

St Anne's Community Services

# St Anne's Community Services - Sutherland Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# 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 - Sutherland Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

People were protected from risk of harm and abuse because safeguarding systems were in place and staff knew what to do if they thought somebody was at risk. The service was moving away from the risk averse nature of previous practice by supporting people to have choice and control of their lives. New formats for care plans and newly developed 'This is me' documents demonstrated an improving approach to holistic approach that recognised people's individuality and skills.

Medicines were managed safely. How people preferred to receive their medicines was documented within their care and support plans and we saw staff followed people's preferences.

There were enough staff to support people. Staff were following an ongoing training plan to support them in meeting people's needs. Staff were being supported, through training and discussion, to change the culture within the service. This was in its early stages, but the support being given to staff was to enable them to make improvements in promoting people's independence and supporting them to make choices.

Systems for managing Deprivation of Liberty Safeguards (DoLS) had been improved and information was in place to support staff in knowing what to do to meet any conditions associated with the DoLS.

People were supported to remain healthy. People enjoyed their meals and were able to make choices. Some people needed better support to make sure their diet met with their needs.

A new management and quality team had introduced governance systems to make sure people were safe and received good quality of care and support in line with their individual needs. Because the governance systems were new, we were not able, at the time of the inspection, to see how they would be used to affect change within the service.

We have made a recommendation the provider considers making changes to the way people's feedback is analysed and summarised to reflect people's views of individual services.

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

#### Right support

The new model of care aimed to maximise people's choice, control and independence. New documentation to support people's communication needs and abilities promote independence and manage risks meant improvements were being made in making sure people were receiving the right support. People appeared relaxed and comfortable, we saw people choosing where to spend their time and engaging in activities they enjoyed or found comforting. People appeared to have a trusting relationship with staff.

#### Right Care

People were supported to choose their activities and contact with their families or advocates was promoted. The introduction of the 'This is me' documents showed staff were working with people and their families to identify what was important to them, what their goals and aims were and how they preferred to receive the care and support they needed.

#### Right culture

The management and quality team were supporting staff to change the culture in the service. The review of systems, better staff training and promotion of a less risk averse and more person- centred approach to care meant people were receiving the care and support they needed.

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 and update

The last rating for this service was inadequate (published 25 August 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service in June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Person-centred care, Need for consent, Staffing and Good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For the key question not inspected, we used the rating awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. 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 - Sutherland Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the relevant key question Safe, Effective, Responsive and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anne's Community Services - Sutherland Court on our website at [www.cqc.org.uk](http://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.

#### Special Measures:

This service has been in Special Measures since August 2021. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

## 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 effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 - Sutherland Court

## **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

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience did not visit the service but made telephone calls to people's relatives.

#### Service and service type

St Anne's Community Services - Sutherland Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 Healthwatch, the local safeguarding team and commissioners. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We observed how people were being supported. We spoke with four people's relatives and seven staff including the registered manager, area manager and quality manager.

We reviewed a range of records. This included medication records for all of the six people living at the home. We looked at three people's care records in detail and aspects of care records for a further three people. We looked at a variety of records relating to staff training and recruitment, and 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 Requires Improvement. At this inspection the rating has stayed the same. 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.

### Staffing and recruitment

At our last inspection, the provider failed to ensure staff were appropriately skilled to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service had enough staff, who knew the people using the service well. However, we did not see evidence of flexibility in staffing arrangements to support people's social activities. The area manager agreed to look at how this could be addressed.
- Issues identified at the last inspection in relation to availability of staff eligible to drive the house vehicle had been resolved.
- Staff were recruited safely. The provider carried out appropriate checks to make sure staff were suitable before they started working at the service.

### Systems and processes to safeguard people from the risk of abuse

- People were safe from abuse. Staff understood how to protect people from abuse and knew what to do if they thought someone was at risk.
- All of the people we spoke with felt their relatives were safe at the service. Their comments included, "(Person) is safe, and I feel assured is well looked after," "Yes I think (person) is definitely safe where (person) is, it would show in (their) face if (person) wasn't happy" and "I do think (person) is in a safe place, and I wouldn't want (them) to move anywhere else (person) is very happy with everything."

### Using medicines safely

- People received the correct medicines at the right time. People's medicines were regularly reviewed to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines.
- Our review of medicines showed the service followed the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and STAMP (supporting treatment and appropriate medication in paediatrics) were followed.
- How people liked to receive their medicines was detailed in the 'This is me' document.

