

Oakfoil Limited

St Andrews House

Inspection report

37 Rainhall Road
Barnoldswick
Lancashire
BB18 5DG

Tel: 01282816701






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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection at St Andrews House on 5 and 6 February 2019. The first day was unannounced.

St Andrews House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Andrew's House provides accommodation and both nursing and personal care for 24 people, including younger people who have a physical disability. It is an extended, detached older property located in the town centre of Barnoldswick. Accommodation was provided on two floors with a passenger lift. There were 19 people living in the home at the time of the inspection.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 last inspection, carried out on 16 and 17 January 2018, the service was rated as 'Requires Improvement'. Whilst we found improvements had been made, our findings demonstrated there was a continued breach of the regulations in respect of effective quality assurance systems.

During this inspection, we found improvements had been made in all areas. However, our findings indicated a breach of regulations in relation to recruitment processes. The rating was Required Improvement.

A safe and robust recruitment procedure had not always been followed. Improvements were needed to the recruitment process to ensure staff were properly checked before working at the service. Appropriate action was taken to address this following the inspection to prevent any re-occurrence.

The management team were committed to the continuous improvement of the service and to improving people's care. People, staff and visitors to the home were happy with improvements made and considered the service was managed well. The registered manager collaborated with others to develop the service, improve practice and to attain better outcomes for people living at the home.

Further developments were underway to ensure quality assurance systems were robust and fully embedded into the day to day management of the home. People had opportunities to provide feedback on the care provided; improvements were underway to ensure people were more involved and kept up to date.

People told us they felt safe living in the home. Staff knew what to do if they suspected or witnessed abusive practices. There had been a number of changes to the staff team; staff told us they had a good team that

worked well together. There were enough numbers of staff on duty to meet people's needs, meet their preferences and promote their independence. Arrangements were in place to manage any shortfalls in the provision of training, support and supervision.

People were happy with the care and support they received and made positive comments about the staff and about their willingness to help them. They said staff were kind and caring and respected their right to be treated with dignity and respect. We observed caring and friendly interactions between staff and people living in the home; it was clear they had developed positive trusting relationships with them. All staff told us they enjoyed working at St Andrews House and were happy with the improvements made.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the importance of acknowledging people's diversity, treating people equally and ensured they promoted people's rights.

Care plans and risk assessments were person centred and provided detailed guidance for staff on how to provide safe and effective care. Arrangements were in place to ensure all care plans were reviewed and updated as people's needs changed; consideration was being given to improving people's involvement in this process. Changes in people's health and well-being were monitored and responded to. Management and staff had developed good relationships with health and social care professionals.

People's medicines were managed safely and they received them when they needed them. Training had been arranged to support staff in this area and arrangements were in place to ensure their competency was checked.

People's views about the provision of recent activities and entertainments were varied. From our discussions and from some of the records maintained we saw a range of activities had been provided both inside and outside the home; we observed people chatting to each other and staff, watching TV, reading newspapers, doing puzzles and going into the local town independently. However, the lack of recent records made it difficult to determine when activities had taken place. The registered manager assured us a new activity person was due to start in February 2019.

The home was safe, bright, comfortable and clean and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. We observed meal times were a relaxed and enjoyable social experience. Arrangements were in place to support people with a healthy, balanced diet; people told us they enjoyed the food and were given choices.

Processes were in place to support people with any concerns or complaints. Lessons were learned from any accidents, incidents or safeguarding matters.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Recruitment practices needed improvement to ensure staff were properly checked before working at the service. There were enough staff on duty to meet people's needs, meet their preferences and promote their independence.

People felt safe living in the home. Staff understood how to protect people and were clear about the action to take if they witnessed or suspected abusive practice.

The risks to people's health and wellbeing were managed well. People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People felt staff were competent and could support them effectively. Staff had access to training, which enabled them to meet people's needs; gaps in the provision of training and supervision were being addressed.

Improvements to the home had been made to provide safety and comfort for people. A development plan was available to support further improvements.

People enjoyed their meals and their dietary needs and preferences were met. People were supported appropriately with their healthcare.

Staff had an understanding of the MCA 2005 legislation. People's capacity to make safe decisions and to consent to care had been assessed.

Is the service caring?

Good 

The service was caring.

People were treated with care and kindness. We observed good relationships between staff and people living in the home. People could maintain relationships with family and friends.

