

St Anne's Community Services

St Anne's Community Services - Calderdale Supported Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Anne's Community Services – Calderdale Supported Living is a supported living service providing personal care to up to seven people. The service provides support to people with learning disabilities who may also be on the autism spectrum. The people lived in adjoining houses, two were in one and three in the other. People lived in tenancies agreed with the housing provider. The accommodation is split into two houses that connect through the office. 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. At the time of our inspection there were five people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's records were not always complete. The provider recognised the gaps in records and started to address the matter.

The service had a high number of vacancies so were reliant on agency staff to cover shift. We were not assured agency staff had enough training to provide safe care to people with complex needs.

Right Support

Support plans and risks to people's safety were considered. However, there was not always clear guidance put in place to support staff. The service uses a lot of agency staff to support people. Although staff knew people well, we were not assured people were always supported by staff who had received appropriate training. People were supported to access health and community support. Staff supported people to maintain relationships that were important to them.

Right Culture

The model of care did not always maximise people's choice, control and independence. People were not always fully considered and involved in the planning of their care, and some choices were at times restricted. Quality checks were not always robust enough to maintain and improve the quality and safety of the service. Staff felt well supported by the registered manager and could raise any issues. External professionals provided positive feedback about the manager's approach.

Right Care

Staff promoted equality and diversity in their support for people. Staff understood people's cultural needs and provided culturally appropriate care. Staff had received training on how to recognise and report abuse

and they knew how to apply it. Staff were kind, patient and respected people's privacy and dignity.

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

Rating at last inspection

The last rating for this service was good (published 22 June 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

St Anne's Community Services - Calderdale Supported Living

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people sharing living accommodation in two adjoining houses, which supports them to 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on 6 April 2022 to help plan the inspection and inform judgement.

We used all this information to plan our inspection.

During the inspection

We communicated with two people about their experience living at the service. We spoke with one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, the area manager and the quality and continuous improvement lead.

We reviewed a range of records. This included three people's care records and three people's medicine records. We looked at two staff recruitment and supervision files. We also looked at agency profile to understand how the service inducts agency staff to the service.

We reviewed a variety of records relating to the management of the service, including policies and procedures. We received feedback from one health and social care professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People's care plans did not always ensure they received the support and help they needed because not all care plans were up to date. For example, one person's care plan was not completed when they moved into the service. Another person's care plan did not reflect how the person would communicate if they were in pain. Another person's care plan indicated it had been reviewed, however, it contained out of date information. One person's epilepsy protocol did not contain the type of seizure and what staff should do if the person had a seizure. We brought this to the attention of the registered manager who updated the care plan.
- Risks to people were identified, and risk assessments were in place. However, they did not always provide enough information for staff on how to reduce these risks. For example, behaviour risks were assessed but details of the behaviours and how to manage the behaviours were not documented. We raised this with the registered manager who told us they were in the process of updating people's risk assessments.
- Staff used restrictive practices to manage some people's risks. For example, one person's drawer in their bedroom was locked and another person's cupboard was locked. We spoke to the registered manager who took immediate action to stop this practice.

This demonstrates a breach of Regulations 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were comfortable in the presence of staff when they were being supported. One relative told us their family member was "In a safe environment".
- Staff knew people really well and understood their needs.
- The registered manager was aware of their responsibilities to raise safeguarding concerns and liaise with the local authority and the Care Quality Commission.
- Staff had completed safeguarding training.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was not always working within the principles of the MCA to deprive a person of their liberty.