### Preventing and controlling infection



- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.

On our first visit, staff were unsure of the process to follow on our arrival. This was addressed immediately by the registered manager.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.

Staff were not always wearing face masks correctly.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes.

- The service was following the guidelines in place at the time of the inspection.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- People's risks were assessed regularly and managed safely. Assessments covered areas such as managing physical health conditions and distressed behaviours. Not all risk assessments had been signed and dated.
- A new format for risk assessments was being developed. The template had been simplified and had been completed with input from the person and the staff team. The area manager told us the risk assessments were to be discussed during people's review meetings with families or advocates and any changes made before being signed by all involved.
- Accidents and incidents were managed well. Learning taken from the analysis of accidents and incidents was shared with the staff team.
- The environment supported people's safety and comfort.
- The management team had reflected on the feedback from this and the previous inspection. They shared with us an action plan formulated immediately following the inspection visit, based on the feedback they had received.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

At our last inspection the provider had failed to ensure consent to care and best interest decisions were obtained in line with legislation. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The provider's action plan included plans for training and supporting staff to develop a better understanding about their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. Training started in bite size sessions immediately after the inspection. This was to make sure that people who lacked, or had fluctuating capacity, had decisions made in line with current legislation.
- Staff were being supported, through training and discussion, to change the culture within the service, moving away from the risk averse nature of previous practice and supporting people to improve their independence and ability to make choices.
- At the last inspection we found people who used the service were not undertaking the COVID-19 testing

programme even though this was recommended guidance. Mental capacity assessments and best interests' decision records had been completed but there was no evidence that other professionals were involved in the decision-making process. At this inspection we found other professionals had been involved in the review and updating of mental capacity assessments and best interests' decisions.

- Mental capacity assessments and best interest decisions had been completed. However, we found these had not always been signed and dated as required by the form.

At our last inspection the provider had failed to communicate effectively with staff about which people had an authorised DoLS. This meant systems to monitor the quality and safety of services provided were not operated effectively. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff were able to tell us which people had a DoLS in place and understood what the DoLS meant.
- A spreadsheet detailing the status of DoLS, any conditions and what actions taken to make sure the conditions were met was overseen and kept up to date by the registered manager. A file containing this information was available to all staff.
- Discussion about DoLS was a standing agenda item for monthly staff meetings.
- The area manager told us information about a person's DoLS and what staff needed to do to make sure conditions were met was to be included in the 'This is me' document.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider failed to ensure care and support was appropriate to meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The new formats for care plans and the 'This is me' document supported a holistic and person-centred approach to care and support.
- Care plans detailed people's abilities and support needs and how they would like to receive their support. Links to relevant assessments were included in the care plan.
- 'This is me' documents included information about people and belongings important to the person, what they were good at, what they were working on and what might worry or upset them.
- The support people needed to retain and promote their skills, achieve goals and aspirations and manage fears and worries was included in both care plans and the 'This is me.'

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff received appropriate training and support to enable them to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 18.

- Training records showed that, since the last inspection, staff had received training in supporting people with a learning disability, understanding autism, positive behaviour support, mental capacity and DoLS.
- Staff had regular supervision and appraisal. There was an induction programme for any new or temporary staff and people new to care completed the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet

- Improvements were needed to make sure people's nutritional needs and special diet requirements were met.
- Records for a person with a person with particular dietary needs due to health conditions did not always demonstrate that the person was provided with a diet suitable to their needs and preferences. For example, although the person needed to follow a diet to support a healthy weight, we saw their weight was increasing and records showed they regularly ate foods not suitable to their dietary needs.
- One person's records gave details of foods they did not enjoy, however, a suggested meal for them included one of the foods they didn't like.
- A pictorial menu had been developed and we saw people being offered choices.
- People were becoming more involved in meal and drink preparations and plans were in place for increasing people's involvement in shopping for meals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access professional health and social care as they needed.
- Family members told us they were kept informed about their relative's health and any professional interventions they had received.

