

St Anne's Community Services

# St Anne's Community Services - Benedicts

## Inspection report

Benedicts  
Ashfield  
Wetherby  
West Yorkshire  
LS22 7TF

Tel: 01937588895  
Website: [www.st-annes.org.uk](http://www.st-annes.org.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

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.

### About the service

St Anne's Community Services-Benedicts is a nursing home providing personal care to 15 people at the time of the inspection. The service can support up to 16 people.

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

**Right Support:** Care plans did not contain sufficient detail for staff to support people to lead the lives they wanted. Which meant there was a risk of support not being provided to meet people's needs or in a person-centred way. Medicine administration and records were not always accurately completed. Staff knew people well and we observed positive interactions. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way and in their best interests.

**Right Care:** Staff supported people in a caring and positive manner. Improvements were planned in care planning to promote independence and set longer term goals.

**Right Culture:** There were some instances where care planning did not always support people to lead inclusive and empowered lives. This was raised throughout the inspection process and the provider was responsive to improve the service. Relatives were positive about the care provided in the service.

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 rated good (published 5 December 2017).

### Why we inspected

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

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the relevant key

question sections of this full report.

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

**Enforcement and Recommendations** We have identified breaches in relation to medicine management, governance and auditing systems at this inspection.

Please see the action we have told the provider to take at the end of this 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 effective?

The service was not always effective

**Requires Improvement** ●

### Is the service caring?

The service was caring

**Good** ●

### Is the service responsive?

The service was not always responsive

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

**Requires Improvement** ●

# St Anne's Community Services - Benedicts

## **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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector, a medicines 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.

#### Service and service type

Benedicts is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Benedicts is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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 was a registered manager in post.

#### 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

We spoke with 3 people living at the home, the manager and 4 support workers and 2 nurses. We observed the interactions between staff and people living at the home. We looked at a range of records including support plans for 3 people, recruitment files for 3 staff, training records, risk assessments and medicines records. We also looked at information regarding the arrangements for monitoring the quality and safety of the service provided within the home. Following the inspection visit we received feedback from 5 relatives.



# 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.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place for staff to follow to report any safeguarding concerns. Most staff had received appropriate safeguarding training, however approximately 25% of staff members had not undertaken this training. Staff were aware of how and when concerns should be raised.
- One person told us "I love it here; I love the staff" when asked if they felt safe.
- Relatives told us they trust staff and felt the service was safe. Comments included, "She seems to be, she's happy, she has lots of company there, I think it's what she wanted." and "Yes, I think he is, I can see an improvement in 4 weeks, he has been there 4/5 weeks."
- Staff were able to explain how they would recognise signs of abuse and how they would report it to the management. One staff member said, "I would tell the manager if I saw or heard anything that I was concerned about, if they did not act as I felt they should, I would raise higher."

Assessing risk, safety monitoring and management

- Risks to people were not always managed and appropriate risk assessments were not always in place for people's individual needs. These included risks around bedrails and behaviours of anxiety.
- A relative told us, "I feel my family member is safe and well looked after at Benedicts."
- Staff we spoke with were clear about the procedures for recording and reporting incidents on the electronic system used within the home and noting any observations.
- Appropriate fire checks and records were not in place and completed as required. Not all staff members had been involved in a fire drill and information in the fire risk assessment was not up to date. Not all people supported had a personal evacuation plan, when these were in place these required review. This was addressed at the time of inspection.
- Some of the health and safety checks had not been completed as required, with actions evidenced for areas such as sling, mattress checks and bed rails checks, where bed rails were in place, bumpers were not always fitted as required. This was actioned on the day of the inspection.

Using medicines safely

- Medicines were not managed safely.
- The information on how people take their medicines was not clearly documented.
- Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing for some people. The reason for taking a 'when required' medicine or the outcome was not always recorded to review effectiveness.
- Guidance and records were not always in place to support the safe administration of topical medicines.

We found that guidance was not clear for cream applied by care staff and records were missing. Some people had medication applied as a patch and whilst there was a system in place it was not followed by staff to demonstrate rotation in line with manufacturers guidance to prevent side effects.

