

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

About the service:

St Anne's Community Services – Dewsbury 2 is registered to provide accommodation and personal care for people with mental health needs. At the time of our inspection there were four people living in the service.

People's experience of using this service:

- People we spoke with told us they felt safe with the staff who supported them. Staff understood their roles and responsibilities to keep people safe from harm.
- Medicines management was safe. Staff received appropriate training before they could administer and support people with their medicines.
- Regular checks were undertaken to ensure the equipment was safe.
- Staff were recruited safely. There were enough staff to keep people safe and to meet their care needs. Staff were receiving appropriate training relevant to their role. Staff said they felt supported by the registered manager.
- 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.
- Care records were up to date and detailed the care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.
- There was a complaints procedure and people knew how to raise concerns or complaints about the care or support they received.
- The manager provided staff with leadership and was approachable and supportive. Regular audits and checks were carried out and used to drive continuous improvements to the service people received.
- Staff worked closely with a range of community health care professionals to make sure people's health needs were met.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated good (report published 5 September 2016).

Why we inspected:

This was a planned inspection to confirm that this service remained good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

St Anne's Community Services - Dewsbury 2

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One adult social care inspector and an adult social care inspection manager visited on the first day of inspection. The inspection manager attended the inspection in an observational capacity. One adult social care inspector visited on the second day of inspection.

Service and service type:

St Anne's Community Services – Dewsbury 2 is a residential care home. People in residential care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day of inspection was unannounced.

What we did:

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used this information to decide which areas

to focus on during our inspection. We requested and received feedback from other stakeholders. These included the local authority contracts team, the fire service and the clinical commissioning group.

Before the inspection the provider completed a Provider Information Return (PIR). 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.

During the inspection, we spoke with three people using the service. We spoke with three care workers and the registered manager. We looked at care records for two people using the service including support plans and risk assessments. We analysed two medicine administration records. We reviewed training, recruitment and supervision records for two staff including assessment of their competencies. We looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

Following our inspection, the registered manager sent us additional information which we reviewed and used as part of our inspection judgement. The report includes evidence and information gathered by the inspector. Details are in the key questions below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The provider had not carried out risk assessments to protect people from the dangers of falling from open windows therefore potentially putting people at risk of falls from heights. Not all upstairs windows were fitted with window opening restrictors. After the inspection, the registered manager sent us information evidencing risk assessments had been completed and action was being taken to install window restrictors to all opening upstairs windows as a health and safety precaution.
- People were protected from other avoidable risks, for example risks associated with alcohol, self-medication, managing money and accessing the community. Risk assessments were individual to people's needs and minimised risk whilst promoting independence.
- Emergency evacuation procedures were in place to ensure people were supported appropriately in the event of a fire.
- The equipment was safe and well maintained.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- We asked people if they felt safe. Comments included, "Yes I do" and "Yes."
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Safeguarding policy and procedures were in place to keep people safe. Staff demonstrated a good understanding of their role and actions required to keep people safe. The provider had reported alleged abuse to safeguarding when it was identified.

Staffing and recruitment

- We asked people who lived at the home whether there were enough staff. One person told us, "Yes, there are enough staff."
- The registered manager told us the provider was redeploying and re-organising their staff structure across several services and were not actively recruiting new staff during this period. Staff we spoke with confirmed they were aware of the proposed changes. A member of staff told us current staff vacancies meant staff were often asked to work extra shifts or cover was provided from the provider's other services. This meant people were supported by staff who knew them well.
- Recruitment practices were of good quality and suitable people were employed.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People were supported to take their medicines by care workers who had received specific training. The staff member we observed administering medicines clearly knew people well.

- Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.

Preventing and controlling infection

- People were protected from the spread of infection. Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections. All staff we asked told us they had access to adequate supplies of personal protective equipment such as gloves and aprons when providing personal care.

Learning lessons when things go wrong

- The provider was keen to develop their services and learn lessons when things went wrong. Accidents and incidents were recorded on an on-line system and reviewed by the registered manager. The provider's quality safety team had oversight and analysed any themes in accidents, incidents and safeguarding issues to share lessons learnt across all the provider's services.
- The registered manager shared lessons learnt with staff at monthly staff meetings or where appropriate, at handover.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- All staff we spoke with understood the MCA and could explain what it meant.
- People were encouraged to make all decisions for themselves. One person told us, "I can come and go as I please."
- The registered manager told us there were no people using the service who lack capacity to make decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed and regularly reviewed by the registered manager. Expected outcomes for people were identified, recorded and reviewed.
- Physical, mental health and social needs had been addressed and care records included information to provide direction for staff to ensure care was provided in line with current good practice guidance.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training.
- Staff were given opportunities to review their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- Regular supervision in line with organisational policy was carried out by the registered manager to support staff to develop in their roles. Staff received annual appraisals.

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day. Each person had a small fridge in their bedroom for personal use.
- Care records contained a good level of information how to support people with their individual and religious dietary requirements.

