

St Anne's Community Services

St Anne's Leeds Domiciliary Care 3 (DCA3)

Inspection report

155b
Town Street, Horsforth
Leeds
West Yorkshire
LS18 5BL

Date of inspection visit:
30 August 2019
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04 September 2019
06 September 2019

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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

About the service

St Anne's Leeds Domiciliary Care 3 (DCA3) is a supported living service providing personal care to people with a learning disability in their own homes. When we inspected the service there were 20 people receiving support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the deputy manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found

Overall, medicines were managed safely. Action was taken at the time of the inspection to improve medicines records. People were safe from harm and supported by enough staff. Safeguarding systems and appropriately recruited staff supported this. People's risks were safely managed. People were happy and felt safe using the service.

The provider assessed and monitored the quality of care. In the main, this was effective. However, we have made a recommendation about the need to fully review some medicines records. People and staff were asked for their views and their suggestions were used to continuously improve the service.

Staff were trained, skilled and well supported by the provider. Staff supported people to access healthcare and maintain good nutrition. 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 were respected, staff promoted their privacy and dignity and encouraged their independence in all aspects of life. People told us staff were caring and treated them well. Staff knew people well and used effective techniques to reassure people.

Staff were motivated and supported to provide person-centred care based on people's choices and preferences. Support plans were individualised and detailed. People had developed good relationships with the staff who protected their rights to lead a fulfilling life.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

St Anne's Leeds Domiciliary Care 3 (DCA3)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. The registered manager had left the service the week before this inspection. Recruitment had commenced to employ a new manager. The deputy manager was managing the service at the time of the inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or deputy manager would be in the office to support the inspection.

Inspection activity started on 30 August 2019 and ended on 6 September 2019. We visited the office location on 30 August 2019.

What we did before the inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited and spoke with three people who used the service. We spoke by telephone with two people's relatives and had e mail contact with another person's relative to ask about their experience of the care provided. We spoke with five members of staff, the deputy manager and area manager.

We reviewed a range of records. This included three people's care records and medicine records. We looked at staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines when they should. Overall practice was safe. However, medication administration records did not show how medicine numbers or quantities had been checked for accuracy when delivered. The deputy manager made arrangements to rectify this at the time of the inspection.
- Staff knew how to ensure people received their 'as required' medicines when they needed them. One person did not have instructions recorded for this type of medicine. The deputy manager put this in place at the time of the inspection.
- Staff described good practice in medication administration and support. They had been trained to administer medicines safely and their competency was checked. However, this was not always recorded. The provider confirmed this would be added to the staff training record in future.
- Medicines were stored safely, and people's independence encouraged if possible.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place. Staff understood different types of abuse and how to report concerns to protect people from harm. The provider's safeguarding policy was available for people in an easy read format.
- People and relatives told us they or their family member felt safe and had confidence in the service. Comments included; "I feel very safe with everyone here" and "It is comforting for us to know that our [family member] is in a safe place and cared for."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Detailed risk assessments were in place for all aspects of people's care and support. This included moving and handling, falls and choking.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved. We saw good practice from staff when undertaking activity that included risk for people.
- People were encouraged to take positive risks such as taking an independent holiday with support from other organisations.
- Emergency plans were in place to ensure people were supported in the event of a fire. Staff said they participated in regular fire drills and understood the fire procedures in people's homes or flats.
- Accidents and incidents were recorded and responded to appropriately to ensure outcomes could be achieved and lessons learned. The provider monitored these to reduce the risk of reoccurrence.

Staffing and recruitment

- Staffing levels were sufficient to meet people's care needs. People were supported in a consistent way, with

small teams of staff. Staff said this enabled them to get to know people well. One person said, "I like having the same one's [staff]."

- People's relatives spoke positively about the small teams of staff in place to support their family members. One said, "We know finding the right people is difficult but they all try hard to fulfil people's needs."
- Appropriate recruitment checks had been undertaken. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Preventing and controlling infection

- People lived in properties owned by an independent landlord. There were systems in place to ensure the premises in which people lived were clean.
- All staff had access to personal protective equipment, which helped prevent the spread of infection.
- Staff had received training in the control and prevention of infections.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- People had an assessment of their needs prior to any service being offered. Assessments covered people's health, physical, social and cultural needs.
- Risks in people's home environments were assessed to promote safety.
- Care was managed and delivered within lawful guidance and standards. We saw up to date information on safe moving and handling practice was in place when needed. NHS England's requirement for annual health checks were also taken account of to ensure people's care needs were met in line with up to date best practice.

Staff support: induction, training, skills and experience

- People's relatives told us they felt staff were competent to carry out their role. One commented, "The staff always seem to know what to do."
- People were supported by staff who had received training to meet their individual needs. Training was refreshed and updated regularly. Where any updates were overdue, plans were in place or put in place at the time of our inspection to ensure completion.
- There was a comprehensive induction programme for new staff which was in line with the care certificate. The care certificate is a nationally recognised health and social care induction.
- Staff told us they were well supported and received regular supervision of their practice. Records confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to eat a balanced diet and were supported to make healthy choices, while still maintaining their food preferences. One person told us how much they enjoyed chips but also said they ate plenty of vegetables.
- People were helped to prepare and cook their own meals.
- People had support plans in place which helped to describe how people needed to be supported with eating and drinking, and what their likes and dislikes were.

