

## St Anne's Community Services

# St Anne's Community Services - Leeds DCA 2

### Inspection report

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Website: [www.st-annes.org.uk](http://www.st-annes.org.uk)

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11 September 2019

13 September 2019

16 September 2019

17 September 2019

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16 October 2019

### 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?

Good ●

# Summary of findings

## Overall summary

### About the service

St Anne's Community Services – Leeds DCA 2 is a supported living service providing personal care to people with a learning disability in their own homes. When we inspected the service there were 16 people receiving support. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered managers at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

People were safe and happy in their homes and with the care and support they received. The provider took steps to protect people from risks, including the risk of abuse or avoidable harm. Medicines were managed safely. Enough staff were employed to support people and appropriate arrangements were in place to recruit staff safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to do the things they wanted to. Staff and the registered managers were enthusiastic and highly motivated to provide person-centred care based on people's choices and preferences.

Staff were trained and supported to deliver care according to people's needs; and worked with other

agencies to deliver consistent and effective care. People were supported to maintain their health and had a varied and balanced diet.

Support plans were person-centred and detailed. People told us staff were caring and treated them well. People had developed caring and kind relationships with staff and the registered managers. Staff and the management team worked to respect and promote people's privacy, dignity and independence.

The service was well led. The provider and registered managers assessed and monitored the quality of care. There was a positive, person centred and caring culture in the service led by the registered managers. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

The last rating for this service was good (published 25 March 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# St Anne's Community Services - Leeds DCA 2

## **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 Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service provides care and support to people living in five '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 had two managers registered with the Care Quality Commission. 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.

#### 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 registered managers would be in the office to support the inspection.

Inspection activity started on 11 September 2019 and ended on 17 September 2019. We visited the office location on 11 September 2019.

#### What we did before the inspection

We reviewed all the information we held about the service. We contacted relevant agencies such as the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

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.

#### During the inspection

We visited and spoke or spent time with four people who used the service. We spoke by telephone with two people's relatives. We also spoke with eight members of staff and the two registered managers.

We reviewed a range of records. This included three people's care records and medicine records. We looked at staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Systems and policies were in place to protect people from abuse and avoidable harm.
- People told us they felt safe and would speak to staff if they had any concerns. People's relatives were assured their family members were safe and well supported. One relative said, "Everything is very safe, the staff really understand [name of family member]."
- Staff had received safeguarding training and could recognise abuse and knew how to protect people from the risk of harm. One member of staff said, "We are fully trained in this area and the importance of reporting is always stressed."
- The registered managers had reported any concerns to the relevant professionals, the Care Quality Commission and had taken appropriate action in all cases.
- Accidents, incidents and safeguarding concerns were recorded on the provider's computerised system, which allowed the registered managers and provider to have oversight and identify any trends or lessons learnt.

Using medicines safely

- Medicines were managed safely. Staff told us they received training and their competency was checked to ensure they administered medicines safely.
- People received their medicines including 'as required' medicines as prescribed. There were appropriate systems in place to store and administer medicines safely.
- Daily checks and monthly audits were completed to ensure people received their medicines safely.

Assessing risk, safety monitoring and management

- Individual and environmental risks to people were identified, assessed and managed safely.
- Risk management plans were in place to provide guidance to staff to reduce the risks to people. Staff told us the information was what they needed to know and could tell us how they kept people safe. For example, how to manage a person's mobility to reduce the risk of falls.
- All the necessary environmental health and safety checks were completed.
- Fire drills were held regularly, and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- Staffing levels ensured people received the support they needed safely and at the times they needed. The registered managers told us that staffing levels were based on the dependency and needs of the people they were supporting.
- Staff and people's relatives told us there were enough staff. One relative said, "I have no concerns about

that, always plenty of staff who are very welcoming when I visit." Another relative said there had recently been several new staff supporting their family member. They said, "It would be good if we were properly introduced to new staff; I have to ask them their names."

- Staff were recruited safely as all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.