- Staff we spoke with were knowledgeable about people's preferences. One member of staff described how they encourage a person to prepare and cook their own food to promote confidence with their cooking skills.
- The service had been awarded the highest level five rating for good food hygiene standards.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were located on the first and second floor of the service. The traditional design limitations of the internal building layout meant upstairs was not accessible for people who could not use the staircase and steps independently.
- Each person had their own bedroom and most of them were decorated in a personalised way. The communal lounge and kitchen/dining room were large and homely in appearance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed people had access to external health professionals and we saw this included GPs, opticians, dentists and chiropodists.
- One person received ongoing support to access smoking cessation services and had been given advice on the potential health risks relating to cigarette smoke.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All staff we spoke with were very knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was laughter and friendliness observed between staff and people throughout the inspection. One person told us, "I like everyone. I get on with everyone."
- Staff we spoke with clearly enjoyed working at St Anne's Community Services – Dewsbury 2. They were motivated to provide good quality care and support. We saw staff had good relationships with people they supported. A member of staff said, "I love working here. It is so rewarding." Another member of staff said, "I like to do rewarding work. There have been plenty of times I go home and feel like I have made a difference."
- The registered manager and staff had a good understanding of protecting and respecting people's human rights. People received care and support which reflected their diverse needs in relation to the protected characteristics of the Equalities Act 2010.

Supporting people to express their views and be involved in making decisions about their care

- People's care was tailored to meet their individual needs and preferences.
- People were afforded choice and control in their day to day lives.
- Records we looked at confirmed regular reviews were taking place.
- All the people we spoke with confirmed they were given the opportunity to be involved in the development and review of their care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with understood the importance of maintaining people's privacy and gave examples of how they would implement this. For example, one member of staff told us they would always ensure the door was closed so private conversations regarding a person's care could not be overheard by other people living at the service.
- Staff treated people with dignity and respect. A member of staff described how they showed a person compassion by trying to reduce any embarrassment the person might be feeling.
- The registered manager encouraged people to get involved in what was going on in the service and to support dignity awareness between people who lived at the service by running regular informal coffee and cake mornings.
- People were supported to develop and retain their independence. Staff told us how they encouraged people to do as much as possible for themselves. For example, when supporting people with personal care, staff were careful not to intervene where people could help themselves. Staff told us this was important to maintain people's independence and feelings of self-worth.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's information and communication needs by assessing them. The service had an Accessible Information Standard (AIS) policy in place. Staff understood the AIS. People's communication needs were identified, recorded and highlighted in care records. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- A document in one person's care record had been translated into the person's first language to make the information more easily accessible.
- People's care was tailored to meet their individual needs and preferences. Assessments and care plan documentation prompted assessors to consider people's communication needs, preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.
- We asked care workers whether they routinely looked in the care records to familiarise themselves with a person's requirements and support needs. A member of staff said, "I read through [Name's] care record before I introduced myself so I could get to know who they were."
- People were supported to assess the local community. One person told us they often enjoyed a weekly meal out at a local restaurant supported by their care worker. Another person described how they often visited a local town to go collect a monthly magazine and visit their favourite café.
- People were able to maintain contact with those important to them. We saw one person was recently supported to visit a family member in hospital and the person told us how important that had been to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. We noted there had been no formal complaints since the last inspection. Concerns received verbally were recorded appropriately. The registered manager told us they had not received any written complaints regarding the service and they would address people's concerns immediately as they arose. They further told us they would support people where appropriate to try to resolve personal complaints and issues.
- People we spoke with confirmed they knew how to make complaints should the need arise. A person told us, "I'd tell staff." Another person said, "I'd complain to [Name]."

End of life care and support

- We found some care records contained information regarding person centred end of life wishes.
- Although the service was not currently supporting any one at end of life, there were processes in place to support people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us they felt listened to and the registered manager was approachable. A member of staff said, "He's (referring to the registered manager) really good and supportive."
- Staff understood the provider's vision for the service and told us they worked together as a team to deliver high standards. A member of staff told us, "I think it's a really good staff team. We work closely together. We all want the best for the people that live here. I've never worked in a staff team as supportive as this one."
- The registered manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and in line with requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had oversight of what was happening in the service. Staff at all levels understood their roles and responsibilities.
- Staff we spoke with told us the service was well managed and well organised.
- The quality assurance system included monthly audits including care records, medicine management and infection control carried out by the registered manager. Annual quality and safety audits were carried out by the provider's quality and safety team. Audit finding feedback, actions required, along with examples of best and/or innovative practice was shared across all the provider's services.
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the service and on their website. The previous inspection ratings were displayed in a communal area and the rating, along with a link to the CQC report was also available on the registered provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sent out an annual survey to ask for formal feedback to evaluate and improve the service from people who used the service, their relatives and healthcare professionals. The latest results were currently being analysed and were not available at our inspection.
- We found the provider had sought formal feedback from staff in September 2018 when a staff survey was carried out and this had been the first one in three years. An ongoing action plan was produced in response to the feedback received.
- Staff meetings regularly took place and staff were also given the opportunity to raise any ideas or concerns about the service during their formal supervision meetings.

- The registered manager positively encouraged feedback and staff felt involved in how the service operated.

Working in partnership with others

- The service had built up relationships and worked in partnership with health and social care professionals to make sure people received seamless person-centred care.