

Mr Kenneth Barrie Rogers

Antron Manor Care Home

Inspection report

Antron Hill
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This unannounced comprehensive inspection took place on 12 April 2016. The last inspection took place on 12 August 2014. The service was meeting the requirements of the regulations at that time.

Antron Manor is a care home which offers care and support for up to 16 predominantly older people. At the time of the inspection there were 15 people living at the service. Some of these people were living with dementia. The service uses a detached house over two floors. People could use a stair lift to access the first floor. None of the people living at Antron Manor at the time of this inspection required any moving and handling equipment to assist them. No one was being cared for in bed and no one required to have their food and drink intake monitored. Many people were self-caring but required encouragement, prompting and confidence to maintain their level of independence.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is also the owner of the service and referred to as the registered provider in this report.

We walked around the service which was comfortable and personalised to reflect people's individual tastes. The premises were clean and well maintained. People were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicine as prescribed. Regular medicines audits were consistently identifying if any errors occurred.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

Staff were supported by a system of induction training and supervision. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were opportunities for on-going training and support and development. More specialised training specific to the needs of people using the service was being considered by the provider.

Informal staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was

reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

Activities were provided at the service. There was a varied programme of activities including external entertainers and volunteers who came to provide film shows, music, games and exercise.

The provider was supported by senior care staff and a stable long standing staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

The premises were well maintained and regularly audited.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care

and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good ●

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People were asked for their views on the service.

Staff were supported by the management team.

Antron Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 April 2016. The inspection was carried out by one adult social care inspector.

Before the inspection we requested and were provided with a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with four people who lived at the service. Not everyone we met who was living at Antron Manor was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We spoke with four members of staff, two visiting healthcare professionals, four visitors and the registered manager/provider. We looked at care documentation for three people living at Antron Manor, medicines records for 16 people, three staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

People and their families told us they felt it was safe at Antron Manor. Comments included; "I feel very secure here" and "It was a big decision to move (person's name) here but it feels very safe and caring."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. Staff told us they had never seen anything that had concerned them but would feel confident that if they did raise anything with the provider it would be acted upon.

The service held the personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money managed by the provider. We checked the money held for people against the records kept at the service and they tallied.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were not formally audited by the provider. The service was small with a stable staff team and all events were discussed at the time they occurred. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

People told us they received their medicines when required. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the date when the item would no longer be safe to use. The service was holding medicines that required stricter controls. We checked the records for these medicines against the stock held and they tallied. The service had robust effective systems for the ordering, management and disposal of medicines at the service. Regular medicine audits were identifying when any errors occurred and these were raised with the specific members of staff. The service had been audited by an external pharmacist in October 2015. There were no actions raised from this audit.

One person was self medicating. An assessment had been carried out to help ensure the person was safe and competent to manage their own medicines. This assessment was regularly reviewed. The person had a locked box in their own room in which to store their medicines securely.

The service stored medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. This meant that any fault with the refrigerator would be identified in a timely manner and the safe cold storage of medicines

could be assured. Staff training records showed all staff who supported people with medicines had received appropriate training.

The environment was clean and hand washing facilities were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately. All cleaning materials were stored securely when not in use.

Care plans contained risk assessments for a range of circumstances including moving and handling and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one person who was self managing their long term condition was assisted by the care staff and external healthcare professionals to manage their condition. This helped ensure they remained as well as possible. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place.

Antron Manor was well maintained and all necessary safety checks and tests had been completed by appropriately skilled contractors. Fire safety drills had been regularly completed and all fire fighting equipment had been regularly serviced.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. We saw from the staff rota there were always two care staff on duty. Each shift was supported by the provider. There were two staff who worked at night, one awake and one asleep. The staff were a stable team many had worked at the service for over 10 years. They told us they felt they were a good team and worked well together.

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Is the service effective?

Our findings

People told us; "The food here is really fantastic, all cooked on the premises from fresh" and "My bedroom is fine."

Relatives told us; "We visited every home in the area and chose this one, we have been very impressed" and "I am very happy staff keep a close eye on (person's name) weight, they arrange for her to see other professionals as needed."

