

St Anne's Community Services

St Anne's Community Services - Dewsbury 1

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Anne's Community Services - Dewsbury 1 (known to staff, people who used the service and their relatives, as Oxford Road) is a care home. The home provides support and personal care for up to five adults with a learning disability. On both days of our inspection, there were five people living in the home.

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.

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

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.

Right Support: 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. People were empowered have control of their daily living as staff gave them choices and where needed, supported them to make decisions. Staff knew people's likes and preferences.

Right Care: The care provided by staff was person-centred and put people and their families at the centre of their care planning. The interactions between people and staff were entirely natural and gave the service a 'family feel'. People were relaxed in each other's company. Staff consistently knocked on people's doors before entering their bedrooms, which respected their privacy and dignity. People's protected rights were understood and met by the staff team who showed a strong insight into their care and support needs.

Right Culture: The management team developed a stable workforce which made for a positive culture. Staff felt supported through a programme of induction, training and regular supervision meetings. They felt able to discuss their own wellbeing as well as talking about the needs of people living in this home. Effective systems of governance meant the provider had oversight of the running of the home. People and their families provided positive feedback to us about the quality of care provided.

The management team responded appropriately to a misunderstanding regarding current infection control guidance. The home was found to be clean. People received their medicines as prescribed. We identified some recording issues which the management team responded to immediately. Staff received training in medicines management and were assessed as competent to administer.

There were sufficient numbers of safely recruited staff to care and support people. Risks to people were known and had been managed appropriately. People were supported to maintain a healthy and balanced diet and staff understood their dietary needs. Staff understood how to identify and respond to signs of ill health in people living at this service. Examples of staff working with a range of partners, including those specialising in healthcare, was seen throughout this inspection.

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

Rating at last inspection

The last rating for this service was rated good (published 23 December 2017).

At our last inspection we recommended the provider followed good practice where people may lack mental capacity. At this inspection, we found this recording had improved as mental capacity assessments and best interests decisions were in place.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 effective?

Good ●

The service was effective.

Details are in our effective 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 - Dewsbury 1

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

On day 1 of the inspection, 2 inspectors visited this service. 1 inspector carried out the second day of inspection. An Expert-by-Experience made telephone calls to people's relatives and representatives. 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

St Anne's Community Services - Dewsbury 1 is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Anne's Community Services - Dewsbury 1 is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in 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

During the inspection, we spoke with the registered manager, deputy manager, area manager and 3 support workers. Some people who lived at this service used non-verbal communication. We used different methods to help us understand people's experiences. We spent time observing the support people received. We spoke with 3 people who used the service and 4 relatives and representatives. We looked at 2 care plans to ensure these reflected people's needs.

After the inspection

We continued to seek clarification from the service to validate evidence found, including looking at systems of governance.

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.

Preventing and controlling infection

- Infection prevention and control was mostly well managed.
- On day 1 of our inspection, infection control guidance had been misunderstood by staff as this was not being followed. We discussed this with the registered manager who took appropriate action. The registered manager and area manager ensured other services they managed had the guidance reissued to them. There was no harm to any people or staff.
- In March 2023, the registered manager contacted the local authority infection control team to discuss infection control issues affecting the home. A care plan was put in place for each person.
- One relative said the home was, "Spotless." We found the premises were kept clean.

Visiting in care homes

- Relatives told us they were welcome to visit the home without restriction.

Using medicines safely

- Medicines were mostly managed safely.
- The medication audit did not identify that 1 person had a specific medicine changed from regular to 'as and when required'. There was no harm to this person as they only received this medicine when needed. The medication administration record (MAR) was immediately updated.
- We looked at MARs for each person and found medicines were administered as prescribed. One person we spoke with confirmed they received their medicines.
- Staff received training in the safe administration of medicines and their competency had been assessed within the last 12 months.

- Systems and processes to safeguard people from the risk of abuse
- People were protected from the risk of abuse by trained staff.
- One person told us, "I'm really safe and secure." Other people who were able to comment also said they felt safe.
- Staff received safeguarding training and were able to confidently describe how they would identify abuse and action they would take. One staff member said, "What I like is there's a lot of different people you can speak to (about safeguarding concerns)."
- Safeguarding discussions were held with people at their house meetings. When people accessed the internet, they were supported by staff to remain safe.

Assessing risk, safety monitoring and management

- Risks to people had been assessed, monitored and reviewed.

- Staff understood risks to people and risk assessments were in place. For example, one person's choking risk was well documented and steps had been taken to ensure this person was suitably supported.
- Risks associated with falling had been assessed and we found an occupational therapist had been involved in one person's care.
- A fire risk assessment was in place and personal emergency evacuation plans had been kept up to date. A staff member told us, "We know how each person would act (in the event of a fire)." Risks associated with premises and equipment had been mitigated as regular maintenance had been carried out.

Staffing and recruitment

- There were sufficient numbers of safely recruited staff to meet people's needs.
- There were sufficient numbers of staff to support people safely inside and away from the home. People were supported to access the community with staff based on their assessed needs.
- Staffing levels were calculated by the registered manager depending on the number of people in the home, their dependency levels and how many staff were needed to support people to access the community.
- We looked at 2 recruitment files and saw appropriate background checks had been carried out before staff commenced their employment.

Learning lessons when things go wrong

- Lessons were learned when things didn't go as planned.
- In March 2023, the area manager identified the handover process could be more effective as staff who had been on leave were unsure about what had been happening in the service. At this inspection, on day 1, we met with a staff member who had just returned from leave and attended the staff handover. They were able to demonstrate insight into key updates, which showed this process had been strengthened.
- Technology had been introduced for one person in response to recent incidents. This meant they were safe in their living environment.

