

## St Anne's Community Services

# St Anne's Community Services - Durham DCA

### Inspection report

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19 January 2023  
30 January 2023  
01 February 2023  
08 February 2023  
20 February 2023

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Anne's Community Services - Durham DCA provides personal care to people living in supported living services. This service primarily offers support to adults with learning disabilities or autistic people. At the time of our inspection the service was supporting 17 people with personal care in 3 supported living settings in County Durham.

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.

### 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.

### Right support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life. The service worked with people to plan for when they experienced periods of distress, so their freedoms were restricted only if there was no alternative. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. People told us staff supported them to do the things important to them, such as going on holiday, cooking and attending football matches.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff promoted equality and diversity in their support for people. Staff understood and respected people's religious and cultural needs and supported them accordingly. Staff understood how to protect people from poor care and abuse.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff supported people to try new activities that enhanced and enriched their lives. Staff and people co-operated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management team and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 July 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 comprehensive inspection (report published 19 July 2018) to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anne's Community Services - Durham DCA on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# St Anne's Community Services - Durham DCA

## **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

One inspector and 1 Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 3 '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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 3 registered managers in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using the service could not

consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Inspection activity started on 19 January 2023 and ended on 20 February 2023. We visited the location's office on 30 January 2023 and 20 February 2023. The Expert by Experience made telephone calls to people who use the service and their relatives on 23 January 2023. We visited three supported living settings on 1 and 8 February 2023.

We spoke with 10 people who use the service and 7 relatives about their experience of the care provided. We spoke with 16 staff members, including 2 registered managers, the provider's area manager, 2 deputy managers, 1 member of the provider's quality team and 10 members of support staff.

We reviewed a range of records which included 3 support plans and 10 medicines records. We looked at other records relating to the management of the service including risk assessment processes and systems for monitoring quality.

Following the inspection, we received feedback from a further 3 staff members. We looked at a range of documents such as recruitment files and checks on agency staff.

# 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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with the staff who supported them. One person told us, "I feel safe because I'm happy with my staff and where and I live. Relatives we spoke with were happy with the care provided. A relative told us, "My family member is very happy. I can ring whenever I want. If there is ever an issue, staff will ring me. I cannot think of a single negative issue. My family member's life is really good which makes me happy." Another relative said, "It is a superb scheme. There is not one negative thing to say about it. My family member is valued as a person and is always consulted about all decisions."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and knew how to apply it.
- People, and those who matter to them, had safeguarding information in a form they could use, and knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible. Staff managed risks to minimise restrictions.
- People's care plans recorded what risks were relevant to individuals and measures staff should take to minimise such risks.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.
- Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- There were appropriate checks on agency staff.

### Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating and when assessing risks of people taking medicines themselves.
- People were supported by staff to make their own decisions about medicines wherever possible.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Care records detailed how people wanted and needed to take their medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. One person who used the service had made a YouTube video about how staff had supported them to use different coping strategies, without resorting to taking certain medication.
- Where medicines audits identified improvements were needed, prompt and appropriate action had been taken.

### Preventing and controlling infection

- There were systems in place to prevent and control the spread of infection.
- Staff were trained in infection prevention and control and they had access to personal protective equipment.

### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff recorded any use of restrictions on people's freedom and the management team reviewed the use of restrictions to look for ways to reduce them.

# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management and staff put people's needs and wishes at the heart of everything they did. A relative said, "All the staff are great. They all deserve a gold star. They take people out and make them feel important." Another relative said, "Staff are really caring and respectful and always put the people who live here at the centre of everything they do."
- The management team set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.

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 understood the duty of candour. They apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The management team had the skills and knowledge to perform their roles and a clear understanding of people's needs.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Where issues had been identified, for example with the quality of care records, a detailed plan was in place to address this and improvements noticed.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The management team understood and demonstrated compliance with regulatory and legislative requirements.
- Staff told us they felt supported, morale had improved, and they had confidence in the management team.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The registered managers worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff worked well in partnership with other professionals such as care co-ordinators, GPs and psychiatrists, which helped to give people using the service a voice and improve their wellbeing.