

## St Anne's Community Services

# St Anne's Community Services - Leeds DCA 2

### 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This was an announced inspection carried out on the 14 and 15 February 2017.

St Anne's Community Services – Leeds DCA 2 is registered to provide personal care to people in their own homes. When we inspected the service there were 20 people receiving support in 7 properties. Each person held a tenancy with their landlord. The service is registered to support people who have a learning disability and people who live with autism.

The service had an administrative office in South Leeds.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager did not however, have overall management responsibility for all the supported living services.

At the last inspection in August and/ September 2015 we found the provider had breached one regulation associated with the Health and Social Care Act 2008 in relation to medicines. We told the provider they needed to take action and we received a report from them setting out the action they would take to meet the regulations. At this inspection we found improvements had been made. with regard to this breach.

People who used the service were comfortable and relaxed in the company of staff and with those they lived with. People were supported to avoid the risk of accidents or harm and they were helped to manage their medicines safely. Health care needs were met well, with prompt referrals made when necessary.

There were enough staff to provide people with the support they needed and background checks had been completed before new staff had been appointed to ensure safe recruitment practice. Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

Staff felt well supported by the provider. They received appropriate training and supervision which ensured they understood their roles and responsibilities. Managers had identified where refresher training was out of date and were working with the provider's training department to address this.

The management team and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had, in the main, made appropriate applications to the relevant authorities to ensure people's rights were protected.

People chose their own food and drink and were supported to maintain a balanced diet where this was required.

Care records contained detailed, person centred information to guide staff on the care and support required and contained information relating to what was important to the person. These were reviewed regularly and showed involvement of people who used the service or their relatives.

People were supported to pursue social interests relevant to their needs, wishes and interests and received the assistance they needed to maintain contact with family and friends.

Staff treated people with kindness, compassion and respect. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

Regular quality checks had been completed to ensure people received the support they needed. However, some members of the management team had completed spot checks at people's homes when they were not in. They did not have permission to do this. The area manager took immediate action to rectify this when we brought it to their attention. Senior managers had not been aware of this practice.

Due to the way the service had been set up the registered manager was being held to account for areas of work over which they had no day to day control. The area manager informed us of the plans in place to address this.

## 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.

Overall, medication practice was safe and people received their medication as prescribed.

Staff knew what to do to make sure people were safeguarded from abuse. There were enough staff to meet people's needs safely.

Recruitment procedures were thorough to ensure the staff employed were suitable.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had regular and relevant training and guidance.

The registered manager and staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had access to healthcare services when required and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff had developed good relationships with the people who used the service and there was a happy, relaxed atmosphere. Staff knew the people they were supporting very well and how to meet their individual needs.

People and their relatives told us they or their family member were well cared for.

Staff understood how to treat people with dignity and respect

and were confident people received good care and their independence was encouraged.

### Is the service responsive?

**Good** ●

The service was responsive.

People's needs were assessed and care and support was planned to meet people's needs. People received person centred support based on their preferences and wishes.

People enjoyed a range of activities and were supported to participate in their local community.

Effective systems were in place to respond to any concerns and complaints raised.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well- led.

There were effective quality assurance systems in place. However, some management checks had taken place in people's homes when they were not in. This was not respectful of people's homes.

The registered manager did not have full management responsibility for the service. We were however, told of plans in place to ensure the service was set up differently to prevent this situation in the future.

Staff understood their roles and responsibilities and said they felt well supported by a management team who were open and approachable.

# St Anne's Community Services - Leeds DCA 2

## **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 15 February 2017 and was announced on both days. The provider was given 48 hours' notice because the location provides a service to people in their own homes who are often out during the day; we needed to be sure we had permission to visit people, someone would be in and that the main office would be open.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority 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. Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection.

At the time of our inspection there were 20 people using the service. We visited three properties where we spoke or spent time with 12 people who used the service and spoke by telephone to a relative of a person who used the service. We spoke with nine staff; either when carrying out these visits or by telephone, the registered manager, the area manager and three managers who managed groups of service provision in geographical areas. We also visited the provider's administrative office. We spent some time looking at documents and records related to people's care and the management of the service. We looked at four people's support plans and five people's medication records.

The inspection was carried out by one adult social care inspector on day one and on day two by one adult

social care inspector and an expert-by-experience who had experience of services for people with learning disabilities. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

# Is the service safe?

## Our findings

At the last inspection we found the provider did not have systems in place to ensure people were fully protected against the risks associated with the unsafe management of medicines. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations around medicines.

