

St Anne's Community Services

St Anne's Community Services- South Tyneside

Inspection report

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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

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 – South Tyneside 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 looked at people's personal care and support. The service supports people with physical disabilities, learning disability and mental health support needs. 20 people were being supported by the service at the time of the inspection.

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

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 safely recruited and received an induction followed by training from the provider. Training was monitored and staff were supported with regular meetings and supervisions. Staffing capacity was enough to meet people's needs. The provider followed current best practice guidelines to effectively manage people's medicines and risks associated with infection prevention and control (IPC). People and their relatives were very positive about the care provided. People told us they felt safe, and staff had the skills to support 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 community for activities when they wanted to. Staff supported people to learn new skills and maintain important contacts. People's care records were person-centred and up to date. Staff knew people well and understood their support needs which empowered people to make decisions about their care.

Right culture: People who use services live confident, inclusive, and empowered lives thanks to the leaders' and care staff's ethos, values, attitudes, and behaviours. The staff team coordinated efficiently to ensure that people's rights and preferences were respected. Regular communication between the service and

family members and medical experts helped to foster positive working relationships and gave people the freedom to conduct their lives as they saw fit. The management team set a good example, and people were encouraged to take positive risks and were supported to complete more tasks independently.

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 18 October 2018).

Why we inspected

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

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 – South Tyneside 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 is well-led.

Details are in our well-led findings below.

St Anne's Community Services- South Tyneside

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

One inspector carried out this inspection.

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 a registered manager 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 to the registered manager and the deputy manager; we received feedback from 2 care staff and 2 relatives. We reviewed a range of records. This included 2 people's complete care records and medication records for 2 people. We looked at 2 staff files in relation to recruitment and staff supervision as well as staff feedback forms. A variety of records relating to the management of the service, including policies and procedures 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 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 have no concerns for the safety of the people who use the service; I feel confident in raising concerns or issues."
- People told us they felt safe when receiving their care. Relatives told us, "The core team have a good measure of [person's] abilities and how to support them discreetly without them feeling "cared" for. " and "I feel [person] is definitely in safe hands, they genuinely care."

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've created a strong relationship between ourselves and the clients which helps us to make sure everyone is kept safe. We always make sure risk assessments are done and any concerns are dealt with."
- 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.

Staffing and recruitment

- Staff were recruited safely and there was enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included requesting references and 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.

Using medicines safely

- Medicines were managed safely. The manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly, we were assured staff were competent in all aspects of medicine management.

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. In addition, they showed detailed information to guide staff in the actions to take to ensure they followed safe practices to prevent the spread of infections.
- There were sufficient supplies of PPE and staff had received training in how to use this.

Learning lessons when things go wrong

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

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

- There was an extremely positive staff culture which helped to achieve good outcomes for people. The registered manager told us, "I have worked for St Anne's for many years, and I honestly could not ask for more from the staff. We have a lot of staff who have been in post for years working with the same clients to build those long-standing relationships. It's a great place to work."
- The manager communicated with people, relatives, and staff. Relatives told us the management team were approachable. One relative commented, "I've always been kept up to date with [person's] progress, they tell us everything we need to know."
- The provider had a clear vision, and their values were embedded in the service, staff were well trained and took pride in achieving good outcomes for people living in the service.
- The service worked alongside other organisations such as the Downs Syndrome Association in order to empower people to live independently, this included supporting people with jobs, community access and going on holidays abroad.

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.
- 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 manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The manager undertook a range of audits to assess care quality and safety such as supervisions, care plans, environmental risk assessments, rostering and welfare checks on a monthly basis.
- Staff feedback was positive regarding confidence in the management team. They told us, "I feel very supported in my role. Management is always there for me." And "I feel fully supported in my role. The management team are very approachable."

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. One staff member said, "The meetings really help us to raise any issues and they can be dealt with straight away."
- A clients satisfaction survey had been completed in 2023. Feedback was positive and we saw the provider had taken on feedback and suggestions made as part of the survey.

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.
- There was an exceptionally strong focus on continuous learning and improvement and keeping up-to date with best practice to ensure people's needs could be met. The provider introduced various programs for staff to develop such as the aspiring manager program, in partnership with skills for care and the leadership and development program.
- The registered manager promoted continuous learning, and this was evident for staff and people to see; Leader of the Year 2023, Team of the Year 2023 and Employee of the Year Northeast were amongst numerous awards won by people within the service, this gave staff a clear sense of pride and they felt the recognition of their hard work and dedication only motivated them to improve further.