

St Anne's Court Care Limited

St Anne's Court

Inspection report

16A St Anthony's Road
Bournemouth
Dorset
BH2 6PD

Tel: 01202551208

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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

About the service:

St Anne's Court is a care home that provides personal care for up to 26 older people. At the time of the inspection, there were 22 people living at the service.

People's experience of using this service:

People told us they felt safe, they were relaxed and familiar with the staff and each other. People were cared for by a consistent staff team who had received appropriate training to carry out their roles.

People's dietary needs and preferences were assessed and where needed, people received support to eat and drink. Meal times were an important social event in the day.

People were supported to access health care services. People received assistance to take their medicines as prescribed.

People received care that was compassionate, respectful and responsive to their individual needs. Care plans were comprehensive and reviewed each month.

People and their relatives knew how to complain, one concern had been raised and this had been addressed robustly.

No people were receiving end of life care at the time of our inspection visit. The staff were proud of the care they provided at the end of people's lives.

The registered manager who owned the home, the manager and staff shared a clear vision about the quality of care and service they aimed to provide. They worked in partnership with other organisations and the local community to make continuous improvements and develop best practice.

More information is in detailed findings below.

Rating at last inspection:

The last inspection was focused. The overall rating was Good (report published in May 2017).

Why we inspected:

This was a planned inspection based on the rating from the last inspection. The service remained rated Good overall.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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.

Good ●

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 Court

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 was carried out by one inspector.

Service and service type:

St Anne's Court 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 Court accommodates up to 26 people in one adapted building.

Some people who used the service were living with dementia.

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 inspection was unannounced so the provider, manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information, we held about the service and the service provider. The registered provider completed 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with seven people who used the services and three regular visitors to ask about their experience of the care provided. We spoke with the owner/registered manager, the manager and six members of staff. We also observed care practices.

We reviewed a range of records that included three care plans, daily monitoring charts and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, policies and maintenance checks.

Before the inspection we received feedback from a social care professional to obtain their view about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. 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 with comments such as, "I feel safe, because there are always people around and they listen."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance, with contact details of external agencies was available and staff knew how to access it.

Assessing risk, safety monitoring and management

- Risk assessments and management plans were in place. These included risks associated with falls, skin condition and mobility.
- Risk management plans set out the support people needed to reduce the risks identified. These included actions such as supervision and the completion of monitoring charts.
- The recording related to risk management was not always robust. Staff were confident that plans were followed and people did not experience outcomes that would indicate to the contrary. However, these omissions meant that the support provided might not be sufficient to evaluate and alter care provision if needed. The senior team addressed this immediately.
- Equipment, such as lifts and hoists were regularly checked by external contractors.

Staffing and recruitment

- People, relatives and staff told us staffing levels were sufficient to meet people's needs. One person said, "You don't have to wait long."
- Support was provided by a consistent team of staff who were familiar with people's needs.
- The manager explained their recruitment process remained unchanged since we found them safe at our last inspection.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences. One person told us, "They support me with my medicines as we have agreed."
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) provided contained the detail necessary for safe administration.
- The recording of topical medicines was not always accurate. Staff were confident that the medicines were applied and people did not experience symptoms that would indicate to the contrary. The senior team addressed this immediately.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed. The home smelled fresh. One person commented, "It is kept clean."

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- The manager analysed information to identify trends and themes within the home. Appropriate actions were taken to help reduce future recurrences.

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. 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

- Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. One visitor commented on how detailed this had been.
- Assessment and screening tools were used to check people continued to receive effective care.
- The manager, and senior team, attended learning hubs and discussed developments in adult social care, to ensure that people received care that reflected current good practice. Information about good practice was available to staff and shared in meetings.

Staff support: induction, training, skills and experience

- People and relatives told us their needs were met and that staff, "are all very good and work very hard," and, "are very thoughtful and efficient".
- Staff told us they were well supported with supervision and training. Refresher and update training was provided, along with training specific to people's needs. Staff appreciated the learning opportunities made available to them.

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

- People received a healthy and nutritious diet. Feedback from people and visitors to the home was overwhelmingly positive and included, "The food is very good." People commented on specific dishes that they particularly liked and told us they could make requests.
- People were supported as needed to eat and drink and there were systems in place to ensure any changes to people's eating were picked up and acted on appropriately.
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people and provided assistance when it was needed.
- The owner/registered manager was passionate about ensuring positive experience around food. They told us it was, "one of the key ways we keep them well – psychologically and physically."

Staff working with other agencies to provide consistent, effective, timely care

- People had access to health services such as community nurses, GPs, social workers and occupational therapists
- Staff recognised the importance of seeking advice and guidance from community health and social care teams so that people's health and well-being was promoted and protected.

