St Andrew's House

St Andrews House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 14 June 2017 and was unannounced. At the last inspection, the home was rated 'Good' overall. At this inspection we found the home remained 'Good' overall, but continued to require improvements in the key question of 'Effective'.

St Andrew's House is a residential care home for 35 older people. It provides both permanent and respite care. At the time of our visit 33 people were living in the home. The provider is a charity ran by the Coventry and District Free Church Homes for the Elderly and the home works within a Christian ethos.

The home had a registered manager. 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.

At the time of our inspection visit the registered manager was on a leave of absence. Their duties were being covered by two deputy managers.

During our last visit the registered manager had not made applications for people who were being deprived of their liberty. During this visit we found an application had been made for one person but there were others in the home who met the conditions for an application to be made. After our visit, the registered manager confirmed to us they had made the relevant applications.

The home undertook general assessments of people's mental capacity but these were not decision specific as determined in the Mental Capacity Act.

People felt safe living at St Andrews House. Staff understood how to protect people from harm, and provided good support to reduce identified risks. Medicines were managed safely.

There were enough staff available to meet people's needs, and staff recruitment procedures meant staff did not work at the home unless robust checks had been undertaken.

People and relatives thought staff were very supportive and caring. People's privacy and dignity was upheld, and staff respected people's wishes. Family and friends were welcomed to visit the home at any time.

People and their relatives were involved in planning their care, and people decided how they wanted to live their lives on a day to day basis. Staff supported people's choices.

People enjoyed their meals and the choices available to them. They were supported to access healthcare professionals when needed.

People, relatives and staff thought the management of the home were approachable and responsive to their needs. They could informally or formally approach management with concerns or issues for discussion. No formal complaints had been made.

There were effective management systems to assure people were safe and quality care was provided.
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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 remains Good.

Is the service effective?

Requires Improvement

The service was mostly effective.

Staff understood the principles of the Mental Capacity Act but applications for Deprivation of Liberty safeguards had not been sent for all people who may have required one. Staff received training and support to carry out their duties effectively. People received a choice of meals and liked the food provided. They had access to healthcare professionals when required.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

St Andrews House

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.

This was a comprehensive inspection which took place on Wednesday 14 June and was unannounced. One inspector conducted this inspection.

Prior to our visit we gathered and reviewed information about the service. This included statutory notifications and the provider information return (PIR) which was sent to us on 10 March 2017. A statutory notification is information about important events, which the provider is required to send to us by law. The PIR is a pre-inspection questionnaire completed by the provider which provides us with a 'snap-shot' of the service.

During our visit, we spent time in the communal lounges and dining areas to see how staff engaged with people who lived at the home. We also received people's permission to speak with them in their own bedrooms. We spoke with six people and eight staff, including care staff, the cook, the housekeeper and the activity worker. We also spoke with a visiting district nurse. After our visit we spoke by phone to the registered manager.

We contacted commissioners of the service to find out their views of the service provided. They had no concerns about the service.

We reviewed three people's care plans and daily records to see how care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We checked medicine records, complaints, and the provider's own checks to ensure the service operated safely and effectively to provide quality care to people.

Good

Is the service safe?

Our findings

People who lived at St Andrew's House continued to feel safe living at the home. They told us they felt safe, and if they had concerns they would feel able to talk to staff and to the management of the home.

We asked staff how they kept people protected from abuse and harm. They understood the action to take if they had concerns a person was being abused, and had received safeguarding training to help them with their knowledge of abuse and actions to take. We had received no notifications to inform us there had been any safeguarding concerns at the home. The deputy manager confirmed this was the case.

Risks associated with people's care and welfare had been assessed by the home's management and plans had been put in place to reduce the likelihood of people being put at risk. For example some people were at risk of skin damage and to reduce this risk they had airflow mattresses to reduce the pressure on their skin when lying down, and 'pressure cushions' to reduce the risk of pressure sores developing when they sat in their chair. Staff were aware of the need to ensure this equipment was used.

A district nurse we spoke with on the day of our visit told us staff were 'on top of things' to do with skin care, and always phoned their service if they had any concerns a person's skin was breaking down.

There were enough staff during the day and night to support people's needs. The home had used some agency staff (staff employed by an agency to work in care settings which require additional staff) to provide cover for staff who were on long term absence from the home and holiday cover. We were told the provider, where possible, used the same agency staff to make sure they were familiar with the needs of people who lived in the home.

Staff told us they were not able to start working at the home until all recruitment checks had been completed. We checked a new member of staff's recruitment record and found this included disclosure and barring service (DBS) checks and references. The DBS is a national agency that keeps records of criminal convictions.

People received their medicines as prescribed. Staff were trained to administer people their medicines, and medicine records accurately reflected medicines administered. Medicines were stored safely and securely. We saw a member of staff administering medicines at lunchtime. They did this safely and ensured people received their medicines at the expected time.

