned.

The processes we looked at for the recruitment of staff were found to be safe. Relevant background checks had been carried out, which included taking references and contacting the Disclosure and Barring Service (DBS). We saw these checks had been carried out before staff started working in the home. These systems helped to ensure people were cared for by staff who were suitable to work with vulnerable people.

## Is the service effective?

### Our findings

Relatives told us staff had the necessary skills and knowledge to meet people's needs. One relative commented, "Trained? Yes, absolutely well trained, especially around feeding."

We found staff were appropriately supported through a robust induction, as well as ongoing training and supervision. Training records showed a high completion rate and future training was being planned. Staff received effective supervision and appraisal support on a regular basis. New starters received additional formal support to help ensure they settled in to their role.

The registered provider was aware of its responsibilities under the new data protection laws and had taken steps to meet this requirement. Staff were also aware of changes to other legislation.

We saw there were plans for a dedicated sensory room, although at the time of our inspection, there was a ball pool and sensory lights which people could access. This meant adaptations had been made to the service to meet people's needs.

Meals were cooked using fresh ingredients. Staff looked at who was scheduled to stay at Shady Trees and purchased foods based on their likes. We saw fresh fruit was available in the home. Food and fluid intake charts were used to monitor what people had to eat and drink. Two members of staff had been appointed as nutritional 'champions' to promote good practice.

The registered manager told us they purchased some ingredients used to meet specific cultural needs. These meals were prepared in the same way for all people using this service, even where they may not hold these cultural beliefs. We discussed this with the registered manager who took immediate steps to ensure people's representatives were consulted and able to formally agree to this or make other arrangements.

We found people were supported to receive timely access to healthcare. In response to concerns about one person who arrived for respite, staff contacted a GP who diagnosed the person as having an infection. A relative we spoke with confirmed this happened. We found staff worked with health professionals such as GPs, physiotherapists, neurologists and dieticians to meet people's healthcare needs.

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. Mental capacity assessments were decision specific. Where needed, best interest's decisions had been made on the person's behalf. These included the relevant individuals such as family members and professionals.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation

of Liberty Safeguarding (DoLS). People who accessed Shady Trees either had a DoLS authorisation or application with the local authority. Staff were aware of who had a DoLS in place.

People accessing Shady Trees were unable to verbally express their needs and preferences. Staff said they spoke with relatives to gather information about people's preferences. One staff member said to choose something, "[People] might look, point or touch." We saw a choice of breakfast cereals was offered to a person living at the home. This was done by staff showing the person packets of cereal and allowing them to choose. This showed people were routinely offered choice.

## Is the service caring?

### Our findings

Relatives we spoke with were happy with the support they received from staff. Comments included, "They (staff) are very kind and approachable, all of them" and "[Name] is always happy and excited when they go to Shady Trees. The staff spoil [name] and I am confident they are looking after [name]."

We observed very positive interactions from care staff who interacted comfortably and pleasantly with people. Staff knew people well and how best to communicate with them. They were willing to be led by the people as to how they wished to be supported and how they wanted to live at Shady Trees. One staff member said, "We try to mimic lives at homes."

We saw staff ensured one person was wearing suitable outdoor clothing as they went to their day centre. Staff demonstrated lots of patience with another person as it took a long time for them to take their medicines. The same person had personalised bed covers which staff had supported them to choose.

One staff member told us, "I think we've got a high level of care. You can genuinely tell staff care about people."

People's privacy and dignity was maintained. Staff told us they ensured doors and curtains were closed when personal care was provided and they covered people where possible. The home had its own dignity 'champion' who had an interest in this area and promoted good practice. Staff spoke about people with respect. One staff member told us, "We want what is best for the guests."

At our last inspection, we looked for evidence of personalised spaces for people's belongings. At this inspection we saw colourful boxes for each person on respite where they could store, for example, clothing, bedding and pictures between respite stays, so these were readily available at their next stay.

People's equality, diversity and human rights were considered and we saw this in care planning. For example, people and their representatives were able to request the gender of the person they received care from. People's sexuality was respected by staff who were able to describe appropriate action they would take to support this. We saw staff had received training in equality and diversity and the home had its own equality and diversity 'champion' who promoted good practice in this area and had a good understanding of what this involved.

Information on advocacy services was on display and these services were being accessed. Advocates are independent individuals who assist people in decision making where they have no other representatives.

We saw a response to the December 2017 relative satisfaction survey stated, 'I feel that my [family member] is looked after well and all their needs are met while they are there which allows me and my husband to have a rest without worrying'.

