

St Anne's Community Services

St Anne's Bradford

Supported Living Services

Inspection report

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Bradford
West Yorkshire
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14 November 2023
22 November 2023

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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 supported living service – Bradford provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection we looked at people's personal care and support. The service supports people with physical disabilities, learning disability and mental health support needs. 29 people were being supported by the service at the time of the inspection.

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.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support: The service maximised people's choice, control, and independence. Staff were mostly safely recruited and received an induction followed by training from the provider. Training was completed by staff. Staffing capacity was enough to meet people's needs.. The provider followed best practice guidelines to effectively manage people's medicines and risks associated with infection prevention and control (IPC). People and their relatives were positive about the care provided. People told us they liked their home and the staff who supported them.

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. If people lack capacity to make certain decisions appropriate support is sought to support them.

Right care: Care is person-centred and promoted people's dignity, privacy, and human rights. People were encouraged to communicate freely and accessed the community for activities when they wanted to. Staff supported people to learn new skills and maintain important contacts. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

Right culture: People who use services had inclusive, and empowered lives through care staff's ethos, values, attitudes, and behaviours. Regular communication between the service and family members and medical experts helped to foster positive working relationships.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 30 October 2018).

Why we inspected.

We inspected due to the length of time since the last inspection.

We undertook a focused inspection. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anne's Community Services – Bradford 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 Bradford Supported Living Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 22 November 2023. The inspection was announced at short notice so that we could arrange suitable times to visit people supported by the service. The inspection was carried out by one adult social care inspector. An Expert-by-Experience made telephone calls to people's relatives and representatives. 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

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 two registered managers in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small 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

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

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 two registered manager and the Area Manager. We reviewed a range of records. This included 3 people's risk assessments 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 policies and procedures were also reviewed. We visit three homes on the second day at different times throughout the day to talk with people and staff and observe PPE practices in the home.

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. Policies and procedures were in place for staff to follow.
- Staff had received training on identifying and reporting abuse and knew what action to take if they identified abuse. One staff member said, "I would report any concerns, I have no issues about that. I have done this before and would do again." Another staff member said, "I would safeguard the person first and then report this. I would make sure the person was supported."
- People told us they felt safe when receiving their care. One person told us, "Yes they are nice aren't they." Another person said, "Yes I like my home." Relatives told us, "Yes, I go regularly and see things that are safe. Whenever [person] needs anything, they let us know. [Person] always seem happy, well dressed, and clearly well looked after."

Assessing risk, safety monitoring and management

- People were kept safe as risks to people and within the environment were assessed regularly and mitigated. One staff member told us, "We have so many risk assessments in place, these in no way restrict people they support them to be able to do what they enjoy." Another staff member said, "People have all sorts of risk assessments in place for example, cooking, activities in and out in the community." One relative told us, "The house is very nice, and they've got everything [person] needs and can cope with. [Staff member] really treats [person] like family. [Person] has been to many different places we could never imagine him going to. [Staff member] really makes a big difference."
- Some people might display behaviours when anxious or in distress. We saw in care records that people had positive behaviour support plans, which had been developed to provide staff with guidance of the least restrictive way in supporting people who displayed such behaviours. Staff told us they had received training in relation to this.

Staffing and recruitment

- Staff were not always recruited safely; it was identified on inspection there were some gaps in relation to staff references. The provider took appropriate steps to conduct a thorough investigation and completed an appropriate risk assessment to minimise the risk.
- Staff had a Disclosure and Barring Service (DBS) check before they were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs. Most of the staff team told us they felt there was enough staff in place. One staff member said, "We have enough staff for people to do what they like to do, and they receive personalised care." Another staff member said, "Yes we have enough staff here." A third member of staff said, "We don't have enough staff, we are recruiting at the moment, but

everyone does what they want, and we use agency staff when needed."

Using medicines safely

- Medicines were managed safely. Regular checks on people's medicines were carried out to make sure they were being administered in line with national best practice, the provider's policy, and prescribing instructions.
- We looked at four medication files which were all in order with relevant information recorded. We discussed the consistency of having pictures on the medication files of people in the service.
- Staff had received training in administering medicines and had their competencies assessed regularly.
- We discussed with the registered managers the importance of ensuring daily checks were completed when people were away from the service.

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 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 saw evidence of capacity assessments completed and reviewed with people, their families and staff in the service who knew them best.
- DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty, to keep them safe.

Preventing and controlling infection

- IPC policies and procedures had been updated to reflect changes in relation to government guidance linked to the COVID-19 pandemic.
- There were sufficient supplies of PPE and staff had received training in how to use this.
- We observed staff following PPE practices in the service.

Learning lessons when things go wrong.

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring. We saw evidence of this on inspection.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided. We saw evidence of this on inspection.

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.

- Staff were mostly positive about the provider. All staff we spoke with enjoyed supporting people in their homes. One staff member said, "We are like a family." Another staff member said, "I love my job, it's not like a job at all its great. People are so lovely, and staff are happy."
- The management team communicated with people, relatives, and staff. Relatives told us the management team were approachable. One relative commented, "Yes, they rang to talk about [person] care and the staff ring to say [person] wants to see me so I'll go over and see [person]. They tend to let me know things all in one go rather than ringing me every day which is fine." One person said, "Yes, I know who they are, they are nice." Staff overall told us they felt listened to by the management team.
- The provider had a clear vision, and their values were embedded in the service, staff were trained and took pride in achieving good outcomes for people living in the service. One staff member said, "Improving someone's life is the best thing we can do and that's what we are here for."

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 service had a duty of candour policy, and the provider understood their responsibility to be open and honest if something went wrong. We saw evidence of this on the inspection.
- Results from investigations, feedback sessions and audits were used to improve the quality of the service.

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

- The management team were fully aware of their legal responsibilities and were open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The management team undertook a range of audits to assess care quality and safety such as supervisions, care plans, and risk assessments.

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

- The provider held team meetings with staff where their views were heard, these included meetings for care staff, senior staff, and management. We saw evidence of this on inspection.
- A clients satisfaction survey had been completed in 2023. We discussed how improvements could be used

to be more person centred in relation to easy read surveys. Overall, the surveys were positive about the service.

Working in partnership with others and continuous learning and improving care

- Staff worked in partnership with people, relatives, and other healthcare professionals. Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.
- The service had a quality assurance system which was used to identify positive practice as well as areas for improvement.