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 as requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommended the provider consider current guidance on following the Mental Capacity Act (2005) and having records in place to demonstrate this. Sufficient improvements were identified at this inspection.

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.

- People had a range of mental capacity assessments and best interests decisions in their care records, which showed involvement with people's relatives and representatives.
- Throughout both days of our inspection, we saw people freely choose how they wanted to spend their time and they were routinely given choice by staff. One relative told us, "They (staff) do encourage (people's) independence." A staff member said, "I always put people first and discuss how they want to do something."
- Each person in the service had an up-to-date DoLS authorisation in place.

Staff support: induction, training, skills and experience

- Staff received ongoing formal support as part of their development.
- Staff received appraisals in August and September 2023. We looked at these as well as supervision records and found they were detailed, showing meaningful discussions with staff. Performance, wellbeing and career objectives were all discussed. We could see where staff were recognised and praised for their hard work. One staff member said, "It's like a wellbeing check. I think it's really good. It's nice to come into a company where you're seen as a person."

- Staff received a robust induction before they started their employment. Training records showed staff received a selection of mandatory and specialist training. Training completion levels were found to be high.

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

- People were supported to have enough to eat and drink.
- Staff were fully aware of people's dietary needs and prepared meals accordingly. People were invited to help with shopping for food. Meal planning was organised with each person choosing a favourite meal for the house for a night of the week. Where someone wanted something different, an alternative was provided by staff. People were supported to have a healthy and balanced diet.
- People told us they enjoyed the food provided. One relative said, "I would be quite happy to stay and eat there. They know what (name) likes and they try to give each (person) a choice. It's all homemade."

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

- The premises had been adequately maintained.
- People had been involved in choosing the colours and other decorations in their bedrooms, which we saw were personalised to their likes and interests. People chose colour schemes in communal spaces as well as the furniture in the home.
- Following our inspection, the registered manager told us they were looking to add to the amount of sensory equipment in the home.

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

- Staff worked with a mix of healthcare professionals.
- One person told us, "They (staff) can tell when you're not feeling well." Staff understood the signs they would look for which might indicate someone deteriorating in health. A relative commented, "Whatever concerns they (staff) deal with them appropriately. They (people) have regular reviews on hearing, sight and they have the regular reviews with the GP."
- People were supported with their mobility needs as staff worked with nurses and an occupational therapist. A variety of professionals were involved in meeting people's healthcare needs. These included speech and language therapists, a falls team, dentist, optician and an admiral nurse.
- Each person had their own health action plan which provided details about how their healthcare needs were being met.

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

- Needs and choices were assessed and care was delivered by staff following guidance and the law.
- Whilst no new people had moved into this accommodation since our last inspection, systems were in place to assess people's needs to ensure they could be met before moving into this service.

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

- The service provided a consistently person-centred, empowering and inclusive environment for people to live in.
- One person was living with a specific health condition which meant their care needs had changed. Relevant external professionals had been consulted and sensory equipment had been purchased for them. Staff were effective in providing personalised care for this person.
- Another person had asked if they could be responsible for cleaning different communal spaces. We saw they took pride in this work and staff supported them as and when needed. The same person said, "I like doing my jobs." People were supported to regularly access day opportunities in community settings.
- A satisfaction survey carried out in February 2022 showed people, their relatives and representatives were pleased with the service provided at this home.

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's duty of candour was being fulfilled.
- Relatives told us they felt fully informed if a significant event occurred. Feedback included, "(Staff) do keep me informed of what's going on" and "We do get updates."
- Records of accidents and incidents were being maintained. These showed appropriate action had been taken in response to these events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A number of quality assurance systems were used to provide oversight of this service.
- The provider's March 2023 'quality standards service review' gave an effective evaluation of the home and contained relevant actions. Feedback had been gathered from relatives for this review.
- The 2023 contact log showed regular communication between the area manager, registered manager and deputy manager. This demonstrated meaningful engagement and we saw actions were being followed up.
- The continuous improvement plan had not been updated since the end of March 2023. However, the management team had been actively making improvements since this time. Immediately following day 2 of our inspection, the plan was brought up to date.

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

characteristics

- People, relatives and staff felt fully engaged in how the service was running.
- One person told us, "They (staff and management team) listen to any problems, They're there for you all the time."
- One relative said, "We have regular two-way communication. We get minutes about the meetings, we feel involved. We have an arrangement, whereby I have a weekly phone call with (staff) which I find very useful." Another relative said, "I feel involved in (person's) care planning."
- Staff meetings were held on a monthly basis. One staff member told us these sessions were used to communicate key messages. They said, "We go through each (person) with any updates." Another staff member told us, "I always get 100% backup from them (management team). I think it's a really good staff team as we support each other. I do love the job." House meetings for people living at this service were also regularly held.

Working in partnership with others; Continuous learning and improving care

- Evidence of partnership working was seen during this inspection.
- The management team were part of a network of service managers. The deputy manager said, "I enjoy them (meetings), you learn all sorts of things." Staff attended infection control meetings with partners and worked with services in the local community.
- The provider worked in partnership with relatives and representatives. We asked relatives if they would recommend this service. Their comments included, "I would recommend, it's the best alternative to living with you. I want to be booked in when I need care. We wouldn't want (person) to live anywhere else" and "Yes, I would. There's no concerns, it's a home from home. If anything, the (staff) there have made (person) improve. I am more than happy."
- The management team were responsive to our feedback throughout the inspection. They were committed to making improvements to enhance the care people received.