

St Anne's Community Services

# St Anne's Community Services - Cardigan Road

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Anne's Community Services - Cardigan Road is a residential care home providing accommodation and personal care to up to 8 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 8 people using the service.

### People's experience of the 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:

Systems were not robust enough to demonstrate safety was always effectively managed. Staff were inconsistent when recording and reporting incidents. Medicines were not always managed safely. These shortfalls had not been picked up through the provider's governance arrangements although prompt action was taken once we brought this to the attention of the management team.

There was enough staff available to support people when they were at home and in the community.

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.

### Right Care:

People told us they were happy living at Cardigan Road and we saw people were relaxed in the company of staff and others they lived with.

Care plans had some detailed person-centred information but other information was not up to date. Gaps in care records meant it was sometimes difficult to monitor people's health and well-being.

The service worked effectively with external stakeholders.

### Right Culture:

People were encouraged to live as full a life as possible in relation to social activities and accessing the community. However, opportunities within the service were less so and routines were sometimes not person centred.

The provider had a range of systems and processes to monitor the quality of the service although they did

not always drive the required outcome.

Everyone had opportunities to share their views. Staff felt well supported by the management team who worked at the service.

The management team was responsive to the inspection findings and keen to deliver a high-quality service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Good (published 26 October 2018).

At our last inspection we recommended that the provider improve standards of cleanliness at the service. At this inspection we found the provider had acted on the recommendation and had made improvements.

At our last inspection we recommended that the provider continued in their efforts to ensure staff received regular supervision in line with their policy and improve communication and decision-making processes for the service. At this inspection we found the provider had acted on the recommendation and had made improvements.

Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for St Anne's Community Services - Cardigan Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Recommendations

We have made a recommendation in relation to medicines and person-centred care.

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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Anne's Community Services - Cardigan Road

## **Detailed findings**

### Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. 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 - Cardigan Road 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 - Cardigan Road 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

The first day of the inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from 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). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spent time in communal areas observing the care and support provided by staff. We spoke with 8 people who used the service and 7 members of staff including support workers, registered manager, deputy manager and area manager.

We reviewed a range of records. This included 2 people's care records and 3 people's medicine records. We reviewed 2 staff recruitment files and a variety of records relating to the management of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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.

### Using medicines safely

People were supported to receive their medicines in a way that was not always safe. Appropriate systems for administering prescribed topical creams and as required medicines were not in place. People did not always have protocols to guide staff and guidance that was in place was not carefully followed.

On the second site visit we saw the management team had introduced additional protocols to make sure management of medicines was safer.

We recommend a more robust system is introduced to ensure staff are consistently following a safe medicines administration process.

### Assessing risk, safety monitoring and management

Systems were not robust enough to demonstrate safety was always effectively managed. People had assessments which covered key areas such as managing finances, accessing the community and epilepsy. Most identified how risk should be managed to help keep people safe. However, it was not clear if management of risk always gave people the most freedom possible. For example, how people accessed cigarettes/vapes. The registered manager agreed to review these and ensure people had as much control as possible and that care records fully reflected any restrictions.

### Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. Accidents and incidents were usually recorded appropriately and actions had been taken to help prevent repeat events. However, we saw some incidents had not been recorded using the correct format and were not analysed and lessons were not learned. The registered manager was responsive to the inspection findings and provided assurance they had taken steps to address this shortfall.

### Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff. People told us there was always enough staff available to support them when they were at home and in the community. Records showed people went out very frequently and everyone who was funded for 1-1 staff support received this. One person said, "They are very, very good staff, and caring. I go out with staff to see my sister and am going out tonight."

The provider operated safe recruitment processes. Recruitment records showed staff had been recruited

safely with appropriate checks and a formal induction process.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. The service had effective systems in place to ensure allegations of abuse were reported, investigated, and acted on. Everyone told us they felt safe living at Cardigan Road. One person said, "I always feel safe. The external doors are locked and staff are always on hand, if I need help."

Preventing and controlling infection

At our last inspection we recommended that the provider improve standards of cleanliness at the service. At this inspection we found the provider had acted on the recommendation and had made improvements.

People were protected from the risk of infection as staff were following safe infection prevention and control practices. The service looked clean and we saw the provider had systems for maintaining appropriate standards of cleanliness in the premises. The provider had completed some work which was recommended by an infection prevention and control team in June 2023. The management team shared their timescales to complete the remaining work.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. People told us their friends and relatives were freely able to visit the home and stay for as long as they wished to. One person told us their friend visited every week.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act. Best Interest decisions had been completed when people lacked capacity to make their own decisions such as managing their finances. The service had legal authorisations in place to deprive a person of their liberty, as appropriate.



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

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

The provider did not have a fully supported management structure. The provider's system did not always effectively monitor the quality of care provided to drive improvements. Governance systems were not always reliable. The service managed some areas of risk and quality well, such as maintenance of the building, but other areas were less effective including the management of medicines. Several issues identified during the inspection had already been picked up through quality assurance processes but had not been fully addressed. The service had an action plan to show they were taking action to address the shortfalls.

Continuous learning and improving care

The provider had not consistently created a learning culture at the service which meant people's care did not always improve. Care plans had some detailed person-centred information, but other information was not up to date. We found gaps in some care records, including daily notes and health appointments. This meant it was difficult to closely monitor people's health and well-being. The management team were responsive to the inspection findings and provided assurance they were taking steps to improve.

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

The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people. People were encouraged to live as full a life as possible in relation to social activities and accessing the community. However, opportunities within the service were less so and routines were not always person centred. For example, people engagement in some daily living activities such as household shopping, preparing and cooking meals was limited. One person told us they would like to be more involved in making meals.

We recommend the vision around person centred care is broadened to include all aspects of people's lives.

There was a positive and open culture at the service. People told us they were happy living at Cardigan Road. Feedback about staff and management was consistently positive. One person said, "I like it here very much." Another person said, "[Name of registered manager] is nice and if I have any problems I go to [Name of registered manager] or [Name of deputy manager] and they will sort it out." On both days of the inspection we observed there was a nice atmosphere and people were comfortable in their surroundings,

and enjoyed the company of staff and others they lived with.

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

At our last inspection we recommended that the provider improved communication and decision-making processes for the service and continued in their efforts to ensure staff received regular supervision in line with their policy. At this inspection we found the provider had acted on the recommendation and had made improvements.

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. People who used the service and staff told us communication was good and they could share ideas. Regular meetings were held where people were encouraged to speak up. One person said, "At our meetings we talk about how the house is run and how the staff are. We agree what we are going to do. A member of staff said, "The manager and deputy are brilliant, and we have a great staff team."

Working in partnership with others

The provider worked in partnership with others. The management team and staff understood the importance and benefits of working alongside other professionals. Care records showed staff contacted other professionals when they had concerns about people's health.

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 understood their responsibilities under the duty of candour. The registered manager provided assurance they were open and transparent when things went wrong and confirmed whenever an accident or incident occurred they reviewed if the duty of candour applied.