#### Preventing and controlling infection

- People were protected from the risk of infection. People were supported to keep their homes clean.
- Staff had received training in infection control and could tell us what they did to prevent and control infection, such as washing their hands and wearing gloves.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance; Adapting service, design, decoration to meet people's needs.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff could understand people's communications to establish whether consent to care was given and their day to day choices. Where possible, people had signed to show their consent to care activities.
- The registered managers and staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.
- People's needs were comprehensively assessed for all areas of their lives and considered their planned care, agreed outcomes and goals.
- People's care and support plans were based on current best practice guidance and was reviewed in line with their changing needs. For example, following an occupational therapist's advice, changes were planned to a person's room to make the environment safer for them.
- Risks in people's home environments were assessed to promote safety.

Staff support: induction, training, skills and experience

- Staff received an appropriate induction and training in all the required areas. There was a system in place so that when staff required a training update, this was arranged. Where any updates were overdue, plans were in place to ensure completion.
- Relatives told us they thought the staff had the training to support their family members. One relative said, "I always find the staff knowledgeable and professional."

- Staff spoke about training they had received which helped them to provide effective support to ensure they could meet people's individual needs. For example, one member of staff said how they had a greater understanding of a person's mental health needs due to training they had attended.
- Staff told us they were supported by the registered managers and received regular supervision and appraisals. One member of staff said, "[Name of registered manager] is lovely; always there for you and you feel you can raise anything."
- New staff were introduced to people before providing any support and were supported to learn about people's needs by familiar and experienced staff. This enabled people to experience continuity of care.

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

- Staff ensured people's dietary needs and preferences were met. There was information held in people's support plans about their likes, dislikes and any dietary needs.
- People told us they enjoyed the food and staff helped them with their meals.
- We observed a good mealtime experience when we visited people; the individual support a person needed was provided with dignity.

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

- People were supported with all their health needs. One relative said, "They are very good with all of that, keeping on top of appointments and letting us know how they have gone on."
- Support plans provided clear guidance for staff on people's healthcare needs and included detailed information about specific health conditions.
- People had health action plans and were referred to appropriate health professionals as required. This included dentists, GP's and district nurses. One person was supported to have all appointments at their home as they found attending external venues distressing.
- People had 'hospital passports' in place. These were documents to help provide important information when a person is admitted to hospital. For example, how the person wishes to communicate and any allergies they have.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they were happy with their support and we could see people had developed positive relationships with staff. Staff spoke with fondness about the people they supported. One staff member said, "[Name of person] has a wonderful sense of humour a contagious laugh and a lovely smile."
- People were relaxed and happy in the company of staff. All interactions we saw were positive and respectful. For example, staff spoke to people in a kind way; using communication people could understand. Staff treated people as valued individuals.
- People's relatives spoke highly of the caring nature of staff. One relative said, "I have known a lot of the staff a long time. They are all very reliable and very understanding of [name of person's] needs. They also understand me."
- Relatives told us their family members always looked well presented. One relative said, "Personal care is very good, great attention to detail."
- People were protected from discrimination in relation to the protected characteristics in line with the Equality Act 2010. Staff received training in equality and diversity and person-centred approaches and told us they were open to support people of all faiths and cultures.

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

- People's relatives told us they were involved in the development and review of their family member's support plan. One relative said, "I am asked about everything regarding [name of family member]." Another relative said, "We work together to make sure [name of family member] has everything they need."
- Staff showed an excellent awareness of people's individual needs, preferences and interests. People were asked to make choices about what they wanted to do or what meals they wanted.
- House meetings were held with people where they chose to. Information was also gathered informally through day to day conversations and formally through surveys.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity. People's confidentiality was supported and information about people was held securely.
- People were supported by staff who understood the importance of treating them with dignity and respect. Staff explained how they supported people in a way that maintained their dignity, such as explaining what they were doing, seeking consent, knocking on doors and keeping people covered during personal care.
- People were encouraged to maintain and develop their independence where possible. For example, staff would enable people to do what they could for themselves when providing personal care or supporting with

