

St Anne's Community Services

St Anne's Community Services - Rockhaven

Inspection report

57 Batchelor Lane
Leeds
West Yorkshire
LS18 5NF

Tel: 01132584984
Website: www.stannes.org.uk

Date of inspection visit:
27 July 2022
28 July 2022

Date of publication:
24 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

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 - Rockhaven is a small care home providing 24 hour nursing and personal care to up to seven people. The service provides support to people with learning disabilities or autistic people. At the time of our inspection there were seven people using the service. Care is provided on one level and the home is located in a quiet residential area.

Based on our review of key questions Safe and Well led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence. People were encouraged to set future goals and achieve these. One person was supported to spot their favourite train at the local train station. People accessed community services and they were supported to maintain family relationships. Staff communicated with people in an individualised way, to support people to make choices. 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: Care is person-centred and promotes people's dignity, privacy and human rights. Staff were kind and caring when interacting with people. Care plans and risk assessments were person centred. People were encouraged to be independent and people's own rooms were individualised to them. We saw staff had good relationships with the people they supported. The manager understood their responsibilities and there was an open and transparent culture. Relatives felt people were safe and were positive about the care people received.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Systems were in place to continuously improve the service. Staff had a good understanding of how people liked to be supported. Staff felt supported by the manager and there was a homely atmosphere in the service. The provider had regular oversight of the service. A regional manager and a quality and improvement lead supported the manager. Staff were motivated and proud of the service, they told us they felt valued and were well supported. Quality assurance and auditing systems were in place. People and relatives were kept informed of any events or incidents that occurred. The service regularly sought the views and opinions of people using the service, their relatives, staff and professionals. The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.

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 02 May 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to assess that the service is applying the principles of Right support, right care, right culture.

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. For those key questions not inspected, we used the ratings awarded at the last inspection 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 - Rockhaven on our website at 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 - Rockhaven

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

The inspection was carried out by two inspectors 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

St Anne's Community Services - Rockhaven 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. St Anne's Community Service - Rockhaven is a care home with nursing care. 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 manager in post who was in the process of registering with us.

Notice of inspection

This inspection was unannounced. Inspection activity started on 27 July 2022 and ended on 29 July 2022. We visited the service out of hours on 27 and 28 July 2022.

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 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 three people who use the service and three relatives. We spoke with six staff, including the manager, regional manager, quality lead, nurses and support workers. We reviewed a range of records including three medicines records, two staff records, two care records and risk assessments. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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, this key question has remained Good. This meant people were safe and protected from avoidable harm.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was using PPE effectively and safely.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- Visiting arrangements were in place and people were receiving visitors.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse and avoidable harm. Staff were aware of how to report concerns and felt comfortable doing so.
- The service had an open and transparent culture. The manager raised safeguarding alerts when required, internally to the senior management team and externally to the local authority. The provider had a dedicated safeguarding committee, who held regular meetings to promote safety for people.
- Staff and relatives said people were safe and they could raise concerns if needed. One staff member said, "If I had to, I would report something, although I have never had to before, nothing here has ever needed it." Another staff member said, "It is lovely here, I enjoy my job." One relative said, "If I had to raise any concerns, I could speak to anyone and feel listened to."

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. Environmental and equipment safety checks were in place to keep people safe.
- Where people displayed behaviours that may be challenging to staff and others, risks were assessed, and positive behaviour support plans were implemented.
- Relatives told us people were safe and they were kept informed about their loved one's care. One relative

said, " If [Name] is not well they [staff] ring and tell me. They [staff] are aware of [Name] needs and are very good at keeping me up to date."

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

- There were enough staff to meet people's needs. Staff were trained and knowledgeable about people's preferences and how to support them.
- People told us staff were nice, and where people were unable to speak to us, we saw staff using different styles of communication. For example, one person required staff to use touch to communicate, staff were kind and gentle in their approach.
- Relatives were extremely positive about staff in the service. One relative said, "They've been really good, they have learnt to understand [Name] and taken the time with them." Another relative said, "I trust the staff so much, my relative is happy."
- Staff were recruited safely. References and Disclosure and Barring Service (DBS) checks were requested prior to new staff commencing employment. This information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Systems were in place to order, store and dispose of medicines. Regular stock checks were undertaken to ensure people were receiving their medicines as prescribed.
- Medicines were audited regularly to identify issues and any errors found were investigated and acted upon.
- Nursing staff responsible for the administration of medicines had received training and support to ensure they were competent to administer people's medicines.

Learning lessons when things go wrong

- Systems were in place to learn lessons. The provider conducted investigations when concerns were raised and took appropriate action to keep the service safe. Complaints were dealt with in a timely manner.
- The manager monitored incidents in the service, including patterns and trends, this helped identify people's changing needs. For example, if people had a fall or were a choking risk, referrals had been made to the appropriate healthcare professional.

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 for this key question 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

- The manager had comprehensive oversight of the service and understood the needs of the people they supported. Staff demonstrated an understanding of people's individual preferences.
- Staff were committed to providing the best possible care and support for people and achieving positive outcomes for them. For example, one person liked airplanes and was supported to watch them at a café close to the airport.
- The culture within the service was open and centred on people who used the service. People and staff had easy access to the manager or other senior staff when needed. One staff member said, "It really is a great place to work."
- People received a newsletter informing them of any upcoming activities or events, for example, Autistic Pride Day.

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

- The manager understood their regulatory requirements and responsibilities. People and relatives were kept informed of any events or incidents that occurred with their family member.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management. A regional manager and a quality and continuous improvement lead supported the service.
- Staff were motivated by and proud of the service. They told us they felt valued and were well supported. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

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

- The service regularly sought the views and opinions of people, their relatives, staff and professionals. The provider had developed a group for people to discuss and influence aspects of the organisation.
- Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve the service and people's experiences.
- Managers and staff had a good understanding of equality issues and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by

managers.

- Relatives we spoke with felt communication was good and the manager was approachable. One relative said, "The manager keeps me up to date. If anything happens they phone me and let me know, I have no doubts they're not going to phone me if something happens."

Continuous learning and improving care

- Managers attended regular organisational management meetings to support shared learning and share information about the organisation.
- There were robust quality assurance and auditing systems in place. Where any issues were identified appropriate action was taken to ensure they were addressed.
- The provider implemented quality improvement plans to help improve the care people received.

Working in partnership with others

- The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.
- People were encouraged to maintain community links. We saw people being supported to local day centre services and others being supported to family visits. One relative said, "I can pick [Name] up at any time, I come whenever I want. Everything there is great."