We found people received their medicines as prescribed and saw that medicines were stored safely and securely. Medicines management policies and procedures were in place to make sure staff had guidance about the storage, administration and disposal of medicines. There were systems in place to make sure staff accurately recorded the receipt of medication.

We saw that all medicines were consistently and accurately recorded on medication administration records. (MAR's) We looked at five people's MAR's and found they were fully completed to confirm people had received their medicines as prescribed. We saw that MARs were regularly audited by staff and the management team. This included a daily check on medication administration to ensure people received their medicines as prescribed.

Some people were prescribed medication to be given 'when required'. We saw there were some protocols in place giving guidance for staff and indicating the reason the medication was given and why. However, for one person we saw there was no protocol in place to guide staff on when paracetamol may be needed. Staff could describe the circumstances of its use and the team manager made immediate arrangements to update the protocol. Instructions for the safe use of paracetamol were available and staff we spoke with were fully aware of how many paracetamol it was safe to take in a 24 hour period. We also saw for one person a medication that had been prescribed as and when necessary was being given daily due to the person's needs. The team manager said they would make sure the person's GP reviewed this medication and change to daily if required.

We saw support plans that gave detailed guidance on the way people liked to take their medication. The information was person centred and clear. One person received their medication crushed, in food to make it easier for them to take. This had been agreed as a safe way to administer the medication by the person's GP and pharmacist.

We observed medication administration for one person who used the service. The staff member had noted through body language that a person who used the service was possibly experiencing some pain and discomfort. The staff member offered pain relief in a person centred manner; encouraging the person to take the medication, explaining what it was for and giving them plenty of time to decide whether they wanted the pain relief.

The training records we saw showed staff had been trained in the safe administration of medicines and had their competency to administer medicines checked. Staff told us their training on medication was thorough and the provider placed great importance on it. One staff member said, "They are very hot on making sure



we get medication right." It was clear when we spoke to staff that they took their time when administering medication and that they also placed a high degree of importance on making sure it was done accurately and correctly. A staff member told us, "I check, check and check again to make sure no errors."

People demonstrated to us and said they felt safe when in the company of staff. We saw positive interaction throughout our visits and people who used the service appeared happy and comfortable with the staff and sought their company. People who were able to verbally communicate with us told us they liked their staff teams. One person said, "They are nice." A relative we spoke with was confident their family member was safe.

We saw people received support at appropriate times, which indicated there were enough staff to meet people's needs. Most staff we spoke with did not have any concerns about staffing levels and said there were always sufficient to meet people's needs. Some staff said there had been staff turnover recently which had created vacancies. They said the vacant hours were always covered by bank or agency staff who usually knew people who used the service. Some staff worked as lone workers with groups of people; they said this usually met people's needs and if people were ill or needed more support this could be arranged. A team manager explained how they had done this recently. A relative told us, "There has been some change in staffing and this has made a few people unsettled but the regular staff have pulled together and things seem to be good at the moment."

We looked at support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to support plans and the activity involved in care or support delivery. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff were able to describe the risks people faced and what they did to minimise risks such as falls and injuries.

We observed staff kept people safe. We saw one person experience a seizure and this was dealt with well by the staff member supporting them. There was no fuss and the person was given time to re-gain their composure. The incident was managed with respect for the person; they were reassured throughout and their welfare was checked.

The service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. Staff showed they were aware of the action to take should they suspect that someone was being abused and they were aware of the provider's whistleblowing policy.

Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. We saw the registered manager maintained a log of safeguarding incidents and could see any events were reported appropriately to the local authority and the CQC.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

The people we visited lived in properties owned by an independent landlord. There were systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to each property on behalf of people who used the service.

# Is the service effective?

## Our findings

Our observations showed staff were confident and knew how to support people in the right way. A relative commented on how well their family member had settled in at the service. They said, "Couldn't have been more pleased with the service." A person who used the service said staff knew them well.

We looked at the service's training matrix and saw staff received induction training when they started working at the service and periodic training updates. New staff completed the 'Care Certificate' which is an identified set of standards that workers adhere to in their daily working life. Staff we spoke with told us training opportunity's with the provider were very good and they felt able to develop their skills well. Training records showed there was a rolling programme of training on offer which included, moving and handling, first aid, safeguarding and positive behaviour support. The training records showed most staff were up to date with their required training. We noted a number of staff required an annual refresher in positive behaviour support. A team manager told us they had raised this with the provider and were awaiting course dates to be arranged.

Records we reviewed showed staff received regular supervision and an annual appraisal to discuss their roles and any development needs. Staff told us they felt well supported and were encouraged to develop their skills and undertake vocational qualifications. One staff member said, "They make sure we are very well trained."