- Medicine stock was not clearly recorded on the medicine administration record and handwritten entries were not made in line with good practice guidance.
- An audit system was in place, but this had not picked up the issues we found.

We found no evidence that people had been harmed however, safe medication practices were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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.

#### Staffing and recruitment

- There is enough staff to safely meet people's needs. One staff member told us, "The staffing situation has definitely improved, if we do find ourselves short staffed then we ensure that all the important things are done first, no one would not receive the care they need."
- Pre-employment checks had been carried out to ensure the suitability of prospective new employees, this included with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Use of agency staff meant there was not always the required level of consistency with how people were supported, however the registered manager confirmed that recruitment was underway and that when agency staff were used, they used the same agencies and staff who knew people well.

#### 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 in care homes

- The provider's approach to visiting was in alignment to government guidance.

#### Learning lessons when things go wrong

- Incidents and accidents were not always monitored and reviewed regularly to identify any patterns or

trends.

- Staff spoken with raised concerns regarding one person who had recently moved in and showed signs of anxiety towards others. This had not been a concern in their previous setting, but training and appropriate action had since been put in place to support the person and the staff team.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Most support plans contained information to assist staff in providing personalised, safe, and respectful care and support. However, we saw one care plan had conflicting information regarding continence care and another person's plan didn't detail how to support them with eating when they were low in mood.
- Staff demonstrated knowledge of the people they supported, discussing each person in relation to the kind of day they were having, their moods, activities, health, and wellbeing.

Staff support: induction, training, skills and experience

- Not all staff had received appropriate training required for the role, this meant that staff may not be fully equipped with the knowledge required to meet people's needs, however when asked staff were knowledgeable about people's needs.
- Staff told us they had undertaken induction training that was relevant to their role of supporting people and meeting their individual needs.
- Staff supervision and appraisal was being tracked to ensure completion. Staff confirmed they received regular supervision and felt well supported by the registered manager and wider management team.

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

- We observed that people received effective support to ensure they received appropriate food and fluids. The food menus were drawn up each week, taking account of people's choices and offering alternatives, however food and fluid charts were not always completed as required.
- We saw people receiving meals that they enjoyed and had chosen. People were given time and encouragement to eat.
- Where people had specific support needs in relation to food and drink, for example, if they were at risk of choking, the provider worked with external healthcare professionals. This ensured people's food and drink needs were met safely.

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

- Most people's care plans demonstrated people's health needs were being attended to. We saw evidence that people received and attended health appointments including dental services, sight and hearing checks.
- Hospital passports were in place, and these had recently been reviewed.
- Relatives provided positive feedback in relation to healthcare. One relative told us, "Yes she's had her teeth looked at recently, dealt with promptly if any problems."

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

- There was space for people to move about and different lounges for people to use these were clean and decorated with pictures and had a homely feel. One gentleman played the piano that was positioned in the lounge where he could access it anytime, he wanted to.
- A person confirmed they liked their bedroom, they pointed to it and asked a staff member to go and close the window, which the staff member did.
- One relative said, "We had his room decorated before he moved in. It looks clean."

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were not always followed. MCA and best interest decisions when required had not always been undertaken, for example where a decision had been made for one person not to drink alcohol.
- When asked staff demonstrated an understanding of the principles of the MCA.
- We found that DoLS were in place where required.

# 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

At our last inspection we rated this key question good. At this inspection the rating remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- In our observations of support taking place we saw the staff took steps to uphold people's dignity and privacy.
- Staff knocked on people's bedroom doors and paused to wait for a response before entering. Staff supported people to make choices and listened to them.
- We observed staff playing and singing along with people when they sang, we observed staff reassuring people for example a staff member telling a person they were supporting, "Your pudding will be here shortly" and then chatting about other things with them until the pudding arrived.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care.

