

St Anne's Community Services

St Anne's Community Services - The Crescent

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Anne's Community Services - The Crescent provides residential care for up to five people with a learning disability or autistic spectrum disorder. Five people were using the service when we inspected.

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.

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

People had been put at increased risk of harm because aspects of the service were not always safe. Recording issues meant we could not be sure people's prescribed medicines were managed, stored and administered safely. Health and safety risks had not been identified and addressed in a timely way. For example, adequate window opening restrictors were not always in place. Records were not available to show equipment was checked, serviced and safe to use. Improvements were needed to reduce the risks associated with a fire occurring.

People did not benefit from an inviting and homely environment. Areas of the service were unclean. There were a number of maintenance issues throughout the service including damaged paintwork, fixtures and fittings. Cluttered communal areas made it harder to support people who used mobility aids.

Management and provider audits had been ineffective in identifying and addressing the concerns we found about the quality and safety of the service. The acting manager split their time between two of the provider's locations and needed more support to address the concerns identified. Records were not always well maintained and statutory notifications had not been submitted as legally required.

The provider immediately responded to our concerns, arranging for the service to be deep cleaned, maintenance issues to be addressed and putting additional management support in place. Whilst this showed a positive commitment to improve the service, further sustained improvements were needed to make sure robust systems were in place to identify and address problems in future.

Although sufficient staff were deployed to meet people's needs, there was a high level of agency staff used. New staff including agency workers had not always received a thorough induction to the service. There were some gaps in staff's training. Staff received supervisions and an annual appraisal of their performance.

Staff were trained to identify and respond to safeguarding concerns. People's needs were assessed and person-centred care plans and risk assessments were in place to support staff to safely meet people's

needs. Some risk assessments had not been reviewed in line with the provider's own policies and procedures. Accidents and incidents were recorded and monitored to make sure appropriate action was taken to keep people safe.

People gave positive feedback about the food available. Staff supported people to make sure they ate and drank enough. We spoke with the acting manager about evaluating changes in people's weight to help identify any issues or concerns.

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. Appropriate applications had been made when necessary to deprive people of their liberty.

People praised the kind and caring staff. The provider was working hard to recruit permanent staff and tried to use the same agency workers, so people were supported by staff who they were familiar with and who knew their needs. Staff treated people with dignity and respect.

Staff understood people's communication needs and accessible information was available to help people understand information about choices and to support them to make decisions. Systems were in place to respond to complaints about the service.

The outcomes for people using the service in part reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People had some opportunities to take part in activities. The provider was working with the local authority to improve access to transport and help people more regularly access their wider community. We made a recommendation about continuing to develop the support with activities. Staff supported and encouraged people to maintain their independence.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (report published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safety and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Anne's Community Services - The Crescent

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

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

The service did not have a manager registered with the CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. An acting manager was in post, but they had not applied to become the registered manager.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals. We used information the provider sent us in the provider

information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to help plan our inspection

During the inspection

We spoke with two people who used the service, two people's relatives and received feedback from three health and social care professionals. We spoke with the acting manager, acting deputy manager and three members of care staff.

We reviewed two people's care records, including their medication administration records and daily notes. We looked at two staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

After the inspection

We continued to review evidence from the inspection and 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 good. At this inspection this key question had deteriorated to requires improvement. 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management

- Areas of the service were unclean and showed signs of ingrained dirt; damaged and worn paintwork, fixtures and fittings could not be hygienically cleaned.
- Good practice had not been followed to maintain standards of hygiene and cleanliness; cleaning rotas had not always been completed to show areas of the service had been regularly cleaned or deep cleaned.
- The provider had not complied with Criterion 1 and 2 of the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.
- People were not properly protected against health and safety risks; for example, adequate window opening restrictors were not in place to reduce the risk of people falling from a height likely to cause harm.
- Fire doors did not always close properly and fire drills had not been completed with staff working at the service. A recommendation from the provider's fire risk assessment had not been addressed to improve safety.
- Whilst the provider immediately responded to our concerns, for example arranging for the service to be deep cleaned, installing window opening restrictors and addressing maintenance issues, we were concerned robust audits had not been used to identify and address these risks sooner.