Premises were well maintained and checks were made on fire systems, water systems and electricity to ensure they were safe. At the time of our visit, not all staff had undergone a recent fire drill. The registered manager phoned us after our visit to confirm all staff had been scheduled to take part in a fire drill by the end of the month, and three fire drills had already taken place.

Requires Improvement

Is the service effective?

Our findings

This was rated as 'requires improvement' at our last visit, and although improvements had been made it continues to require improvements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Since our last visit the service applied to the local authority supervisory body for a DoLS for a person who lived at the home who wanted to leave the premises but who was restricted from doing so from staff because they had lost the capacity to understand how to stay safe outside of the home environment.

However, the deputy manager was not aware that there had been a further ruling about DoLS. The ruling widened the scope for applications for DoLS. This meant that DoLS should be applied for people who lacked capacity and had not shown a desire to leave the premises, but would be restricted in their best interests if they were to want to leave.

We spoke with the registered manager by phone after our visit. They told us they had not been aware of the changes in the legislation and would ensure applications for the relevant people were sent to the supervisory authority. They contacted us to confirm this had been completed.

During our last visit we found the provider had not assessed people's mental capacity to determine whether they were able to make informed decisions about things that mattered to them.

During this visit we saw the provider had made an assessment of people's overall ability to make decisions, but had not looked at whether they were able to make more specific decisions such as food or clothing choices for themselves or whether staff needed to make these in the person's best interest.

We saw where people had the capacity to make their own decisions, these were treated with respect and people could do what they wanted during the day. Staff understood the importance of seeking people's consent before they carried out a care or support task. One member of staff told us the Mental Capacity Act was about "Making sure people are making their own decisions unless they really are incapable, and not assuming they can't make them."

People who lived at St Andrew's House continued to receive support from staff who had been trained to meet their needs. Staff had received training to support people's health and safety. This included training to move people safely, food hygiene, first aid and safeguarding. During our visit we saw staff move people who needed the support of a hoist and sling, with great care, and knew how to do this well. Staff had also undertaken other training such as diplomas in care to improve their skills and knowledge.

During our visit, we saw a new member of staff who had been recruited to work the night shift, work alongside staff on the day shift. We were told that new members of night staff worked a few day shifts prior

to being on night duty as this gave them more opportunity to get to know the people they would be providing care and support to.

None of the staff who worked at St Andrews House had taken the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The deputy manager told us they recruited staff with experience and qualifications in care and so they had not needed to undertake this training.

Staff had regular individual supervision meetings and 'observed practices' with the registered manager. They also had an annual appraisal of their work to help them look at what went well and areas for improvement. A member of staff told us, "I find them useful, I like to have feedback."

People were happy with the food provided and the choices they received. Prior to both lunch time and tea time we saw the cook speak with each person to find out what menu choice they wanted for their meal. One person told us, "The food is nice, you can always ask for seconds." People's nutritional needs were assessed and when it had been identified people had lost weight, the appropriate healthcare professional was contacted to support them to receive the right nutrition.

People's healthcare needs were supported well. People told us they saw the GP when they felt unwell, and care records looked at confirmed people saw the optician, dentist and chiropodist when necessary. Other healthcare professionals were contacted as and when necessary.

Good

Is the service caring?

Our findings

At this inspection we found people were cared for and supported as well as they had been at our previous inspection. A person told us, "Staff are very good, they will help you with anything." Another told us they had previously lived near St Andrews House and had heard 'good things about the home.' They went on to tell us that they had been very happy since moving into the home and the care workers were "Very very good."

During our visit we saw staff being kind and caring to people and made sure their needs were met.

People were involved in making day to day decisions about their care. A few people we spoke with told us they preferred their own company and enjoyed staying in their rooms instead of using the communal facilities. Others were seen chatting to each other in the communal lounges and dining rooms.

We saw people's right to privacy was respected. For example, staff knocked on people's doors and waited for a response before they went into their rooms. Staff told us they made sure privacy and dignity was respected when they provided personal care to people by ensuring doors and curtains were shut. They also told us, when washing people they covered areas not being washed with towels to reduce any potential feelings of embarrassment or indignity by the person.

People told us staff responded quickly to their needs. We saw some people used neck pendants to call staff if they got into difficulties, and others had call bells by their bedsides. People told us staff responded quickly. One person who used a neck pendent told us they had not used it much but when they did the staff came quickly. A person who used a call bell said they called staff via 'the buzzer' and staff helped them.

On the day of our visit, we saw at various times during the day a small group of staff sat together in an alcove adjacent to the main communal lounge. Staff told us they were not on their break, but were there if people needed assistance. The registered manager acknowledged that this could look like staff were not being attentive to people but said they were attentive when needed. We saw staff reacted quickly when people required support.