Adapting service, design, decoration to meet people's needs

- People enjoyed a comfortable environment and work had been completed to make improvements to decorations and soft furnishings.
- Staff were being supported to be less risk averse in making sure people had access to all areas of the home. For example, arrangements were in place to make sure people could safely access kitchens as they chose.
- Further work was needed to make sure people could access and enjoy the outdoor space safely and comfortably.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure care and support was appropriate to meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The service had improved their approach to supporting people in a person-centred way to meet the needs of people with a learning disability and autistic people. The new approach supported the principles of Right support, right care, right culture.
- New 'Independent Living Skills' plans had been developed. The plans were person-centred and included the individual's goals and aspirations.
- Steps to support the person to achieve their goals and aspirations included detail of the support they needed from staff to support them to be comfortable in exploring new experiences and coping with situations they found difficult.
- The service had introduced 'This is me' documents. They were kept within files that had been personalised to reflect the person's personality. For example, a person with a visual impairment for who touch is very important, was being supported to shop for fabrics of their choice to include in their file. The area manager told us that whilst the files were still a work in progress, developing them had been a valuable experience for people and the staff team to be part of.
- At the last inspection we found people were not always supported when they experienced emotional distress. We saw actions had been taken to address this and some of the 'This is me' documents clearly detailed situations that might cause people distress and the support they needed to manage this. However, we found some information was not always consistently reflected in all people's documentation. For example, a person who became distressed during personal care, had been provided with sensory gadgets to support them. This was not fully reflected in the 'This is me' document.
- At the last inspection we found daily routines were not always person centred. At this inspection we observed people were supported to make choices. Staff told us about how they followed people's non verbal communications to make sure their choices were respected. 'This is me' documents detailed the different ways in which people communicated their choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection the provider had failed to ensure care and support was appropriate to meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At the last inspection we found people's communication needs were not met and information was not shared in a way that people could understand. We found the service had now made improvements.
- Although use of pictures as a means of accessible information had increased, for example, pictures were available to help people choose activities and meals and pictorial menus had also been introduced, we did not see staff use these routinely.
- Newly developed activity plans included pictures related to the activities chosen by the person.
- Whilst some pictures had been included in 'This is me' documents, further work was needed to increase the use of personalised pictures to support people's understanding of the detail within the documents.
- 'This is me' documents were kept in people's rooms and included good detail of their communication abilities and how staff should support these abilities.
- Support plans for communication were in place and included detail about how people would non-verbally express such as happiness, pain, discomfort and distress. Support plans included known triggers and early indicators of anxiety and escalation of behaviours and the action staff needed to take to support the person.
- A new format for communication care plans was being introduced. The new format included 'Tips for communication' and gave examples of how people might communicate through their actions or behaviour.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider had failed to ensure care and support was appropriate to meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The service had introduced weekly activity plans based on people's preferences and enhancing their quality of life. Activities included social and leisure events and support with life skills such as making drinks, making meals, shopping, baking and planting.
- Further development was needed to make sure the activity plans fully reflected the goals and aspirations identified in the person's independent living skills plan.
- Activity planners included pictures related to the planned activities. They were printed and placed in the 'This is me' file for each person in their bedroom, so they were accessible and able to be adapted if people chose to do something different.

- An overall plan of each person's weekly activities had been developed so that staff knew in advance what activities they would be supporting people with.

#### Improving care quality in response to complaints or concerns

- The service had a system for responding to concerns and complaints. No complaints had been received.
- All of the relatives we spoke with said they were confident any issues would be addressed. One said, "I would be very happy to make a complaint I know the manager he contacts us, and I wouldn't have any problems making a complaint."

# 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 Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found information to enable monitoring was unreliable and record keeping was sometimes poor. The lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection there had been changes to the management team involved with the service. This included a new quality and continuous improvement team who were working closely with the registered manager and area manager to address issues within the service and affect improvement.
- The quality team were undertaking a full review and redesign of the provider's quality assurance system. This included a review of systems and processes for continuous monitoring to affect improvement, development of a lessons learned framework and a new audit tool focusing on person centred planning.
- A continuous action plan had been developed which included planned input from the staff team and people using the service. We saw evidence during the inspection process of how the plan was being implemented.
- The management team were aware that further improvements were needed in the service and were accepting of feedback during the inspection process.
- All the people we spoke with were complimentary about the registered manager. One said, "I am happy, and I feel like I can talk to the manager he is very supportive to my (relative's) needs; I wouldn't change anything."

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; Working in partnership with others

- Systems were in place to make sure that relevant people, for example the local authority safeguarding team, were appropriately informed about issues affecting people using the service.
- Notifications about significant events were submitted to CQC.



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

- The provider sought feedback from people, but the summary of this was not done in a way which fully reflected the views of people and their families in individual services.
- The continuous action plan did not identify ways in which they might improve the systems for obtaining the views of people not able to vocalise their views.

We recommend the provider considers making changes to the way people's feedback is analysed and summarised to reflect people's views of individual services.