

St Anne's Community Services

St Anne's Community Services - Leeds DCA

Inspection report

6 St. Marks Avenue
Leeds
LS2 9BN

Tel: 01132008347
Website: 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Anne's Community Services - Leeds DCA is a domiciliary care agency providing support and personal care to people in their own homes. The service provides care to people with a learning disability or autistic people. At the time of the inspection, the provider told us 45 people were receiving support with personal care from the service.

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

Right Culture:

The providers quality assurance and governance systems in place to assess, monitor, and improve the quality and safety of the services provided had failed to identify the issues we found during this inspection.

Right Support:

Medicines were not always managed safely. Documentation relating to covert medicines was not in place. Risk assessments did not always include detailed information about people's needs.

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:

Staffing levels were sufficient to meet people's needs. Systems were in place to safeguard people from the risk of abuse and people told us they felt safe with the staff who supported them. Incidents and accidents were reported, investigated and measures taken to mitigate future occurrences. However, we did identify 5 incidents which were not reported to CQC.

People and their relatives knew how to complain and felt comfortable raising concerns with the provider. People and their relatives told us they were happy with the support they received. Staff felt supported by the management team and were provided with regular supervisions.

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 23 May 2018).

Why we inspected

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

Enforcement and Recommendations

We have identified a breach in relation to the management oversight. We have made a recommendation about medicines.

Please see what 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Anne's Community Services - Leeds 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 Care Act 2014.

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 team was made up of 1 inspector and 1 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 - Leeds DCA is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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 announced. We gave the service notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 sought feedback from the local authority, clinical commissioning group and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spoke with 3 people about their experience of the care provided and 8 relatives. We spoke with 6 staff including the registered manager, quality lead, deputy manager and care staff.

We looked at written records, which included 5 people's care records and 4 staff files. A variety of records relating to medicines and the management of the service were also reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 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.

Using medicines safely

- Medicines were not always managed safely. Two people were given medication with food or fluids however, there was no covert administration documentation in place. A pharmacist had not been consulted to ensure the safest way to covertly administer medication whilst retaining the maximum amount of effectiveness. This did not follow the provider's medication policy.
- Medication checks had been completed, however, the providers audits were not effective as it did not detail what had been checked.
- Some people using the service required oxygen therapy and we found not all staff were trained in oxygen therapy. The registered manager had attempted to source training but told us this had been a challenge. They confirmed staff would be trained in December 2023. One person's administration for oxygen therapy was not correct. This was updated during the inspection.
- People told us they received the support they needed with taking their medicines.
- Guidance protocols on the use of medicines to be taken only when required, (PRN) were completed by staff.

We recommend the provider ensures medicines are administered safely following the provider's policy and national guidance.

Assessing risk, safety monitoring and management

- Risk assessments did not always include detailed information about specific risks. One person used a wheelchair, however there was no information about the use of their harness or lap belt within the risk assessment to inform staff how this could be used safely.
- Another person required support should their feeding tube fall out, however it was unclear whose responsibility it was to apply an emergency tube to ensure the area stayed free from infection and remained open.
- We discussed these concerns with the registered manager who agreed to update the risk assessments immediately.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated. Lessons learnt from incidents were recorded and actions taken. However, we identified 5 incidents which had not been reported to the CQC.
- There were systems in place to help keep people safe and the provider had clear safeguarding policies and procedures.
- People and their relatives told us they felt safe. One person said, "I'm happy with the staff who come in,

they're doing a good job and I've had no worries with them, I feel safe."

- Staff had received training in safeguarding and knew how to identify and report concerns. One staff member told us, "It's keeping your clients safe from harm or being injured. You must report anything you think is bad. If something happened for example if a client had a fall, I would report it to the office."
- Staff were aware of the whistleblowing policy and told us they would report anything straight away to the registered manager.

Staffing and recruitment

- Staff were mainly recruited safely, however we did identify one staff member who only had character references and no employer references.
- A Disclosure and Barring Service (DBS) check was completed on all staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff visits were not audited to ensure missed or later visits did not occur. People and their relatives told us visits were often cancelled or missed due to staff sickness. One relative said, "They're quite flexible, but sometimes there are issues, they can't always manage last minute sickness. We do get regular people; we've kept some of the same team for a long time. They arrive on time and stay the full time."
- We looked at rotas which showed appropriate staffing levels for the service.
- Staff told us they felt they had enough time on calls to support people and mostly received their rotas in advance. Comments from staff included, "Sometimes we get the rota in advance. Most of the time they give me the same rota" and "Yes, we usually see the same clients. We get a set rota but this may change if there is annual leave or sickness."

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 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

- Systems were in place to assess people's capacity. If people lacked capacity to make specific decisions capacity assessments were completed.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.

Preventing and controlling infection

- We were assured people were protected by the prevention and control of infection.
- Staff were trained in preventing infection and using PPE effectively to reduce the risk of infection.
- Staff had access to PPE as required, such as face masks, disposable gloves, and aprons.

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 the last inspection this key question was rated as good. At this inspection this key question was rated requires improvement. This meant the service management and leadership was inconsistent around the management of records and risk. Leaders and the culture they created supported the delivery of person centred care.

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

- Audits were not always effective or were not always completed to drive improvement. Medication audits were not robust and did not identify the issues we found on inspection. Staff visits were not audited to identify trends and themes. For example, late, missed or cancelled visits.
- Records were not always detailed or accurate. We found issues relating to records within risk assessments, medicines and quality assurance processes.
- There was an overall improvement plan, however some actions identified in July 2023 did not have an action or target date of when to complete. Some actions identified in July 2023 were not due to be completed till December 2023, which meant there were long periods of time where issues were not actioned immediately.
- The registered manager was aware of their responsibility to notify the local authority and CQC appropriately of incidents and safeguarding concerns. However, we found 5 incidents where CQC had not been notified.

Systems were not robust enough to demonstrate effective monitoring of the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a quality team who supported the service. They had developed quality statements for staff to follow and audits were being carried out to determine if the quality statements were being followed. They used a gold, silver, bronze system to identify how a service performed. We discussed the issues above with the provider who agreed to action the areas of improvement required.

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

- At the time of the inspection the manager understood the requirements of duty of candour legislation.
- We were assured complaints had been followed up with appropriate actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they felt supported by the management team. One staff member said, "They (management) are down to earth and make work life comfortable. They make it comfortable for the staff. Sometimes it can be stressful, and they are always there to help if you need them."
- Staff supervisions and competency assessments were carried out to ensure staff understood their roles to achieve good outcomes for people.
- Staff and management meetings were held to share information and ensure people were kept informed of updates within the service.
- People and relatives told us they felt well supported by the staff team. One relative said, "They (staff) are generally good. They'll always let me know if there are any issues with (Name). They are all quite good with (Name), they understand (Name's) quirks, they teach (Name) and are very responsible, as well as respectful and understanding, they're brilliant." Reviews were completed with people and their relatives on an annual basis or when needed.
- People and their relatives told us they felt able to raise any concerns with the service. One person said, "I find the staff in the office very nice; I can get hold of them absolutely when I need to. If I can't speak to someone immediately then they'll call back straightaway. I'd like to compliment them too, the office team. I have a good working relationship with (Manager's name) and would feel comfortable to go to them if I had a complaint."

Working in partnership with others

- We saw evidence of staff and the provider working closely with community health and social care agencies, to ensure people received any additional support they needed.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes failed to adequately assess, monitor and drive improvement in the quality and safety of the services provided.