## Is the service responsive?

### Our findings

Care plans we looked at were person-centred and included a breakdown of people's daily routines and the support they needed with specific tasks. Staff told us they were required to read the care plan for a person before their stay commenced.

Both care plans we looked at contained a helpful list of 'what is said and done' by the person and what this means. This included how people express their preferences, how they decline, what makes them happy and how they express pain.

We saw one person's care plan described how they needed their food cutting into small pieces. During the morning, we saw staff had followed the care plan and cut toast for this person which they enjoyed as 'finger food'.

Up to 48 hours before each respite stay, staff contacted family members to go through an admission process. This was an effective tool in ensuring staff had up-to-date and accurate information about people's support needs which could change between respite stays. A detailed 'summary of stay' was completed when people were ready to return home. One relative told us, "We have reviews every 12 months and in between if necessary."

People had hospital passports which are used to pass on key information about people's health as well as other important information. The registered provider had engaged with support from Kirkwood Hospice to develop end of life care plans.

We saw technology was used effectively in the home. For example, there was ceiling tracking in every room which supported people's moving and handling needs. One-way monitors were used to ensure people who were sleeping received prompt assistance. Some funding was available to develop the use of electronic tablets which could be personalised with 'apps' for each person.

Most people were accessing day services which meant there wasn't a need for activities. However, staff ensured people were stimulated and involved in activities such as cooking, arts and crafts. A disco was held every Monday at a local service. The home had its own gardening space where people could sit out in nice weather. The home had been decorated with a Halloween theme and Shady Trees and other sister homes had taken part in a scarecrow competition.

We looked at the record of complaints and found this was well managed. Details of the complaint and resulting investigations were kept and we saw evidence of responses sent out. Face to face meetings were offered, where required and we saw evidence of one such meeting which included updating a person's care plan in relation to a complaint. Where one relative was dissatisfied with the service, we found evidence which showed this was responded to positively to ensure the relative was consulted and steps were put in place to make the necessary improvements.

The Accessible Information Standard (2016) requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. The registered manager had purchased 'talking buttons' for people with sensory needs. When pressed, talking buttons can be used to give specific messages, such as 'This is [name of person's] room'. In response to a complaint, we found staff had worked with a relative to agree how they would communicate with one person who first language wasn't English.

## Is the service well-led?

### Our findings

We found a single instance of a notification having not been submitted to the Care Quality Commission. The registered manager sent this immediately following our inspection. All other notifications had been submitted as required.

Relatives we spoke with told us the home was well-led. Relatives consistently said they could approach the management team. One relative told us, "If I didn't have Shady Trees, my life wouldn't be what it is."

At the time of our inspection, the home had a registered manager, although they were working at a 'sister' service temporarily which needed management support. The registered manager still carried out occasional shifts at Shady Trees. An interim home manager had been appointed and they were in day-to-day charge of running the home. The interim home manager felt well supported by the registered manager through regular contact with them.

There was a positive working culture in the home. One staff member said, "I think we've got a very open staff team. We're all comfortable talking to each other." One staff member described the support from management as, "Great, very approachable, helpful and understanding." We found staff were comfortable approaching the management team and their thoughts and opinions were listened to and respected.

The registered manager had created an action plan based on findings from our last inspection. This was on display in the home and we saw the improvements listed had been made. This meant there was an open and transparent culture in the home.

Staff enjoyed going to work and felt well supported. One staff member said, "It's the best care place I've worked in. I just think St Anne's is a really good company."

The registered manager told us there was limited interest from relatives in attending regular meetings at Shady Trees. Instead, their feedback was gathered when families attended meetings at day centres as Shady Trees staff attended these events. Staff meetings had been taking place on a regular basis.

We saw Shady Trees worked with local partners such as day centres, the clinical commissioning group (CCG) and Kirkwood Hospice for end of life care support. The registered manager attended the registered provider's safeguarding management meetings. They also engaged with the local authority to exhibit Shady Trees for other families who need respite.

In December 2017, a satisfaction survey had been sent to relatives. One relative commented, '[Registered manager] has managed to maintain a great, safe environment for my daughter to have respite which allows me and my husband to have a rest without worrying. Would recommend Shady Trees, a great provider'.

We saw a programme of audits which covered, for example, medication, health and safety and accidents and incidents. The area manager was able to demonstrate their oversight through regular visits and their

own recorded quality assurance checks supported this. Governance systems were effective and supported continuous improvement.