The failure to adequately monitor and respond to risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Permanent staff had a good understanding of people's needs and risks to their safety.
- Detailed risk assessments were in place to guide staff on how to safely support people, but these had not always been reviewed and updated in line with the provider's own policies and procedures.

Using medicines safely

- People were put at increased risk of harm; recording issues meant we could not be certain people's medicines had been administered safely.
- Protocols were not always in place to guide staff administering medicines prescribed to be taken only when needed; a person's pain relief patch had not been regularly moved to avoid causing skin problems; stock levels were not accurately monitored to make sure doses of medicines had not been missed.
- Robust medicine audits had not been used to identify and address the issues and concerns we found.

Staffing and recruitment

- People were supported by staff who had been checked to help make sure they were suitable to work with adults who may be vulnerable.

- Staff were available to provide patient and unrushed support to people throughout the inspection. Staffing levels fluctuated depending on the support and activities planned each day.
- Although sufficient staff were deployed, there was a high level of agency staff used.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were helped to stay safe by staff who had been trained to identify and respond to any safeguarding concerns.
- Management understood their responsibility to report safeguarding concerns and work with the local authority safeguarding team to investigate any allegations of abuse or neglect.
- Accidents and incidents were documented and checked to make sure staff had responded appropriately.
- The acting manager and provider monitored accidents and incidents that occurred to identify any lessons that could be learned to help prevent a similar thing happening again.

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 good. At this inspection this key question had deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not live in a homely environment. Areas of the service were tired, worn and in need of redecoration or repair.
- Cluttered communal areas made it harder to support people who used mobility aids. For example, staff had to lift equipment around a person, because there was limited space in the dining area to support them.
- The provider had identified some concerns about the environment and started work to renovate and redecorate to improve the standard of people's accommodation.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs. Some training needed to be updated, but the provider had plans in place to address this.
- Professionals provided consistently positive feedback about permanent staff, but said there were inconsistencies with some agency workers. A professional explained, "Some support workers have known the residents for many years and have detailed knowledge of their past and know what strategies work best when supporting them."
- New staff and agency workers had not always received an induction when they first started work; the provider explained plans in place to make sure this was completed and recorded for all staff in future.
- Staff had supervisions and an annual appraisal to monitor their performance and support them to identify and achieve goals.

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

- People were supported to make sure they had enough to eat and drink; staff prompted and provided assistance if necessary at mealtimes.
- People were involved in planning what went on the menu and praised the quality of the food available. A person explained, "The food is lovely, it's nice food here. If you are ever hungry you can go to the kitchen and get something."
- People were regularly weighed; we spoke with the acting manager evaluating changes in weight to help identify any concerns and assess the level of risk.

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

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

- People's needs were assessed and care plans recorded information for staff about how to meet their needs

and preferences.

- People were supported to access health and social care services when needed. Staff worked with professionals for their advice, guidance and support.
- Information about people's health needs was recorded and monitored in their care plans.

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 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.

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, 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.

- People had choices about their day to day care and support; staff offered people options and encouraged them to make decisions.
- Staff sought people's consent before providing care; they assessed people's mental capacity to make specific decisions and had submitted applications when needed to deprive people of their liberty.

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 good. At this inspection this key question 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 were supported by kind and caring staff. A person said, "They are nice and friendly." Professionals told us, "The support workers are extremely caring" and, "There are some really great members of staff who work really hard and care about the residents."
- Management tried to book regular agency staff so people were supported by consistent and familiar staff.
- People were supported to meet their personal care need; they were appropriately dressed and looked well cared for. A relative said, "The way the staff treat them is very good. [Name] is quite happy there, they get well looked after."
- People were free to make decisions and told us they were not restricted by routines; a person explained how they got up and went to bed when they wanted to and were free to do the things they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained; staff helped people to their bedroom or the bathroom to provide support with personal care. They made sure bedroom and bathroom doors were shut to maintain people's privacy.
- Staff treated people with dignity and spoke with them in a respectful and kind way.
- People were empowered to do things for themselves to help maintain their independence, for example, a person made themselves hot drinks throughout our inspection.
- Care plans reinforced the importance of maintaining people's independence; they recognised and recorded the things people did for themselves and prompted staff to provide assistance only when needed.