Friends and relatives of people who lived at St Andrew's House were able to visit at any time during the day or evening. We saw visitors arriving throughout the day of our visit.

The annual survey completed in September 2016 by people and their family members informed us that 90 per cent of people who completed the survey were very satisfied with the dignity, compassion and respect given to them by staff, with 10 per cent being satisfied by this. Ninety five per cent of people were very satisfied the care received was as agreed in their care plan.

Good

Is the service responsive?

Our findings

The service was as responsive to people's needs at this inspection as they were at the previous inspection.

We saw people who had recently started to live at St Andrews House, had 'pre-admission assessments' to help the registered manager determine whether the home was suitable for the person to live in. One person we spoke with told us 'two ladies' from the home came to see them to discuss their needs. They said, "The home is splendid."

Staff told us they read people's care plans and got to know about people through the staff handover meeting which took place at the beginning of each shift. This was where the previous shift manager told staff starting their shift, information to support them in meeting people's needs during the next shift.

People were encouraged to maintain their interests and be involved in social activities. We saw people reading their daily newspapers, reading books and watching television either in their rooms or in the main communal lounge. One member of staff supported a person to go out for a walk in the afternoon.

The activity worker had been employed at the home since January 2017. They had spent time trying to find out about people's past lives and finding out what they liked and disliked. As well as providing group activities, they supported people with individualised activities and discussions.

During our visit, people who wished to, attended a Christian service in the communal lounge in the morning; and had 'pampering sessions' at different times in the day. Regular group activities included singing acts, mobility exercise sessions, and quizzes.

Since our last visit the home had undergone some refurbishment and re-decoration. There was now a room which had been made into a small chapel for people who wished to have a separate area for contemplation. This was also going to be used as a cinema room, and the provider was in the process of putting the equipment in place.

The main lounge had been refurbished and this meant the room was much lighter and brighter than before. There was now a second dining room which had improved the dining experience for people because there were fewer people in each room which meant it was a more relaxing and less noisy experience.

The registered manager also told us as a result of a substantial donation to the home and lottery funding, the garden was going to be developed into a sensory garden with raised flower beds to enable people to participate in gardening.

We checked how complaints or concerns were managed by the home. People told us they felt able to tell staff if they had any concerns and were confident staff would act on their concerns. The PIR informed us that the provider had received two formal complaints since our last visit. Both had been appropriately investigated and resolved.

Good

Is the service well-led?

Our findings

The service was as well-led at this inspection as it was at our previous inspection.

The home had a registered manager. 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.

At the time of our visit the registered manager was on a leave of absence from the home. Two deputies were covering her duties until she returned from leave. We found both deputies had a good understanding of their roles and provided good support to staff in the manager's absence.

The registered manager contacted us by phone after our inspection to discuss our visit and to tell us about the hard work and commitment given by the staff group.

We discussed with the registered manager how the service promoted equality, diversity and human rights. The registered manager told us they would want everyone who came to the home to feel welcomed and valued. They explained each person was treated as an individual and their care and support needs would be based on their individual needs and preferences. They said they would look further at how they could support people, for example from the LGBT (Lesbian, gay, bisexual and transgender) community, to feel welcomed in their home.

The registered manager was supported by a board of trustees. These met every two months to discuss issues affecting the home and to make sure the health, safety and welfare of people who lived there was fully supported.

A member of the board of trustees also chaired the monthly 'residents meeting.' This meeting gave people in the home the opportunity to express their views and make suggestions about how to improve their life at the home. For example, one of the resident meetings requested that signs were put up in the home to show people where the chapel room was. This request was taken to the board of trustee meeting and the request agreed. We saw the signs had been placed in the home as requested.

An annual quality assurance survey had been conducted in September 2016. Twenty four people who lived at the home and six family members completed the survey. The majority of the feedback showed people and families were very satisfied with most aspects of the care received. Where people and relatives had thought improvements would help the home, in respect of activities and sometimes with communication between the home and families; the registered manager acknowledged these suggestions as constructive and had worked to improve this.

Staff told us management were open and transparent. They told us they worked well as a team, and staff were good at supporting each other.

The registered manager understood their responsibilities and the requirements of their registration. They understood the importance of sending us notifications. However they had not sent us notifications of people who had lived in the home but died in hospital. This was because they had been told that hospitals sent the CQC information about the deaths of people in hospital. They thought this meant they no longer had to send us this information.

The registered manager checked their records and confirmed only one person had died in hospital since our inspection visit two years ago. They sent us this notification and said they would make sure they sent us these notifications in the future.

The provider had a legal requirement to display their ratings. The inspection report with their ratings was available for people to see when they walked through the front door. The website had a link to our CQC website which gave people the opportunity to look at the report and the subsequent rating, however did not clearly show the rating on their website. The registered manager agreed to use the guidance on our website to help display their rating on their website.