

WCN Care Limited

St Anne's Nursing Home

Inspection report

21-23 Wayside Road
Bournemouth
Dorset
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Tel: 01202425642

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26 February 2019
04 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: St Anne's Nursing Home was providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The home can accommodate a maximum of 18 people.

This was the registered provider's first comprehensive inspection since purchasing the home in February 2018.

People's experience of using this service:

All of the feedback we received about St Anne's Nursing Home from people, visitors and staff was positive. People were happy living at the home and reported that their needs were fully met, and they felt well cared for. The atmosphere in the home was warm and friendly.

St Anne's Nursing Home was furnished and decorated in a way that gave a very homely feel to it. The home was clean and well maintained throughout.

People were supported by staff who understood how to identify and report abuse and how to whistle blow. Staff supported people to take medicines safely.

Staff were experienced and well supported by the management of the home.

People were enabled to have choice and control of their lives and staff did this in the least restrictive way possible; the policies and systems in the service supported this practice.

The new registered provider was developing and improving various policies, procedures and systems in the home. Quality assurance processes had identified a number of areas for improvement and these were being addressed. This included noting that recording of fluid intake needed to be improved and ensuring that all staff training was up to date.

Some areas for improvement such as care planning and record keeping about pressure area care had not been identified by the registered provider. They assured us that quality assurance systems were still being developed in some areas. Checks and audits that had been completed had involved people and led to a safer and better-quality service.

People, relatives and professionals told us they could confidently raise any concerns, and these were addressed appropriately.

Rating at last inspection: St Anne's nursing home was purchased by new owners in 2018. This was the first inspection of the service since the new owners were registered.

Why we inspected: This was a planned inspection in accordance with the suggested timescales following a new registration.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

St Anne's Nursing Home

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 team consisted of an inspector on both days and an assistant inspector on the first day.

Service and service type:

St Anne's Nursing Home 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.

St Anne's Nursing Home accommodates 18 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

The first day of this inspection took place on 26 February 2019 and was unannounced. The second day was announced and took place on 4 March 2019.

What we did:

We reviewed the information we had received about the service since it was registered with CQC and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and any improvements they intend to make. We also spoke with commissioners of the service from the local social services department and clinical commissioning group to obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection we spoke with four people and three relatives. We also spoke with one of the directors, the registered manager and five staff including nurses, carers, cooks and cleaners.

We looked around the home and observed care practices throughout the inspection. We reviewed a range of records including four care plans, two staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Yes, I'm well looked after. I feel safe." Visitors also told us that they were confident that their relatives or friends were protected and kept safe.
- Staff were aware of the signs and symptoms of abuse and confidently described how to report any concerns they may have.
- Staff were knowledgeable about the provider's whistleblowing policy and confident that they would be listened to if they had to raise concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place. However, these required further development to minimise the risk of harm to people. One person told us, "They are very kind here. I'm well looked after, and I feel safe".
- Some people had risk assessments in place to reduce the risk of developing pressure sores. These did not always contain specific detail about how often people should be helped to reposition themselves. Some records contained conflicting information but the staff we spoke with were aware of the correct procedures and no one in the home had any pressure sores. The registered manager agreed to address this immediately and has since provided evidence of this.
- Some people were at risk of dehydration and their fluid intake was being monitored. Some records did not always include a target amount and daily quantities were not always totalled so they could be compared with the target amount. Any action taken to address a low intake of food or fluid had also not always been recorded. Staff were aware of people's needs and assured us they took action if they were concerned. The registered provider and registered manager both confirmed that this had been identified in a recent audit and they were working with staff to improve this aspect of care. Evidence of this has since been provided.
- The home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas, electricity and risk of legionella. Maintenance records showed that equipment such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.
- Risks to people from fire had been minimised: the service conducted regular drills to ensure staff and people knew what to do in the event of a fire. People had Personal Evacuation Plans (PEEP's) to ensure staff or emergency services understood how to help people to safety in an emergency.
- Not all staff had completed up to date training in fire precautions and the actions to take in the event of a fire. This had already been identified and included in planned training for the coming weeks.
- Thermostatic mixer valves (TMV) were in place to ensure that hot water could not scald people. However, the temperature of the water was not checked regularly to ensure that the TMV's were working effectively. The registered provider agreed to do this after we had highlighted the issue and has provided evidence that this is being done.

Staffing and recruitment

- The provider's staff recruitment processes were robust.
- The registered manager used a tool to calculate the staffing levels required according to the needs of the people living in the home.
- People and relatives told us that staff were available when needed and staff acknowledged that staffing levels were satisfactory. Staff responded in a speedy and caring manner.