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

- There was a homely feel throughout St Anne's Court.
- People moved independently around the building and we heard about how much pleasure they gained from the garden.
- A treatment room had been created providing people with a place to go for beauty treatments if they chose.

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.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- 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). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.
- Where there were restrictions on people's liberty applications had been made and were being processed by the local authority.

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. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People looked comfortable with the staff that supported them. The staff were friendly, respectful and attentive to people's needs. It was clear that staff enjoyed their work, and a member of staff told us, "They are lovely, lovely people."
- People told us the staff were "thoughtful" and "lovely".
- Staff supported people in a kind, calm way. They responded to requests and offered reassurance appropriately.

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

- Some people needed support to make decisions about their personal care and where they spent the day. Staff understood which decisions people could make independently and respected these.
- Staff told us how they encouraged people to make decisions and determine how they lived their life. People were offered choices about where they spent their time and staff explained how they responded if people did not want support. One staff member explained the importance of listening to what people want by describing that they provide the legs and the arms for the person's head. They do exactly what the person wants for the time they are supporting them.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity in all their interactions with people; speaking respectfully and being attentive to people's wishes.
- One person gave an example of how they had been supported to maintain their phone number when they moved in. They described how thoughtful this had been and how much of a positive impact it had on their ability to maintain their relationships with dignity and independence.
- People were supported to maintain their appearance and staff were discrete as they provided this support.

Is the service responsive?

Our findings

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

- Visitors to the home told us they were encouraged to make their views known and they, alongside their loved one, were actively involved in discussions about care. Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. The detail of information gathered was increasingly contributing to plans. Knowledge about people's food preferences and the difficulties they faced with eating had led to individualised menus for some people.
- Staff knew people well and kept up to date with any changes through detailed handovers, discussion with each other and the manager.
- Most people spent some of their day in the communal lounge area chatting with each other. People told us that they had plenty to do. Care staff supported people with activities and there were plans to develop knowledge in this area of practice for key staff. Care staff also had time to have a chat with people throughout the day. One member of staff told us, "I love giving them time. The people here are so lovely."
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people. Care plans reflected what was known about how people preferred to communicate.

Improving care quality in response to complaints or concerns

- The senior team spoke with people who used the service, and their visitors, on a regular basis. This meant that small concerns were addressed as they arose. People and visitors told us they felt listened to.
- Information about how to complain was available. A complaint had been logged and it was clear that the response to this had been timely and effective.

End of life care and support

- The manager wrote about their commitment to the Gold standards framework for end of life care in the PIR. Staff and the manager spoke with passion about people and their relatives receiving the highest quality of care and support at this time of their lives.
- The staff team had received compliments from relatives about the support they provided at the end of their loved one's lives. One comment made observed: "You and your friendly staff always showered mum and us with your kind and gentle ways..."

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

Promoting person-centred, high-quality care and good outcomes for people

- The manager and the staff team were committed to learning and making improvements to the service people received.
- People and visitors all spoke highly of the manager and the whole senior team.
- Visitors and people told us the staff team was well managed. They felt all staff listened to them and acted on their wishes efficiently. We observed this to be the case during our visit. Staff were attentive to requests made verbally and those indicated by people's behaviour when they no longer used words effectively to communicate.
- Staff were motivated, spoke positively and felt well supported. It was clear they had good relationships with the manager and their colleagues. They told us, "We are very well supported." And "I can ask any questions. The seniors are brilliant and everyone is supportive."

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

- The registered manager/owner and the senior team had a clear vision of a homely environment where people received high quality care that reflected their individual preferences and this vision was understood by the whole staff team. Staff were committed to learning and implementing their knowledge to ensure people had the best experience possible.
- We found that records were not always accurate during our visit. We discussed the potential impact of this with the senior management team. They acknowledged that this was an area of practice that they had identified needed work. They sent us information explaining actions they were taking to support staff with this improvement immediately after our visit.
 - The manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
 - Systems were in place to monitor and evaluate the quality of the service provided. For example, accidents and incidents were reviewed and information used to reduce the risk and prevent recurrence.
 - Regular audits were undertaken that included checks on the management of medicines and health and safety checks.

Engaging and involving people using the service, the public and staff.

- The senior team encouraged open communication amongst everyone who used, worked in, and visited the service.
- Surveys and meetings encouraged regular feedback and actions were taken based on people's comments.

Staff felt valued and confident their views and feedback were listened to and acted upon.

Continuous learning and improving care and working in partnership with others

- The senior staff team had developed good working relationships with external professionals. We received positive feedback from commissioners about the care provided in the home
- The manager worked in partnership with others. They attended local provider forums and gathered information related to good practice guidance.