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager demonstrated a good understanding of the MCA and DoLS and had identified people who were at risk of a deprivation of their liberty as they did not have the capacity to consent to their care. They had contacted the local authority who were responsible for making applications for DoLS to the Court of Protection. The registered manager had a tracker in place to show the action they had taken and the local authority's response. During the course of our inspection we identified some people may have been at risk of their liberty being deprived and they had not been put forward for consideration by the Court of Protection. The registered manager updated the tracker to ensure these people were included for consideration.

Staff told us they had received training around MCA and records we reviewed confirmed this. Staff we spoke with had good knowledge on how to support people who did not have capacity to make some decisions. They were able to describe how they supported people to make their own decisions as much as possible, such as with their personal care and daily choices. Staff understood these should always be in the person's best interest. One staff member said, "We always assume capacity and make things as easy as possible for people to understand." We saw from support plans that the capacity of people who used the service was assessed through assessment and care planning arrangements.

Records showed that arrangements were in place that made sure people's health needs were met. We saw evidence that staff had worked with various agencies and made sure people accessed other services such as speech and language therapy, physiotherapy and trampolining exercise classes. Comprehensive health assessments were in place and these were reviewed regularly to ensure all appointments and health checks were attended. People who used the service had a 'hospital passport'. We saw this was a document which gave information on people's essential needs so health care staff could provide the support people needed if they had to go to hospital.

We observed people at mealtimes and saw they received the support they needed. Meals were home cooked and looked appetising. People were given choice about what they wanted to eat and were encouraged to look in the cupboards to make visual choices. Care records we saw included information about food people liked and disliked and how they were supported to maintain a healthy diet and weight. A person who used the service confirmed staff were good cooks and they enjoyed the meals staff made.

## Is the service caring?

### Our findings

During our visits to people in their homes, we were able to observe the way staff and people interacted and the support that was provided. Our observations showed us people were positive about the care and support they received. People smiled, laughed, nodded their heads and told us they liked the staff. All interactions we saw were comfortable, friendly, caring and thoughtful. People enjoyed the relaxed, friendly communication from staff. A relative told us their family member was well cared for and very settled.

People had been supported to make their homes individual to their personalities and homely. This showed staff valued the people they supported. Each property we visited was personalised, comfortable, clean and warm. Staff said they respected people's homes and property. One staff member said, "I treat people's things as I would my own, with care, and I don't go barging about in people's homes, it's their home." Another staff member told us a person who used the service was very private about their own room and this was respected.

We found staff were friendly, warm and welcoming. We saw they were encouraging and supportive in their communication with people. They provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs. A relative spoke highly of the staff. They said the staff were absolutely fabulous and their family member saw the setting as her home and had settled really well. They told us their family member said, "I'm going home now mum" after they had spent the weekend at home, which they found reassuring. Staff were skilled in their recognition of when people showed they were distressed or anxious. They provided reassurance when needed and responded well.

Staff told us people received good care and they felt proud to be able to do this. One staff member said, "It's all about the person and what they want and need." People looked well cared for, clean and tidy which achieved through good care standards. Staff we spoke with gave examples of how they ensured people's privacy and dignity were respected. They spoke of always providing any care in a private place, of explaining everything they did and making sure people had understood them and making sure people were seen as individuals.

People who used the service and their relatives had been involved in developing and reviewing their support plans. A relative told us communication with the service was really good and they felt comfortable knowing they could chat to staff at any time. They said they felt welcome to drop in any time and regularly did which helped promote good relationships. They told us they felt involved at every level and part of the decision making process in their family member's care and support. Staff told us care and support plans were always discussed with the individual where possible and they were involved as much as they were able in this.

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. A staff member told us how they ensured the needs of an older person who used the service were met in accordance with their age. They said, "I make sure we allow more time for things as

[name of person's] mobility has slowed down."

## Is the service responsive?

### Our findings

Records showed people had their individual needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to support in a person centred way.

We looked at support plans for four people who used the service. The support plans were written in an individual way, which included a one page profile of information that was important to the person and included likes and dislikes. Support plans contained good information which guided staff on how care should be delivered. We saw detailed plans on how to support people in their identified routines. We saw information on what was important for staff to know when supporting people such as no rushing and to ensure clear communication when delivering personal care. Daily records showed people's needs were being appropriately met.

Staff spoke highly of the support plans and said they provided them with all the information they needed to provide good, person centred care. Staff said they would be particularly useful for when new staff started and a great way of getting to know people properly. Staff said the support plans were always updated with any changes and they tried to make sure people had goals to work towards. They said the goals were identified and agreed with people who used the service or with their relative's involvement. We saw goals were focussed on improving people's independence, communication and lifestyle.