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

- The management team and staff worked closely with external professionals to ensure people's care was joined up. This included, district nurses and GPs.
- People were supported to live healthy lives. They were encouraged to eat healthily and attend annual

health checks.

- People had a 'hospital passport'. This was a document which gave information on people's essential needs so health care staff could provide the support people needed if they had to go to hospital.
- Records showed one person had missed a routine health appointment and it was not clear if this had been re-arranged. The deputy manager assured us this would be followed up.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The deputy manager had a good understanding of the MCA. Staff had received training and told us they knew the key principles.
- When people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People's care plans detailed their capacity. Best interest meetings were held, and the outcome recorded when it was deemed a person did not have the capacity to make specific decisions.
- Staff told us they always asked people's consent before supporting them.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they thought the staff were kind and caring. Comments included, "I like all the staff", "The staff are so good with [family member], treat them very well" and "We feel that the service provided for our [family member] is excellent."
- People were at ease in staff's company, and staff spoke with real fondness about the people they supported. Staff treated people as valued individuals.
- Staff were aware of people's religious and spiritual beliefs, telling us how important church attendance was for a person.
- People were protected from discrimination in relation to the protected characteristics in line with the Equality Act 2010. Staff received training in equality and diversity and person-centred approaches.

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

- People and/or their relatives told us they were involved in the development and review of their support plan. One relative said, "I am always asked to contribute if I want to."
- People's support plans were person specific and based on goals people wanted to achieve. This included particular holidays people wished to go on.
- Staff had a good awareness of people's individual needs, preferences and interests. Care records included information about people's histories and their preferences. Staff could use this information when talking with people. One member of staff told us how this helped them develop their relationship and get to know people better.
- Staff understood people's rights to make choices. We saw people made choices about their everyday life such as when they wanted to get up, the clothes they wore and what they had to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they maintained people's dignity and privacy during care support. One member of staff told us, "I make sure doors are closed, talk to and reassure people and let them know what we are doing and check if they are ok with this."
- People were encouraged to do as much as they could for themselves. Staff spoke of the importance of enabling people to be as independent as possible. One member of staff said, "It makes people feel good doing things for themselves such as cooking and cleaning."
- Care records were written in a respectful way.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's needs were clearly detailed in their support plans and contained information about how they wished to receive their care and support. Staff recorded the care and support each person received daily.
- People told us they got the support they needed. One person said, "I have everything I need from [name of staff]". A relative said, "Staff are marvellous with [name of person]."
- Staff said the care records gave them good guidance on people's needs. One member of staff said, "They are very detailed and tell you what you need to know and more. Very person centred and kept up to date with any changes."
- Staff said they were not rushed and were able to spend time with people when they needed it.
- At the time of inspection, no person was receiving end of life care. The deputy manager said people were offered discussions to identify end of life care preferences; however, no-one had wanted to do this. Some people had arranged pre-paid funeral plans for themselves.
- The provider was in the process of ensuring all staff completed training in end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had impaired communication, personalised support and information had been recorded in their support plans. This included the use of aids such as individualised communication boards.
- Staff understood people's communication styles and how to support them effectively around this.
- The deputy manager confirmed information could be provided to people in a format of their choice if needed. For example, large print, easy read and audio version.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain interests and take part in activities. People told us about their activities and social interactions with friends and within the wider community. This also included holidays of people's choice.
- People were supported to go to the local cafes, shopping and to numerous social groups within the community. One person undertook voluntary work.
- People maintained relationships with family members, if this was their choice. One person told us of the importance of their weekly telephone call to a relative who lived in a different area.

Improving care quality in response to complaints or concerns

- An easy read complaints process was available for people, to ensure they understood how they could complain if needed to.
- People and relatives told us they would speak to the Deputy manager or staff if they had a problem or concern. Relatives said they were confident any issues raised would be dealt with.
- The provider had systems in place to respond to complaints. None had been made since this service was registered.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager at the service. There had been two registered managers since the service was newly registered in September 2018. A relative said, "It is a shame that the last manager left. We understand things move on, we just hope the next manager stays and is as good." The provider told us recruitment for a new manager was underway.
- Staff spoke of their disappointment in management changes. However, they also spoke of the good leadership they received from the deputy manager. One member of staff said, "[Name of deputy manager] is always there for everyone."
- Staff were clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while working alongside experienced staff.
- Various quality checks were made to ensure people were receiving the service they wanted, and their needs were being met. However, some improvements that were needed to the records of medicines support had not been identified by these checks.

We recommend the provider keeps medicines support records under review.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The deputy manager demonstrated an open and transparent approach and was enthusiastic about promoting a person centred, inclusive culture. A relative described them as "Very good."
- Staff told us the deputy manager was supportive. They were confident the deputy manager would always act in people's best interests and any issues they raised would be dealt with.
- Staff felt confident to whistle blow, if their colleagues and/or others were not displaying the providers positive values.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider's policies showed they understood their responsibility to apologise to people and give feedback if things went wrong.
- The provider notified CQC of events, such as serious incidents as required by law.

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

- People maintained strong links with their local community. This included attending day centres in the area, shopping in their local shops and using community facilities such as hairdressers and cafes.
- The provider positively encouraged feedback and acted on it to continuously improve the service. For example, by carrying out quality and safety audits and by asking people to complete surveys.
- Regular staff meetings occurred; staff said they felt listened to and able to contribute. One staff member said they did not feel fully informed when changes to terms and conditions had been made.

Working in partnership with others

- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice and the people in their care were safe. These included health and social care professionals.