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

- People were involved in decisions about their care. Staff understood people's communication needs, offered people choices and supported and encouraged them to make decisions.
- People were visited regularly by an advocate to make sure their wishes and views were represented and heard on things that were important to them.

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 good. At this inspection this key question has remained the same. This meant people's needs were met.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in some activities and access their wider community.
- Some people went out regularly and took part in a range of activities and work. Other people had limited opportunities to access their wider community due to problems with accessing suitable transport. The provider and local authority were looking at this and working to improve the opportunities for meaningful activity.
- Records did not always show people had been offered or took part in regular activities.

We recommend the provider continues to review the support provided with activities.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain important relationships. Staff encouraged visitors, a relative told us, "When I go the staff always make me feel welcome."
- There was good communication and staff helped relatives stay in touch and involved by providing regular updates. One relative explained, "They always keep me up-to-date. They soon ring me up if there are any problems, but they don't have to as there is not usually anything wrong."

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

- People's needs were assessed and plans put in place to guide staff on how best to support them. Care plans included person-centred information about people's likes, dislikes and personal preferences.
- Permanent staff showed a very good understanding of people's needs; the provider tried to use regular and familiar agency staff so people were supported by people who knew them and their needs.

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 had been assessed. Information was recorded in their care plans to guide staff on how best to communicate with them and share information in an accessible way.
- Accessible information, such as easy-read documents, were available when needed to help people be involved in decisions. Easy-read information includes pictures and words and is a way of making written information easier to understand.

Improving care quality in response to complaints or concerns

- People felt able to speak with staff or management if they had any concerns or needed to complain about the service. A person told us, "I can talk to [staff members names] if I am unhappy and they sort it out."
- The provider had a complaints procedure outlining how they investigated and responded to complaints to improve the service.

End of life care and support

- People did not need end of life care at the time of the inspection. The provider had a policy and procedure to guide staff on how best to support people should the need arise.
- Information had been recorded about any wishes or views people had for their care and support at the end of their life.

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 good. At this inspection this key question had deteriorated 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.

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

- People had been put at risk of harm, because issues and concerns about the quality and safety of the service had not been identified and addressed in timely way.
- There had been changes in management since the last inspection; the service did not have a registered manager. An acting manager was in post, but they had not applied to become the registered manager.
- The acting manager also managed another of the provider's locations and split their time between the two services; this impacted on the time available to manage the service, identify issues and address concerns.
- Audits had been ineffective in addressing issues with the deteriorating standards of people's care and in driving improvements. For example, audits had not been used to identify the concerns we found in relation to the management of people's medicines or with the cleanliness of the service.
- The provider had not made sure CQC had been notified of two authorised applications to deprive people of their liberty as legally required.
- Records were not always well-maintained. Care plans and risk assessments had not been reviewed and updated regularly and records did not show people were offered support with regular and meaningful activities.

The failure to adequately maintain the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff clearly cared about the people they supported, but had become demoralised by the challenges of working with a high level of agency staff and what they saw as limited management support.
- There was not always effective teamwork and staff did not consistently work in a coordinated and well-led way to meet people's needs.
- Management had been slow to react to problems; staff raised concerns about delays addressing issues they had identified with the home environment.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Professional praised the work being done to improve the service. Feedback included, "I think [acting manager's name] is really good and doing the best they can to put everything in order. When I speak with

them, they listen and try to get it sorted."

- The provider was committed to engaging with people to address the concerns identified. They had put in place an action plan, arranged a team meeting to discuss the issues with staff and organised additional management support to help make the improvements needed.

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 acting manager and provider understood their responsibility to investigate concerns and apologise to people if things went wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess health and safety risks and do all that is reasonably practicable to mitigate those risks. Including in relation to preventing the spread of infections. Regulation 12(1)(2)(a)(b)(h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. They had not maintained accurate and complete records. Regulation 17(1)(2)(a)(b)(c)(d).