tasks such as cooking.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were supported by staff who had a good understanding of their individual care and support needs and their personal preferences. This meant staff provided them with personalised care tailored to their needs and wishes. For example, staff spoke of how they used games to encourage communication with a person.
- People's needs were clearly detailed in their support plans and contained information about how they wished to receive their care and support. Staff spoke of the importance of continuity for people and avoiding changes that could cause upset or distress for people. A staff member said, "It is important to keep to routine for [name of person], things have to be just as they like them."
- Staff said they found the support plans informative and they covered all aspects of people's needs. A staff member on their induction told us they had been given time to get to know people and had found the support plans invaluable during this period.
- People were supported to be able to live their life how they wanted. A relative told us, "We are very lucky with this service. My [family member] can do what she wants when she wants, they have a good life."
- At the time of inspection, no person was receiving end of life care. The registered managers said people were offered discussions to identify end of life care preferences; and their choice not to discuss this was respected. Some people had arranged pre-paid funeral plans for themselves.
- The provider was in the process of ensuring all staff completed training in end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their support plans. Staff understood people's communication styles and how to support them effectively around this.
- Information was shared with people in easy read formats, for example easy read information on raising concerns and safeguarding.
- The registered managers confirmed information could be provided to people in a format of their choice if needed. For example, large print, easy read and audio version.
- Audio books were under consideration for a person who was visually impaired. The registered manager said they were going to see if the person enjoyed these.

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

- People were supported to participate in various social and leisure activities within and outside of their home to meet their individual needs and interests. For example, people who had an interest in music had been supported to make their own CD at one of the houses. Sensory items and objects were available for a person who found it difficult to engage in community activities.
- People either chose to go to a day centre or decided what they wanted to do within the community. This included nail bars and beauty parlours, cafes and shops and other social groups within the community such as a snooker club.
- People told us they enjoyed what they did and had plenty to do. One person said, "I like to keep busy and that's what I do."
- People were supported to keep in touch with their families, for example, going out for meals with them. A relative spoke of a party they had enjoyed with their family member when celebrating a significant birthday. They said, "The staff made it so nice and special; very enjoyable indeed."
- In line with 'registering the right support' people were part of their communities, they used local facilities and accessed community health and leisure facilities.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people were provided with easy read information about how to make a complaint.
- Any concerns had been recorded and appropriate action had been taken. There were minimal concerns as people were happy with the service. The service had received some compliments from relatives, local community members and health and social care professionals. These included; 'The service was sensitive and caring' and positive feedback on how well staff interacted with a person they supported in a local shop.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 the registered manager did not have overall management responsibility for all the supported living services. There were now two registered managers; each having responsibility for a geographical area of the service provision.
- The registered managers had a regular presence in the service to ensure the quality and safety of the care provided. They worked closely with staff to monitor the care provided. They reported any performance issues regularly to the provider to ensure good oversight of the quality of the service. For example, medicines records errors had been identified as a pattern and corrective action had been taken to improve on this.
- The registered managers also completed a range of audits based around their regulatory requirements. This supported the service to continually review their performance and identify areas for improvement. Where issues were identified these were monitored through an action plan and reviewed as part of the area managers oversight of the service.
- There was also a regular meeting of managers across the provider's services where organisational learning and updates regarding new legislation and best practice guidance took place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led; there was an open and transparent culture at the service which promoted person-centred care, and supporting people to live as full a life as possible and achieve the best possible outcomes.
- The registered managers demonstrated a strong commitment to ensuring they provided person centred and high-quality care. They were open and responsive to feedback during our inspection.
- Staff felt confident to report concerns and said they felt valued. One of the registered managers had been trained in mental health first aid to enable them to support and promote staff's well-being.
- All people, relatives and staff were positive about the registered managers and said they were supportive and approachable. One person told us, "[Name of registered manager] is the boss and I like them." A relative said, "I always feel reassured by [name of registered manager], they are great."

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered managers

understood their responsibilities in respect of this and had informed the relevant people of any incidents or accidents.

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

- People and those important to them were engaged with the service. The registered managers and staff used a range of ways to involve people and staff. This included speaking with people and their family on an informal basis.
- The provider also carried out an annual survey to encourage feedback from people, staff, relatives and other stakeholders such as health professionals. These all showed positive feedback. Comments included; 'The staff are so helpful and always ready to listen' and 'I am very pleased with the service and the friendship that is provided.'
- Regular staff meetings occurred; staff told us they felt listened to and were kept informed on important aspects regarding the service.

Working in partnership with others

- The staff team worked in partnership with other agencies to ensure people's needs were met in a timely way. This included liaison with health and social care professionals.
- The registered managers attended various management meetings and forums to ensure they remained up to date and shared best practice. This included a forum looking at recruitment and retention of staff.