Staffing and recruitment

- The service had difficulty recruiting enough staff, and were reliant on agency staff to cover vacant shifts. The manager told us the service used regular agency staff as much as possible to ensure consistency.□
- We received feedback from staff who felt agency staff were not always competent and knowledgeable or there was not always enough time to give agency staff details about people. We raised this with the registered manager who said agency staff received induction from the registered manager or the permanent staff member on shift and there were files available to the agency staff to refer to for information.
- We received feedback from a member of staff about one person who enjoyed going out for a walk but due to a lack of competent staff this did not always happen. A relative said they were told their family member could go out when there were enough staff.
- We reviewed the provider's quality and continuous improvement plan and found activities did not always happen as planned and the reason was not documented in people's records. Information not recorded does not drive improvement.
- We raised concern about how agency staff supported people when people's care plans were not detailed and accurate. The registered manager told us there was always a permanent member of staff on each shift to ensure people received adequate care and directed the agency staff when required.
- The provider training matrix showed not all staff had completed epilepsy training and some training were out of date, for example person centred care.
- Adequate staffing were deployed through the rota.
- The registered manager told us there was an ongoing recruitment programme in place and people were involved in the interview process.
- Staff were recruited safely. The provider had effective recruitment systems in place to check the suitability of new employees.

Using medicines safely

- Medicines were safely managed. Safe protocols were in place for the receipt, storage and administration of medicines.
- People's medicines were administered by trained and competent staff.
- Staff completed medicines administration records (MARs) accurately.
- Individual guidance was in place for managing medicines that was not needed regularly, to help ensure these medicines were used correctly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting

- People were receiving visits in line with government guidelines.

Learning lessons when things go wrong

- Systems were in place to identify any learning opportunities. The registered manager told us accidents and incidents were recorded and reviewed to identify any learning which may help to prevent or reduce reoccurrence.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although the provider had systems to monitor the running of the service, they were not always effective. For example, the quality of risk assessments did not always provide enough information for staff.
- Due to the quality of record keeping we could not be assured people's care plans were always appropriately followed. The registered manager told us they did not audit care plans; however, care plan audits would be included in the provider's quality assurance system.
- There was a high use of agency staff. Although the service tried to use regular agency staff for consistency, we could not be sure agency staff were fully trained to meet people's complex needs, this had the potential to cause a negative impact on the support people received.
- More robust governance systems were being considered and introduced to improve staff practice and maintain an overview of risk, as well as addressing shortfalls in care records,. We will review their progress at our next inspection.

We found no evidence that people had been harmed however, systems in place to monitor and improve the quality of the service were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

- We observed people were comfortable with staff and staff seemed to know people well. However, people's care plans were not reflective of them, and we were unsure how agency staff would know people's needs.
- Relatives and staff were positive about the support and culture across the service. Comments included "They would inform me about any changes", "It is a nice feeling to hear staff say [person] is lovely" and "Yes, fully supported", [Registered manager] is always lovely to speak to and responds promptly to any emails that I send her".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sends out annual survey to family to provide feedback about the care their relatives received at the home, this information had not been used to plan improvements. The registered manager was unaware of the outcome of the surveys and the results were not at the service. The registered manager told us if there were any concerns from the survey the provider will inform them.
- Relatives had not always been encouraged to be involved in their loved one's care. Some relatives

commented they had not received enough information from the service and were not involved in regular reviews with relatives.

- The provider told us surveys had been sent out to people and relatives to seek their views on the quality of the service. The response to the surveys had been low so alternative ways of seeking this information were currently being looked at.
- The registered manager told us she had a good relationship with relatives and sort feedback from them.
- People were involved in activities. For example, the provider had introduced "Scrap book" people to keep memories of outings and activities they had enjoyed. Staff supported people to stick in photos, tickets and leaflets into the scrapbook.
- We saw in one person's care plan how staff supported them to attend church service every week.

Continuous learning and improving care; Working in partnership with others

- The provider had acknowledged some areas in the quality assurance processes needed improvement and they are working on them.
- Records showed staff worked with other agencies to improve people's experiences.

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

- Discussions with the registered manager demonstrated they understood their responsibilities under the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of accurate and up to date information in people's care plans and the absence of risk management plans.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The system in place to monitor and improve the quality of the service were not always effective.