

St Anne's Community Services

# St Anne's Community Services - Boroughbridge Road

## Inspection report

67 Boroughbridge Road  
Knaresborough  
North Yorkshire  
HG5 0ND

Tel: 01423869343  
Website: [www.st-annes.org.uk](http://www.st-annes.org.uk)

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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 – Boroughbridge Road is a residential care home providing personal care to up to three people with a Learning Disability. The service operates from an adapted building in a residential area of Knaresborough. At the time of our inspection there were three 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

**Right Support:** People were appropriately supported and the model of care promoted people's choice, control and independence. People were fully involved in planning their day-to-day routines and received support from a consistent staff team. There were enough staff to ensure people received appropriate support. The premises was appropriately adapted to ensure people's needs were met.

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 was person-centred and promotes people's dignity, privacy and human rights. People were kept safe whilst there was a philosophy of positive risk taking to ensure people were not restricted from day-to-day activities. Medicines were managed safely.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People and staff spoke positively about the management team and we found a positive person-centred culture within the service. A range of audits and checks took place to provide assurance the service was operating appropriately.

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 (September 2018).

### Why we inspected

This inspection was undertaken due to the age of the previous rating. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the

ratings awarded at the last inspection to calculate the overall rating.

#### 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.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was safe.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# St Anne's Community Services - Boroughbridge Road

## **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

The inspection team consisted of one adult social care senior specialist.

### Service and service type

St Anne's Community Services – Boroughbridge Road 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 Services – Boroughbridge Road 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.

## 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 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 used the Short Observational Framework for our Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 1 person who used the service, 1 relative and a professional who works with the service. We spoke with 5 staff members including the registered manager, quality, and continuous improvement lead and 3 support workers. We looked at elements of 2 people's care and medicine records and a range of records relating to the management of the service.

# 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. The rating for this key question 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 were protected from the risk of abuse.
- Safeguarding policies were in place and staff had received training in safeguarding vulnerable adults. People received care from a consistent staff team who understood the signs which indicated when people may become distressed. This helped ensure staff responded promptly to ensure people's wellbeing. Following incidents, action was taken to update plans of care to keep people safe.
- People were supported through positive behaviour support techniques and staff had received appropriate training. Staff described how they would support people who became distressed in line with plans of care.
- Staff and management ensured practices were the least restrictive to give people as much freedom and control over their lives and daily routines as possible.
- We observed people were comfortable and relaxed in the presence of staff who supported them. Staff consistently interacted with people in a positive way, showing warmth and patience.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated.
- Clear care plans and risk assessments were in place to help ensure people were cared for safely. This included assessments to support people to take positive risks to access the community and participate in activities that were important to them. A person, relative and advocate told us they believed the home kept people safe.
- The service worked with health professionals to assess and manage risks to people's health. We saw evidence of working in partnership with professionals to help investigate and manage healthcare concerns. People, their relatives and professionals said they were fully involved in discussions about how to manage risk. They were also confident people were kept safe by staff. One professional said, "It is a very consistent team, they know people and their risks very well."
- The premises was safely managed and well maintained with a range of checks taking place to ensure it was kept in safe condition.

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 ensure people were kept safe and were supported positively to access the community. Rota's showed shifts were appropriately covered and staff told us there were always enough staff to both keep people safe and ensure they had support with their daily routines and engaging in appropriate activities both within and outside of the home. Records, a relative and professional confirmed this was the case.
- Safe recruitment procedures were followed to ensure staff were of suitable character to work with vulnerable people.

#### Using medicines safely

- Medicines were managed in a safe and proper way.
- Information and care plans were in place to support safe administration of medicines including information on each medicine prescribed and how to offer it. Medicine Administration Records (MAR) were in place and were well completed and all medicines could be accounted for. Medicines were stored safely and securely.

#### Preventing and controlling infection

- Systems were in place to prevent and control infection.
- The home was kept clean and hygienic and cleaning schedules were in place to support consistent cleaning of vital areas. Personal Protective Equipment (PPE) was available, and plans were in place to respond to outbreaks. Staff had received training in infection prevention and control. Infection prevention standards were regularly audited by the registered manager.

#### Visiting in care homes

At the time of inspection there were no restrictions for visitors. The provider had an open visiting policy with no restrictions.

#### Learning lessons when things go wrong

- Systems were in place to support learning when things went wrong. Incidents and accidents were recorded, reviewed and monitored to ensure learning took place. For example, we saw evidence that falls care plans were amended and environmental adaptations were put in place to reduce the risk of further falls. Following medicine errors extra training and support was provided to staff to reduce the likelihood of a re-occurrence.



# 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. 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; 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

- Staff and management promoted a person-centred, inclusive and empowering culture. People received care from a consistent staff team who knew people well, their likes and dislikes. Staff were clearly passionate about ensuring people lived fulfilling lives, demonstrating how they involved and included people in all aspects of the service including how the home was run and how people spent their days.
- A person, relative and advocate all spoke very positively about the service and how there was a person-centred approach to ensuring people had opportunities and activities which matched their interests and goals.
- The registered manager worked with staff to promote the providers person-centred values. Staff had met and discussed how they had worked and would continue to work to these values to achieved good outcomes for people. This promoted the values and helped staff to use them day to day to improve people's care and support.
- The registered manager understood their responsibilities under duty of candour legislation. We saw evidence from incidents that the service was open and honest about what had happened and spoke with people and their representatives' following incidents.

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

- Systems were in place to assess, monitor and improved the service. The registered manager and provider undertook a range of audits and checks, which were effective in maintaining a good standard of care and support. Audits and action plans were used effectively as a tool for continuous improvement.
- Staff were clear about their roles and said the service was well organised and managed. They spoke positively about working at the service and were proud of the work they did.
- The registered manager was passionate about the people that lived in the service and was looking to the future, making arrangements to ensure they could effectively support people as they became older. For example, looking at how the environment could best support people so they were able to continue living together and maintain their independence for as long as possible.

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

- People, staff, and advocates were fully involved in how the service was run. Regular meetings took place

with people and their representatives both to discuss their care and how the service operated. A relative and advocate we spoke with said they felt fully involved in people's care. The service worked with people to understand their individual needs and requirements adapting care and support around those individual needs.

- Staff said they felt well supported and able to suggest improvements to how the service operated. They told us their suggestions were acted on. Staff undertook regular supervision, appraisal and attended staff meetings where they could air their views.

#### Working in partnership with others

- The service worked with a range of professionals to co-ordinate people's care and ensure the best outcomes for people. This included advocates, the local authority and the local Learning Disability team. The service worked with other local organisations to ensure social opportunities for people, for example people had attended a recent Christmas event held at another service.

- The registered manager worked with the local authority, Skills for Care and other local managers to keep up-to-date with best practice in social care.