

St Anne's Community Services

St Anne's Community Services - North Tyneside DCA

Inspection report

Wallsend Town Hall
High Street East
Wallsend
NE28 7AT

Tel: 01912962679
Website: www.st-annes.org.uk

Date of inspection visit:
10 October 2023
11 October 2023

Date of publication:
08 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Anne's Community Services - North Tyneside DCA is a 'supported living' service providing personal care to people, some of whom have a learning disability and/or autism living in their own homes. The service was supporting 8 people with personal care at the time of our inspection.

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.

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

Right Support

- People were relaxed in their own homes, where they could be themselves. They enjoyed the rapport they had built up with staff. Staff helped people enjoy a good quality of life and encouraged them to pursue a range of interests.
- Staff worked well with people, their relatives and external professionals, such as social workers, to ensure they had the right support to meet their changing needs.
- People experienced good health and wellbeing outcomes. Staff worked in line with the principles of Stopping the Over-Medication of People living with Autism and/or a Learning Disability (STOMP) to ensure the use of medicines was reviewed and reduced where possible.

Right Care

- Staff took the time to get to know people. They knew the best ways to encourage people to be independent and how to proactively support them. Staff celebrated people's achievements and independence.
- Staff understood people's needs in detail. There were person-centred plans in place to help new staff and external professionals gain a comprehensive understanding of people. The provider was actively reviewing and improving these plans regularly.
- Staff worked proactively and promptly with external professionals to keep people safe. They sought and followed advice when it was needed. They tried new approaches and if they didn't work, tried another approach.

Right culture

- The culture of the service was focussed on keeping people safe and ensuring they could lead fulfilled lives. The oversight of good practice had not always been effective – the provider had identified this and taken steps to make improvements prior to our inspection visit. Some audits and quality checks/visits had not

always happened as planned but staff had consistently provided high levels of care to people. Staff had worked hard as a team to ensure any shortfalls in auditing and oversight had not had an impact on people's care or the outcomes they achieved.

- People and their relatives were involved in decisions about their care and how the service was run.

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

Rating at last inspection

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 remained good based on the findings of this inspection.

Why we inspected

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

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Anne's Community Services - North Tyneside DCA

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector, one regulatory co-ordinator and one 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.

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.

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 the service did not have a registered manager in post. They were actively recruiting and anticipated filling the role imminently.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 October 2023 and ended on 13 October 2023. We visited the service on 10 October 2023.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We reviewed the Provider Information Return (PIR). 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 used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service. We observed staff interacting with people. We spoke with the area manager, quality assurance manager, deputy manager, specialist support worker and 2 other support staff. We contacted 5 more staff via email, and 4 health and social care professionals via telephone and email. We contacted 3 relatives via telephone.

We reviewed a range of records. This included people's care and support records and medication records. We looked at 2 staff files. A variety of records relating to the management of the service, including auditing, training data, photographs, analysis, policies and procedures were 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; Learning lessons when things go wrong

- Staff kept people safe. They demonstrated a good understanding of the risks people might face and their responsibilities in preventing abuse. They received safeguarding training.
- The provider used an online reporting system to record and analyse incidents, accidents or safeguarding matters. This system gave the functionality to learn lessons from local incidents and share more broadly. This had not happened as much as the provider would have expected and they had taken action to address this and make prompt improvements.

Assessing risk, safety monitoring and management

- Staff understood and acted on a complex range of people's needs and experiences. They demonstrated confidence in knowing how to minimise the risks people faced.
- Staff worked hard to balance those complexities with the need to have accessible risk assessments for staff to follow, which supported people's quality of life.

Using medicines safely

- Medicines were managed safely. Staff demonstrated a strong knowledge of sometimes complex medicines arrangements. Staff acted in line with the principles of Stopping Over-Medication of People with a Learning Disability, Autism (STOMP) so that unnecessary overuse of medicines was avoided. Staff worked well with external clinicians to ensure people's medicines needs were reviewed in a timely and effective way.
- Some oversight needed improvement. For instance, some competence checks had not been completed in line with the provider's processes. The provider had identified this and undertaken competence checks of staff to assure themselves that medicines were administered safely.
- Management colleagues completed stock checks and audits to ensure errors were minimised. Where errors occurred they were dealt with openly and with a view to sharing learning.

Staffing and recruitment

- Staffing levels were safe. The service had relied on agency staff in previous months. The provider had made recent improvements to ensure they recruited permanent staff and that recruitment was more person-centred. One relative said, "I think there's consistency, it's been quite a change the last few months with new faces coming in but they've settled in well and we work as a team."
- Staff were recruited safely. The provider undertook pre-employment checks to ensure risks to people using services were reduced. Staff supervisions had not happened as regularly as the provider's policies set out. The provider had identified this and made prompt changes to address this.

Preventing and controlling infection

- The provider had appropriate infection, prevention and control policies and procedures in place, as well as regular observational audits. People's homes were clean and well maintained. Staff supported people to take pride in their own homes and maintaining good standards of cleanliness.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff understood people's needs extremely well. They took an interest in people's individualities and made strong bonds with them. Staff knew when people were having a good or bad day, and how best to support them. Person-centred care plans helped inform this. One relative said, "For us they're a 'Gold Star' company, the staff go above and beyond."
- Staff supported people's independence. They worked with people so they could build longer term plans and realise aspirations. One external professional said, "St Anne's were great with [person], they were aware of their issues and helped support them in their routines and gain more independence."
- Staff consistently told us they were well supported to give people their attention and time. They worked passionately and proactively with external health and social care professionals to be as flexible as practicable to meet people's needs. Staff were respectful in their interactions, in the meetings they held and in the records they maintained.
- People were receiving a greater continuity of care following the service recruiting more permanent staff and being less reliant on some agency support. People demonstrated evident trust and humour with support staff. They were living full lives.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were wholly involved in the development of their care plans. Staff knew people well and contributed to ideas about how care and support plans could change over time. One external professional said, "They are advocating for [person] in MDT's (multidisciplinary team meetings) which is refreshing. They treat them as a person and do try to ensure their voice is heard."

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. At this inspection the rating remains 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There had been a lack of meaningful oversight at registered manager level in the months prior to our inspection, which the provider had identified and taken action on. Staff had worked hard to ensure any shortfalls in documentation and assurance work was completed, reviewed and up to date.
- The provider had recently improved recruitment processes to encourage a greater understanding of the role for applicants before they applied. They had reduced agency usage and there was a strong core staff team.
- Staff demonstrated awareness of the broader sector and how their role in social care was integral to health and social care providing effective outcomes for people, and clear pathways through care.
- People and their relatives felt included on an informal basis. The provider recognised they had not received the most recent survey results from people and had plans in place to revisit these to gain more ongoing feedback.

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

- Staff felt well supported by their immediate managers and colleagues. There was a strong team ethic and staff worked flexibly to support people and each other. One staff member said, "The office and management are so supportive."
- The provider had an effective reporting system in place to record and analyse incidents to help establish patterns or trends.

Working in partnership with others

- Staff worked well with other health and social care organisations, and families, to ensure people could move between services when needed.
- The culture at the service was positive. External professionals had confidence the service and its culture. One said, "They are proactive and are quick to raise concerns if there are any. They hold regular team meetings."

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 provider had recognised notifications to CQC had not always been completed in a timely way and had

put in place actions to rectify this. The provider understood the duty of candour and this was covered at staff meetings.

- The provider was responsive to feedback and keen to continue learning lessons, improving the service, with outcomes for people at the heart of that.