

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Anne's Community Services – The Crescent is a residential care home providing accommodation and personal care to up to 5 people, in one adapted building. The service provides support to people with learning disabilities and people who may be living with autism spectrum disorder. At the time of our inspection there were 5 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: Model of Care and setting that maximises people's choice, control and independence

Support was provided to ensure people received their medication as prescribed however records in place did not always reflect best practice. We made a recommendation about this. The service gave people care and support in a well-furnished environment that met their sensory and physical needs. People had choice about their living environment and were able to personalise their rooms. Improvement is needed to ensure the cleanliness of the service meets a good standard; we made a recommendation about this and the registered manager took action to review their practice and improve. Staff supported people to take part in activities and pursue their interests however staff told us an increase in staffing would provide people with greater opportunities to access the community. People were supported by staff who knew them well and staff supported people to make decisions following best practice in decision-making. 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: Care is person-centred and promotes people's dignity, privacy and human rights

The service had enough staff to provide safe care however refresher training was needed to ensure staff practices were in line with best practice. People could communicate with staff and staff understood their individual communication needs however more work is needed to ensure all information within the service is accessible. We fed this back to the registered manager who planned improvements. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff promoted equality and diversity in their support for people. Relatives we spoke to were happy with the care provided; One relative said, "They just do a good job and [person] is happy."

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using

services lead confident, inclusive and empowered lives

People's care, treatment and support plans did not always reflect their range of needs and support required. However, staff turnover was low, which supported people to receive consistent care from staff who knew them well. The service did not have clear guidance on what people's goals and aspirations were so these were not monitored however, staff worked with people to meet their aspirations. The service enabled people and those important to them to work with staff to develop the service. Staff placed people's wishes, needs and rights at the heart of everything they did. One staff member said, "We want to ensure the people have the best quality of life."

We received positive feedback from people and their family members about the service. One relative when speaking about the staff, told us, "They're all good, and lovely to talk to." Another relative said, "It's just good, and I have no concerns at all because [person] is well cared for."

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 January 2020) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 3 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safety and governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anne's Community Services – The Crescent on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safety and 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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from 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 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 effective?

The service was not always effective.

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 - 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. 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

One inspector, one member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Anne's Community Services – The Crescent 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 – The Crescent 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This 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 professionals who work with the service. 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 spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and support workers. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We reviewed a variety of records relating to the management of the service, including policies and procedures. We looked at training data and quality assurance records. 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to adequately monitor and respond to risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The risks to people had not always been monitored and managed. The systems in place to monitor people at risk of deteriorating health were not robust. For example, the completion of monthly weight checks was inconsistent. A person had continually lost weight over a significant time period which had not been escalated to the manager and action had not been taken to seek further professional advice.
- Checks on equipment had not always been recorded or carried out. Regular checks on a piece of equipment used to aid in the event of a person falling had not been carried out, as a result this equipment was not available to use when an incident occurred.
- Accident and incidents had been recorded however, the system in place to review, improve and learn from these events was not developed enough to ensure people's safety had been managed effectively. It was unclear what lessons had been learnt and if improvements had been made.
- Each person had a care plan to help guide staff on providing safe care however, more detail was needed to ensure staff had full understanding of the person's care needs. Inconsistent information was found in the records and some people did not have support plans in place in expectant areas. For example, behavioural support plans had not been developed for people who were known to show aggression towards staff.

We found no evidence that people had been harmed however, failure to assess, monitor and mitigate risks to the health, safety and welfare of people using the service increased their risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular fire drills took place and maintenance checks were completed. A system had been developed to report any maintenance needed, which was overseen by the registered manager.

Using medicines safely

- People received their medication safely and as prescribed however, records did not always reflect best

practice. Errors were found in the administration records and signatures were missing from medicine charts. 'When required' medication had protocols in place however, the outcome of the administration of this medication had not been recorded.

We recommend the provider consider best practice guidance for the administration and recording of medication and update their practices accordingly.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received supported from staff to make their own decisions about medicines wherever possible.
- People could take their medicines in private when appropriate and safe.

Preventing and controlling infection

- Effective infection prevention and control measures were not in place. Areas of the service were unclean on the day of the inspection which increased the risk of infection. We fed this back to the registered manager on the day of the inspection who took action to review their practice. Support was sort from the provider to implement improvements.
- Cleaning schedules were in place however, these showed multiple missing signatures and daily cleaning tasks had not taken place as required. Internal audit systems had failed to highlight and address these concerns.

We recommend the provider consider best practice guidance and review their approach to infection prevention and control updating their practices accordingly.

- Staff used personal protective equipment (PPE) effectively and safely.
- The service's infection prevention and control policy was up to date.

