

St Anne's Community Services

# St Anne's Community Services - Foxview

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Annes community services- Foxview offers a nursing short break service for people living with learning disabilities, physical disabilities and autistic people this enables a mutually beneficial service for people to have a good experience and their relatives to receive a break too. Up to 16 preregistered adults aged 18 and over are registered to use the service. Up to 4 people can be accommodated at any one time. At the time of inspection 4 people were using the service. There is also crisis accommodation attached which is currently not in use. St Anne's Community Services - Foxview is part of St Anne's Community Services, a Voluntary Sector Service.

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 experience of using this service

Right Support: Care plans contained sufficient detail for staff to support people to lead the lives they wanted. Staff knew people well and we observed positive interactions. Staff demonstrated a good level of understanding of people's strengths and promoted what they could do.

Right Care: The registered manager and staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff engaged with people in a respectful and compassionate manner. One relative told us, "They're brilliant 100%, very good at their job." Another said, "Everything [name] needs is there."

Staff understood how to protect people from abuse. The service worked with other agencies to do so. Staff had received safeguarding training and could describe the principles of it.

### Right Culture:

Feedback was sought from people, one relative told us, "I'd be comfortable to speak to the manager. We're all very involved as a family. We don't hesitate to speak up we are {name} advocates.

The registered manager and staff ensured the quality and safety of the service had been fully assessed to ensure people were safe. Safe recruitment practices were followed. Staff knew and understood people well. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

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

### Rating at last inspection

The last rating for this service was requires improvement (published 11th March 2019).

### Why we inspected

This was a follow up inspection. We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Enforcement: At the last inspection we identified a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; staffing. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

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.

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

### Follow up

We will 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Anne's Community Services - Foxview

## **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 an Expert by Experience carried out the 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. The Expert by Experience made telephone calls to relatives.

#### Service and service type

St Anne's Community Services - Foxview is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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 inspection

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

### During the inspection

We observed staff providing care and support to 4 people using the service and spoke with 2 people's relatives about their experience of the care provided. We spoke with 2 members of staff and received email feedback from 3 members of staff. We also spoke with the registered manager.

We reviewed a range of records. This included 4 people's care and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies, and procedures.

# 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 this key question was rated good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines, and records of medicines, were audited. However, we noted that the audit system had not identified all shortfalls for example keys on Medication administration record (MAR) charts not being in place and care notes not being recorded clearly. This was discussed with the registered manager who actioned immediately.
- There were secure systems in place to support people in managing their medicines safely.
- We found that where people required medication on an "as required" basis, often referred to as PRN, protocols were in place setting out when these medicines should be used and what the outcome should be.

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

- Risk was safely managed within the service. There were risk management plans in care records. These were detailed and person centred.
- Where risks were identified, the provider implemented actions to minimise risks and make improvements to safety; for example, by tailoring the way staff worked with people.
- There were measures in place to support people safely during their stay in the event of an emergency. For example, during an evacuation of the premises.
- The premises and equipment were checked regularly to make sure they were safe for use. Certificates were held at the premises confirming compliance with systems and equipment such as gas, electricity, and firefighting equipment.

### Learning lessons when things go wrong

- There was a culture of reflective practice when things went wrong.
- Reviews were carried out following incidents and appropriate action was taken to mitigate future risk. Areas for learning were discussed with staff at all levels.

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to monitor and act upon any suspected abuse.
- Staff had received appropriate training to ensure people's safety and told us they were confident in this area.
- People's relatives told us they had no concerns relating to safety when their loved ones were receiving care and support. Where people were at specific risk of abuse, for example when out in the community, there were detailed risk assessments in place to ensure the risk of abuse was managed and minimised.

### Staffing and recruitment

- There were enough staff deployed to ensure people's needs were met. Most staff said they felt there were enough staff available to provide care and support safely. Most staff members felt they had time to talk with people and to read care plans and other documentation.
- When people requested assistance staff were on hand to provide it, and where people needed one to one support we saw this was being provided the registered manager confirmed this would be in place and agreed prior to the person attending for respite.
- Staff were recruited safely, with the appropriate background checks being carried out before staff started work.
- Relatives told us there was enough staff on duty to provide their loved one with the right support. A family member said, "Really good, can't fault any of them [staff]."

### 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

- Visits to the service were carried out in line with current government guidance.



# 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 requires improvement. At this inspection the rating has changed to 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

- Assessments of people's needs had been carried out, this was undertaken prior to an episode of respite starting, to enable changes to be made to all required paperwork and equipment, should this be required. These then informed the way staff provided care. Staff told us they always had the opportunity to read people's care plans.
- There were audits in place, undertaken by registered managers and other senior staff, to ensure care provided reflected best practice and legal requirements.

Staff support: induction, training, skills, and experience

- Staff told us their inductions had been thorough. They told us they shadowed experienced staff until they felt confident in their role.
- The provider's training records showed staff completed a broad range of training when they started work, and this was refreshed where applicable to keep their knowledge up to date. Staff had recently undertaken the Oliver McGowan training and had found this useful to their role.

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

- Staff knew people's food preferences well, and where possible people were encouraged to make choices about what to eat and be involved with food preparation. We saw evidence of a food and utensils folder in the kitchen this showed what the people who were using the service at the time required regarding eating and drinking showing photographs of utensils and cups and plates required.
- People were able to eat and drink in line with their preferences, with care records reflecting this.
- 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.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to relevant healthcare professionals to support their wellbeing and help them to live healthy lives.
- People were supported to access health screenings and primary care appointments, if this was requested by relatives.
- Where external healthcare professionals were involved in people's care, their instructions and directions were incorporated into their care plans.

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.

We checked whether the service was working within the principles of the MCA

- Where people lacked the capacity to give consent, the principles of best interest decision making were followed. Best interest meeting had taken place as and when appropriate. Deprivation of liberty safeguards had been authorised or were awaiting authorisation, evidence of these being followed up when these were not in place was seen. Where people lacked the capacity to give consent, the principles of best interest decision making were followed.
- Throughout people's care plans there was an emphasis on supporting people to make their own decisions although most people required maximum assistance with this staff members confirmed that they undertook this by . reading people facial expressions and reading body language alongside the use of objects of reference.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff members and the management team shared a vision of continuous improvement; they responded positively to feedback and identified areas for improvement. For example, when we identified some shortfalls in care records, this was addressed quickly.
- Staff understood the responsibilities of their roles and told us they were committed to ensuring care was high quality. They said they were proud of the quality of care people received.

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

- People's care records showed care was designed to be provided in a person-centred way and support people in achieving their goals and aspirations.
- Staff told us they found the culture supportive, and said both the registered manager and the wider support teams operated in a supportive way.
- We did not identify any duty of candour incidents. However, the provider had appropriate arrangements if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident

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

- There were comprehensive systems in place to engage and involve people, including meetings and surveys.
- People's relatives told us they felt as involved and engaged as they wanted to be. Records we checked showed the provider took steps to involve relatives in people's care.

Working in partnership with others

- Managers and staff worked in partnership with others to ensure the best possible outcomes for people.
- Relatives told us how well the registered manager and staff communicated with them about people's needs to ensure they were fully understood and met.
- Specialist advice from other professionals was obtained where this was required for people, and it was

reflected in the way care and support was provided.

- There were positive working relationships and good lines of communication with staff from other community-based services used by people during their stay, including day services and community centres.