Staff showed excellent knowledge of people's care and support needs. A number of staff had known people who used the service for many years. Staff were able to describe people's care needs well. This included the individual ways in which they communicated with people. Where people who used the service did not use words to communicate there was guidance for staff on how best to communicate with the person. Care records we looked at included very detailed information about how people communicated. They included a 'Communication Passport.' This had information such as 'signs that I am OK', 'signs that I am not OK' and 'things you must know'.

People were supported to follow their hobbies and interests and be involved in a wide range of activities. People had personalised activity schedules based on their interests. We saw some people had planned activities such as college placements and horse riding and some people decided what they wanted to do each day depending on how they felt or the weather. People had good connections with their local community; one person used the local gym, one person was a member of the choir at their local church and people used local shops and facilities. People were supported to maintain contact with friends and family. Staff told us a number of people went to visit or stay with their relatives on a regular basis and spoke of the importance of helping people stay in touch with old friends.

We saw a selection of photographs which showed people who used the service enjoying holidays. Staff told us everyone who used the service had a holiday at least once per year if this was what they wanted. A person who used the service, who did not use verbal communication, became very animated when a staff member spoke of the staff member who would be accompanying them on this year's holiday. It was clear from this

reaction they had developed a fantastic relationship with the staff member.

People who used the service said they would speak to staff if they had any concerns or worries. A relative told us, "I would feel confident in raising issues if I was unhappy but to be fair we talk a lot and there has never been a situation that I have needed to complain about." They said they encouraged their family member to speak to staff if they felt unhappy. People who used the service had monthly meetings where they discussed topics that were relevant to them and the service such as activity and meals.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at records of complaints and concerns received and it was clear from the records people had their comments listened to and acted upon. The registered manager said any learning from complaints would always be fed back to staff through meetings or supervisions. Staff confirmed this. One staff member commented, "Oh they make sure we know what's what."

The service had received compliments about the quality of care provided, which included the following comments; 'To [name of staff member], with sincere thanks for all you do for [name of person who used the service], you're a star' and 'Thanks for all the staff do for [name of person]'.

## Is the service well-led?

### Our findings

At our last inspection we found the registered manager did not maintain overall management responsibility for all aspects of the service provision. At this inspection the area manager informed us an agreement had been reached with the provider and the service provision was going to be separated in to three geographical areas and each of these areas would maintain a separate registration and registered manager. This was in progress at the time of our inspection but had not yet been completed. Each geographical area had their own team manager.

Our observations and discussions confirmed the management team (which included the registered manager, the area manager, deputy managers and managers of the geographical areas) had a good knowledge of people who used the service, their families and their individual care and support needs. We saw one of the managers was present during our visits to people; it was clear they knew people well and had a good rapport with both people who used the service and staff.

Staff spoke highly of the management team and spoke of how much they enjoyed their job. They told us they were very happy in their work. Comments we received included: "I love my job, it's the clients that make it" and "This is the best job I have ever had." Staff told us they would recommend the service and if needed would be happy for a family member to use the service. Staff told us they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service.

People were encouraged to share their views and put forward ideas of how the service could improve. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results of a survey from November 2015 and saw there was a high degree of satisfaction with the service. People's comments included; 'I like my friends who live here', 'Very happy with the service provided by St Anne's for my [family member]' and 'Since my [family member] has lived at [address] they have never been happier. The staff encourage them, support and care.' One person had commented when asked how the service could improve, 'Just keep on improving and train your staff more.'

Quality assurance systems were in place to ensure the service was monitored and any risks were identified. The area manager visited the service regularly to check standards and the quality of care being provided; this included checks on staffing, staff training, care records, finances and medication. The provider's quality and safety team also carried out audits and the registered manager told us the action plans from these audits were discussed with them and reviewed monthly to ensure any issues identified were addressed. We saw completed action plans and an action plan that was currently in progress.

The registered manager told us weekly and monthly audits and random spot checks were carried out in the homes of people who used the service. We looked at some of the records of spot checks and saw at times these were carried out when people who used the service were not in and had not given permission for



managers to enter their property. This was not respectful of people's homes. Other quality audits had not picked up this was happening. We saw in one property there were nine occasions in the last year when this had happened. The registered manager said they were not aware these spot checks had been carried out in this manner. After the inspection, the area manager contacted us to confirm their systems had not been effective in identifying this practice and action had been taken to ensure it ceased.

Any accidents and incidents were monitored by the management team and the organisation to ensure any patterns or trends were identified. The management team completed a monthly report for senior managers to keep them updated on any issues in the service.