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- Staff were trained in medicines management and knew how to ensure that people received their medicines on time and as they had been prescribed. Their competency to administer medicines was regularly checked.
- Some people were prescribed PRN (as and when required) medicines. There was not always a care plan in place to ensure staff understood when and how much of these medicines should be given. However, staff showed that they had a good understanding of these medicines. When people were given PRN medicine, the reason why this had been given was not always recorded. The registered provider confirmed that this had previously been identified in audits and staff had been reminded about the importance of this. They agreed to address this immediately and have provided evidence that this has been done.
- During the first day of the inspection, some prescribed topical medicines and fluid thickening powders were not stored securely. This was immediately addressed.

Preventing and controlling infection

- The home was well maintained and clean throughout.
- There were systems and procedures in place to minimise the risk of infection. Staff were knowledgeable in this area and refresher training was being planned for later this year. Staff used Personal Protective Equipment (PPE) such as gloves and aprons to reduce the risk of spreading infections.
- At the time of the inspection, the sluice machine on the first floor had broken and staff were taking any items requiring this to the ground floor. This presented possible additional risks which had not been assessed and planned for. The registered provider agreed to do this after we had highlighted the issue.
- Some work surfaces (such as in the sluice room) and surfaces on some items of bedroom furniture were damaged. This meant that they were not easily cleanable and could be areas that might harbour bacteria etc. The registered provider confirmed that a refurbishment programme was being developed which would address this.

Learning lessons when things go wrong

- Accidents and near misses were analysed to understand what had happened, identify trends, and help prevent them happening again. There was an open approach to learning when things went wrong.
- Information was shared appropriately with other professionals, people and relatives and advice was sought and shared amongst the staff team. Staff confirmed that learning was shared with them through handovers and at meetings.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans were personalised and reflected their needs and preferences. People and visitors all confirmed they had been actively involved in their assessments and reviews.
- People told us that they felt well cared for and their needs were always fully met. One person told us "If I need help, all I need to do is ask and they will do it." A relative said, "[person] is not always the easiest person to deal with. The staff know [person] reacts well to humour and jolly him along."
- A social care professional told us, about the care provided to a person who had recently moved to the home. They said "the [person] has been well cared for – they also say this themselves'. They explained staff had responded quickly to the person's health needs. They told us 'I've been pretty impressed so far. Staff seem to be kind, caring and attentive."
- Staff were knowledgeable about people's health needs, but care plans did not always contain sufficient information. The registered provider agreed to address this.

Staff support: induction, training, skills and experience

- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs. A member of staff told us, "The new training has really improved and there is lots planned to look forward to."
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was being developed.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance in their role and any concerns or training and development needs.

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

- People were supported to have enough to eat and drink and to maintain a well- balanced diet.
- Nutritional needs and any risks were assessed and recorded and staff, including catering staff, had a good knowledge and understanding of these as well as people's likes and dislikes. One of the catering staff told us, "I treat them [people living in the home] like my own family. Everything is always freshly cooked, and we use fresh ingredients wherever we can."

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

- The home was not purpose built but had been adapted to meet the needs of a nursing home and the people living there.

- The home was furnished and decorated in a way that gave a very homely feel to it. People had personalised their bedrooms with items of furniture, ornaments and pictures.
- There was a small lounge on the first floor with comfortable arm chairs and a dining table for people to use if they wished. This area was also used for any group activities. Bedrooms were of a good size and laid out to meet people's needs.
- Some ensuite facilities did not contain a call bells. The registered provider agreed to address this immediately and later provided evidence that this had been done.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. People and their relatives told us this was done in a timely way and records confirmed this. This included support from GP's, speech and language therapists, opticians and chiropractors.
- Healthcare professionals told us that staff accompanied them to visit people and provided detailed and relevant information about people.
- Records showed that instructions from healthcare professionals were carried out.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some of the people in the home were living with dementia or other conditions which meant their capacity to make decisions about their care and support had been affected. Mental capacity assessments had been carried out and best interest decision paperwork was in place. Some forms were not always fully completed to show that views of other people such as relatives and staff had been taken into account, but staff confirmed this was a recording oversight.
- Staff demonstrated a good understanding of the principles of the MCA 2005 and how to apply this when supporting the people living in the home.
- Staff consistently asked for people's consent before supporting them and provided them with information that enabled them to make meaningful choices.
- DoLS procedures were in place and the registered manager had made applications where this was necessary.