Visiting in care homes

The service supported visits for people living in the home in line with current guidance. Visitors were not restricted in any way and safety was promoted while on site for example, personal protective equipment (PPE) was provided for visitors and outdoor visits could be facilitated, weather permitting.

Staffing and recruitment

- There was enough staff to care for the people safely however staff told us additional tasks, such as, the cleaning could be delayed. They also told us; People would have greater opportunity to access more of the activities they enjoyed if staffing was increased. People did not seem to be affected by this however, we fed this back to the registered manager at the time of the inspection to help aid improvement in the service.
- Safe recruitment practices were in place with the appropriate employment checks complete throughout the recruitment process.
- Staff felt supported in their roles and had regular meetings with the registered manager.

Systems and processes to safeguard people from the risk of abuse

- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Appropriate policies were in place which were accessible to staff to help give guidance on how to raise a safeguarding concern.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the appropriate refresher training in place to ensure safe, effective care. Incidents had occurred involving staff who had outdated training in areas such as manual handling and medication. Competency assessments had not been reassessed in the expected timeframe as set out in the providers policy and when mistakes were made additional training had not been provided to staff.

Failure to ensure that persons providing care to service users have the qualifications, competence, skills and experience to do so safely is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appraisals had been carried out to support staff. These gave them the opportunity to discuss any concerns and to consider further areas of interest and training. Champion roles had been introduced to encourage the staff and raise their awareness in areas such as fire safety and safeguarding.

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

- People's needs and choices had not always been fully assessed and recorded. Support plans were missing in areas such as mental wellbeing and behaviours. The records that were in place needed expanding to include more detail for staff to fully understand and provide effective care.
- People could communicate with staff to inform them of their preferences however more work was needed in this area to ensure people could make an informed choice. For example, picture cards were available for meal choices, but activity displays were only available in written format. We fed this back to the registered manager at the time of the inspection. They planned to re-evaluate how information was displayed in the service and make changes to support people's communication needs.
- Appropriate policies and procedures were in place and accessible to all staff which reflected current best practice, guidance and legislation.

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

- People were supported to eat and drink enough and they had a varied diet.
- Weekly meetings were held with the people so they could discuss meal options and design a menu that suited their preferences. Picture cards had been provided to ensure those with communication needs were fully involved in the process.
- People were offered choice by staff and were encouraged to be involved in preparing and cooking their meals.

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

- Staff worked with other agencies well and made referrals to health care professionals to help support people's wellbeing. More work is needed in the recording of the outcome of the medical referrals to ensure recommendations made are included in the care record. We raised this with the registered manager who took action to update people's care records.
- People were supported to attend annual health checks, screening and primary care services.

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

- The service was designed and decorated to meet the needs of the people. Effort had been made to ensure a homely environment which met the sensory and physical needs of people.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person told us they had recently decorated their room and staff supported them to do this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Management and staff were aware of their obligations of working within the principles of the MCA. Appropriate applications had been submitted to deprive people of their liberties legally.
- People were seen to make their own choices which staff supported. Staff respected the rights of the people to refuse support.
- Staff made decisions for people in their best interests when capacity assessments indicated they needed this support.

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 requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to adequately maintain the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The quality and safety of the service had not always been reviewed and improved. Quality audits in place failed to highlight the concerns raised on inspection and audits had not been developed in other key areas.
- Gaps in records had not been addressed and so improvement had not been made. For example, gaps in daily care records and health monitoring were found and reoccurring for an extended time period but audits failed to address this, which put people at risk.
- The lessons learnt from when things went wrong were not well recorded and it was unclear if changes had been implemented to improve the service.

Failure to assess, monitor and improve the quality and safety of the service is a continued 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

- A positive culture which was person-centred and open was promoted in the service. Management were visible and approachable and took a genuine interest in what people and staff had to say.
- Staff felt respected, supported and valued. Staff told us they could approach the registered manager at any time and changes would be made as an outcome of their suggestions.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- Staff encouraged people to be involved in the development of the service. Weekly resident meetings were held to give people the opportunity to share their views and discuss topics which were important to them.
- Team meetings were held which encouraged staff to reflect on the service and offer opinions on ways to improve. Ideas were taken forward, and new opportunities arose from them. For example, one staff member told us they had proposed to develop the garden to make this more engaging for the people. As a result, new raised planters were installed to allow people to grow their own vegetables.
- Newsletters were sent out to relatives to inform them of changes in the service. Relatives told us they were invited to health reviews and they could contact the service at any time.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess, monitor and mitigate risks to the health, safety and welfare of the people using the service. They also failed to ensure that people providing care had the qualification, competence and skill to do so safely.</p> <p>Regulation 12 (1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)(2)(a)(b)(f)</p>