The premises were in good order. There was no odour experienced anywhere in the service. The provider told us; "I come in every morning with the newspapers and I walk round to deliver them. I check everything and everyone is alright. I check nothing is left in corridors and no faults have been identified."

There were some people living at the service who were living with dementia. However, there was very little additional pictorial signage to support people who may need assistance in recognising their surroundings. For example, people's bedrooms were identified by room numbers, not the person's name or a picture of something meaningful to the person whose bedroom it was. The provider was aware of the increasing needs of the people who were living with dementia at the service and were seeking training on how they could support their needs.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented; "We have first aid training next week and we have been offered some training in dementia care from a visiting healthcare professional soon."

Staff were provided with face to face training for moving and handling and first aid. Other subjects were covered using a paper based training package. Training records showed staff had attended appropriate training to meet people's needs. However, staff had not attended annual health and safety training in accordance with the Skills for Care guidance. Not all staff had attended dementia care training. The provider told us this would be addressed in the near future.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People had been asked to consent to care being provided by staff at the service. We saw people had signed

their own consent where possible. Families had been given the opportunity to sign in agreement with their family member receiving care, where appropriate. We found care plans contained assessments of people's mental capacity where appropriate. The service was not a secure environment and the front door was not locked. People were free to come and go as they wished. Antron Manor had not needed to apply for an authorisation for a DoLS. Staff and the provider were clear about this legislation and how to ensure people's rights were respected at all times. However, not all staff had attended specific training on this legislation and the service had not updated their MCA and DoLS policy to reflect the Supreme Court judgement in 2014. This judgement clarified the definition of deprivation of liberty. The provider assured us this would be addressed immediately.

Staff received regular support in the form of daily coffee meetings held with the provider. This gave staff the opportunity to discuss people's changing needs, and any issues they wished to raise regarding the running of the service. They told us they felt well supported by the provider and were able to ask for additional support if they needed it. There was best practice information available for staff on the noticeboard about the management of Norovirus and Methicillin resistant staphylococcus aureus, commonly known as MRSA.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

We observed the lunch time period in the dining areas. The food looked appetising. People were offered a choice of food. People told us the food provided was very good and they enjoyed it greatly. Relatives were able to join people for meals if they wished.

As the service was small there was not a full time cook. Senior care staff did the preparation and cooking of the meals on allocated shifts. We spoke with the member of staff who was cooking on the day of our inspection who was knowledgeable about people's individual needs and likes and dislikes. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day and night.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and drink charts were kept when this had been deemed necessary for people's well-being. There was no one living at the service at the time of this inspection who required to have their food and drink intake monitored. However, some people were at risk of losing weight the this was closely monitored.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes. We spoke with two healthcare professionals who regularly visited the service to support the people living there. They were both positive about the service and the staff who worked there. Both told us that they would be happy for their own family members to be cared for at Antron Manor.

Is the service caring?

Our findings

People told us; "The staff are lovely, so kind" and "The care here is excellent."

Relatives told us; "We have no concerns at all about the care" and "(person's name) gets their laundry done here and it all comes back fine."

During the day of the inspection we observed support being provided by care staff. We spent time in the communal areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. People's dignity and privacy was respected. Doors and curtains were closed when personal care was being provided for people.

People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly.

Bedrooms were decorated and furnished to reflect people's personal tastes. People had photographs, their own furniture and other personal items in their rooms which helped to give their surroundings a familiar feel. There was a cat who lived at the service. We saw the cat gave some people great pleasure, stroking and talking to it.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People appeared well cared for.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their relatives care plans and the staff would invite them to attend any care plan review meeting if they wished.

The service had not held formal residents meetings. The provider and staff spoke with all the people who lived at the service every day. Their views and experiences were regularly sought on a variety of matters such as meal choices and activities.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and understanding way. Staff were clear about the backgrounds of the people who lived at the home and knew their individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress.

We saw people moving freely around the home spending time where they chose to. Staff were available to

support people to move to different areas of the home as they wished.