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

Good: 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 spoke positively about the care they received. One person told us "My favourite thing here is the care and attention the staff give us." Relatives had sent cards expressing their gratitude to staff for their caring approach. Comments included "We will be forever grateful for the extra time you gave us with [person]", and, "Thank you so much for looking after [person] so well, with so much love and care, respect and patience."
- Staff knew people as individuals; understood their preferences and had knowledge of their lives, families and other things which were important to them. A member of staff told us, "We know people's backgrounds: it's important to know so we can have chats and give them a feeling of belonging. It also shows respect for who they are."
- People's cultural and religious needs were respected. Some people's first language was not English, some staff spoke the people's language and had written out some basic words and phrases for other staff, rota's were planned taking into account the need to have staff on duty who spoke people's languages and support had been given to ensure foreign television services could be received via the internet for another person.
- Staff spoke confidently about treating people equally and fairly. Some staff had completed equality and diversity training, and plans were in place for all staff to complete this during 2019.

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

- People were involved in decisions affecting their care. Relatives and other visitors to the home also confirmed that, where necessary and appropriate, they were also involved in making decisions.
- When required, the home used local advocacy services to help support people to make decisions.
- Staff offered people choices, taking time to listen to their responses and helping with decisions where necessary.

Respecting and promoting people's privacy, dignity and independence

- People were treated people with dignity and respect.
- Staff knocked on people's doors before entering rooms, greeting people by their preferred name, and spoke discreetly with one another when discussing personal information.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. One relative told us, "They have done so much for [person] even letting [person] into the kitchen to help with the washing up and feel useful."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised support that was responsive to their needs and preferences. One visitor told us, "I am absolutely confident they are treating [name] as a person, like part of the family. The home provides person centred care and individual needs are catered to."
- People were involved in organising their care plan and said that the staff were flexible and responsive to their needs. A visitor told us, "They [the staff] keep us up to date with everything. They are very open to suggestions and we work as a team."
- People had choice and control over how they spent their time. Work was underway to improve the range of activities provided. Additional staff hours had been allocated to address this and various games, craft activities and other resources had been purchased.
- Assessments, care plans and hospital transfer information identified people's communication needs. Staff provided the support people required, such as translating things into another language or ensuring people's hearing aids were working correctly.

Improving care quality in response to complaints or concerns

- People and visitors told us they knew how to make a complaint and were confident they would be listened to should such a situation arise.
- Complaints had been dealt with promptly and within the timescales indicated in the policy. Actions had been taken where necessary, and people had confirmed this was satisfactory.

End of life care and support

- At the time of the inspection there were no people receiving end of life care. Staff described the actions they take when it is recognised that a person is coming to the end of their life. This included liaising with local GP's to ensure appropriate medicines were prescribed and ensuring relatives and friends were kept informed. Relatives had sent letters of thanks to the service, praising staff for their care and compassion when people had passed away at the home.
- There was very little information in care plans about how people would like to be supported when they reach this point in their lives. The registered provider and registered manager had already identified this as an area for improvement: two staff had completed specific training about end of life care at a local hospice and there were plans to train further staff.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had a positive, person-centred, open and inclusive culture. The atmosphere throughout the inspection was homely, happy and friendly. People told us the home was well run and provided good care and support.
- People, relatives and staff spoke positively about the management of the home.
- The registered provider and registered manager understood the requirements of the duty of candour and other legal responsibilities. This is their duty to be open and honest about any accident or incident that caused or placed a person at risk of harm.

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

- People, visitors and staff said there was a clear management structure and that the management team were approachable and supportive.
- Staff told us they felt valued and received praise for their work. They said this motivated them to provide the best care they could.
- The registered manager and staff were clear about their roles and responsibilities and felt very well supported by, and positive about, the new registered provider.
- The management structure was under review at the time of the inspection as there was no deputy manager in place. This meant that the registered manager carried a wide and varied work load as well no respite from being on call for the service when they were not on duty.
- The registered provider and registered manager had developed a series of audits and checks to monitor the standard of care provided at the home. Audits addressed different aspects of care and management of the home including medication, accidents and incidents and care plans and some of the issues noted at this inspection had already been identified through this process. These had been introduced since the registered provider took over the service. The registered provider acknowledged that some audits were still basic and needed to improve but was able to demonstrate that this was already being addressed.
- The registered manager had ensured that all required notifications had been sent to CQC and other agencies such as the local authority safeguarding team.

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

- People provided feedback on their care they received at regular meetings and through surveys. Staff views were also collected in the same way. Regular newsletters contained the results of surveys and details of any

actions that were taken.

- Information about staff, activities and other events was displayed on noticeboards around the home.
- There was information for staff about how to support people whose first language was not English.

Continuous learning and improving care

- The registered manager had recently undertaken training in a number of areas with further training planned.
- The new provider had reviewed staff training. New training providers and expanded syllabuses had been sought. This process had led to some refresher training being overdue. The registered provider had plans in place to ensure that all staff were appropriately trained.

Working in partnership with others

- The registered manager and staff worked in partnership with other agencies to enhance the care and support people received at St Anne's Nursing home. This included working with local GP practices, specialist nurses and social services.