- We observed a good rapport and positive communication between staff and people living in the home. There was a calm and relaxed atmosphere.
- Staff were aware of what was important to the people they supported. A relative told us, "I feel that she is extremely well cared for" and, "She is supported to make choices at every opportunity." They said, "Our daughter is always very happy around all of the staff team and is always happy to return to Benedict after regular visits home."
- Another relative said, "I find the current staff in general to be friendly, caring and welcoming and with whom (person's name) seems to have a good rapport."
- Records showed people attending activities that were important to them, for example one person had been out to the cat café, another person had been to the museum and away to the coast, these were all activities that had been picked chosen by the individual and showed that the team are working towards person centred planning and thinking.
- One person indicated they liked living in the service and said they were able to go wherever they wanted within the home.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- Within people's care plans there was limited information about how a person's independence and skill building were being promoted and there was a lack of longer-term goals.
- Improvements were required with regards to the care review system to ensure it was person centred and reflected people's needs. This was fed back to the registered manager on the day and following the inspection visit evidence was sent showing actions undertaken to address this.
- Regular staff knew people well and were aware of their needs and preferences. One relative told us, "Staff know her likes and dislikes, they know what she prefers from feedback I have got, she verbally communicates, and they understand her."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were not fully being met. We saw that when people required extra communication methods these were not in place, such as now and next boards and objects of reference. When this was discussed with registered manager, this was implemented.
- There was a summary of people's preferred methods of communication, which was accessible to staff, however this was not always clear or fully completed. We observed staff being warm in interaction with people but not always addressing people in the way that met their communication needs.

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

- A relative told us, "We visit when we can and he goes out with carers, into the town and shopping."
- We saw evidence of one person playing the piano and other people colouring in. When a staff member asked where they wanted to go, one person said "Harrogate", and the staff member said that is what they would do, they talked about when and how they would get there.
- Staff told us activities outside the home were happening more now, as staff felt that the team were more consistent which meant more time could be spent doing activities.
- Staff told us that people like to play balloon tennis and pom pom tennis within the home, one staff member said "We like to play games and sing songs with people, this seems to be enjoyed by everyone, lots

of people here also like to do colouring in."

- There was little evidence of people being involved in day-to-day activities such as cooking, cleaning and laundry.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy in place.
- Most of the relatives we spoke with told us they would be confident to raise concerns or complaints. One person's relative said: "There was a concern about 1 carer who I thought was not being appropriate with [my relative]. They were belittling them and stopping my relative from doing things but they removed this person and it was resolved quickly."
- The provider had not received any formal complaints in the 12 months prior to the inspection.

End of life care and support

- At the time of the inspection there was no-one receiving end of life care

# 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; 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 systems and processes did not always identify where the quality and safety of the service may be compromised and respond appropriately. Although regular audits of the quality and safety of the service took place and were recorded, action taken was not always evidenced.
- The recent audits had not highlighted inconsistencies and gaps in records including health and safety and medicine management.

The failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (2) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

- At the time of the inspection there was a registered manager in post,
- The registered manager had failed to notify the Care Quality Commission (CQC) of significant events that had taken place, this was undertaken retrospectively. The registered manager had reported these events to the police and safeguarding as appropriate. The rating from the previous inspection report was displayed in the home and on the provider's website.

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

- The service had not provided person centred support and achieved good outcomes for all people living in the home. The registered manager acknowledged this at the time of the inspection and immediate action was undertaken.
- A relative told us, "Problem is he says yes to everything, they don't understand him as much as me and my wife. I told them it would take time to get used to him."

A staff member told us "We take the lead from people regarding what they want to do, we offer activities and ideas and always try to ensure people are aware of different things on offer to the."

- Staff members stated that the registered manager had an open-door policy and that he was fair and respectful to everybody.

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

- The provider sought to involve people in the service. Relatives told us that the communication from the

registered manager and staff was good and that they felt informed of anything concerning their family member."

- Regular staff meetings had taken place. These were used to keep staff up to date with changes or concerns in the service.

Continuous learning and improving care; Working in partnership with others

- Analysis of Incidents and accidents did not always take place as required to identify any patterns or trends. To continuously improve care.
- The service worked in partnership with others to improve the care provided.
- The registered manager was working with the operations manager and quality assurance lead during the inspection process and were very proactive in all that was fed back updating CQC of any action taken.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>safe medication practices were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>