We saw the service had sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. Recent survey responses were being collated by the provider, at the time of this inspection, to create a report on the feedback.

Is the service responsive?

Our findings

People told us; "We have quite a lot of entertainment and things to do" and "I am very happy here, no complaints at all, my room is lovely and I can read where I like. The staff come and sit with me to have a chat all the time."

One relative told us; "I have been to a lot of homes, this is perfect. Staff are good and (person's name) gets all the care they need" and "The manager is here all the time and is very approachable."

Visiting healthcare professionals were positive about the care provided at Antron Manor. They told us that staff called them appropriately and followed any guidance given effectively. They told us; "It is a pleasure to come here, the staff are really supportive, and never in a flap" and "It is a very caring home, the staff are very attentive."

People who wished to move into Antron Manor had their needs assessed to ensure the service was able to meet their needs and expectations. The provider and the care staff were knowledgeable about people's needs.

People were supported to maintain relationships with family and friends. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. Relatives told us they felt extremely welcome at the service and always offered something to drink or eat when they arrived.

Care plans were clear and informative with guidance for staff on how to support people. Many of the people living at the service were self caring but required prompting and confidence to maintain their independence. For example, staff were prompted to; "Supervise (person's name) shaving to ensure their chin is shaved well, long hairs are remaining." However, there were a few people who were living with dementia and had changeable behaviour. The care plans for these people did not provide staff with sufficient guidance about the possible triggers to this behaviour and any actions which may successfully divert the person. This meant staff would not always be consistent in their approach. We discussed this with the provider who agreed further detail would be added to the care plans.

The care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. For example, if people wore hearing aids, glasses or dentures and prompted staff to ensure these important items were always clean and available to the person. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. People, and where appropriate their family members, were given the opportunity to sign in agreement with the content of care plans.

Care and support provided by care staff was recorded in the care records. These records enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. For example, one person who had been managing their own medicines had recently been unwell. Staff were

informed that it had been agreed with the person they would take over the management of their medicines temporarily until they had recovered. A diary was kept by all staff to help ensure people's out patients appointments or visits by healthcare professionals were clearly recorded.

Antron Manor was a small service with a small stable staff team. Staff knew all the people living at the service very well. People received care and support that was responsive to their needs because staff had a good knowledge of them. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. There was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

There was a staff handover meeting at each shift change. This helped ensure staff shared information about changes to people's individual needs, any information provided by professionals and details of how people had chosen to spend their day.

During the inspection we noticed the communal areas were peaceful with quiet music playing in the background. People sat and chatted and read. We were told the television was only used in the evenings by small groups of people who wished to watch something together. Otherwise people watched their own choice of television programmes in their bedrooms. People had access to a range of activities. An activities co-ordinator was not employed but organised programme of events including visits from entertainers was arranged by the provider and supported by the care staff and volunteers. On the day of the inspection there was a film show provided. In addition to the organised events we saw people were supported by care staff to engage in activities such as laying tables for meals. People had access to quiet areas within the service and a level outside space.

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people chose to remain in their rooms. We saw staff checked on people and responded promptly to any call bells.

The service had not received any complaints. People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the pack provided upon admission to the service. People told us they had not had any reason to complain.

Is the service well-led?

Our findings

People who lived at the service, relatives, visiting healthcare professionals and staff told us the provider was approachable and friendly. The provider worked in the service most days and was available for people to speak with them. The staff told us they could get any support they needed from the provider.

There were clear lines of accountability and responsibility within the service. The provider was also the registered manager and owned the property. They regularly checked the building for any defects or faults.

The provider was supported by a senior care staff. The staff team were stable. Many staff had worked at the service for over 10 years.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented; "We are a small home, everyone knows each other very well" and "We are like a family here."

Each morning staff were given an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

The provider worked in the service every day supporting staff. This meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the provider. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example medicines, equipment used within the service and the fabric of the building.

Staff used a faults book to record any issues that required attention, such as light bulbs, lamps, telephone sockets etc.

The environment was clean and well maintained. People's bedrooms and bathrooms were kept clean. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There was no manual handling equipment used at the service. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.