Staff respected people's rights to privacy, dignity and independence.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood the importance of acknowledging people's diversity, treating people equally and ensured they promoted people's rights.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in suitable activities inside and outside the home. However, people told us they would like more activities. Following the inspection, the registered manager made arrangements to address this.

Each person had a care plan that was detailed and reflected the care they needed. People were involved in discussions about their care; systems were in place to improve this. People's needs and risks were kept under review.

People told us they knew who to speak to if they had any concerns or complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The service had a registered manager in post who was responsible for the day to day running of the home.

The management team worked in partnership with other services and agencies to improve outcomes for people.

People, staff and visitors felt the home was managed well and they were happy with the recent changes and improvements made. There was an emphasis on continuous improvement in the service.

The systems to assess, monitor and improve the quality and

safety of the service were being improved. The registered manager was aware of where improvements were needed.

There were systems in place to seek feedback from people living in the home, visitors and staff; consideration was being given to improving communication with people.

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 was planned to check 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 unannounced comprehensive inspection took place on 5 and 6 February 2019. The inspection was carried out by an adult social care inspector and a Specialist Advisor on the first day and by an adult social care inspector on the second day. The Specialist Advisor was a registered nurse who had experience of supporting people who used this type of care service.

In preparation for our visit, we checked the information we held about the service and the provider and included this in our inspection plan. We considered the previous inspection report and obtained the views of the local commissioning teams. We reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, such as what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home, one visitor, a registered nurse, five care staff, a volunteer and the registered manager. We also spoke with the directors of the service.

We had a tour of the premises and looked at a range of documents and written records including four people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and records relating to the auditing and monitoring of service. Following the inspection, we received feedback from five healthcare

professionals. We also looked at reviews left by friends and family on an independent web site. We noted St Andrews House received a score of 10 out of 10 for recent reviews.

Is the service safe?

Our findings

During the inspection, we observed people were comfortable and relaxed in the company of staff. People told us they felt safe living in the home and when staff supported them. People said, "The staff are good here" and, "I like the staff, I feel safe here."

Improvements were needed to the recruitment process to make sure new staff were recruited safely. We looked at three randomly selected recruitment records and found the process was not consistent in ensuring appropriate checks were in place prior to employment. The registered manager ensured immediate checks were undertaken of all recruitment files, any missing records were re-requested and placed on file and arrangements were made to ensure ongoing checks were included as part of the auditing systems. Appropriate checks were undertaken to ensure agency staff had the appropriate skills and competency to work in the home.

The provider had failed to follow safe recruitment processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were clear about the action to take if they witnessed or suspected abusive practice. They had safeguarding vulnerable adults' procedures and whistle blowing (reporting poor practice) procedures to refer to. A designated safeguarding champion provided advice and guidance to other staff. The registered manager was clear about when to report incidents and safeguarding concerns to other agencies. Action to be taken and lessons learned from any incidents or concerns had been discussed with staff. Arrangements were in place to respond to external safety alerts to ensure people's safety.

Any risks to people's health, safety and wellbeing were being managed well. The assessment information was based on good practice guidance in areas such as falls, skin integrity, nutrition, dependency and moving and handling which ensured the best outcomes of care, treatment and support were achieved for people. Risk assessments included up to date information for staff about the nature of the risks and how staff should support people to manage them without restricting people's freedom, choice and independence.

Records were kept in relation to any accidents and incidents that had occurred at the service and referrals had been made to appropriate agencies. An analysis of accidents and incidents had recently commenced; we discussed with the registered manager, how the recording of this information could be improved to identify any patterns or trends. A more detailed analysis tool was developed following the inspection.

Financial protection measures were in place to protect people. Staff were not allowed to accept gifts or assist in the making of, or benefiting from people's wills. We noted there were effective systems to respond to concerns about staff's ability, attendance or conduct.

There were safe processes in place for the management of people's medicines. Staff had access to a full set of medicines policies and procedures. Training had been arranged for all staff who managed people's

medicines; checks on their practice had not been completed but arrangements were made following the inspection. A healthcare professional said, "Medicines are always ordered on time and all necessary process are followed at all times."

The rotas showed enough care and ancillary staff were available at all times. People and staff told us there were sufficient staff. Staffing levels had been monitored and adjusted in line with people's needs. We observed staff promptly responded to people's requests for assistance and staff were seen available in the communal areas at all times. Staff told us they had a good team that worked well with each other and any sickness or leave was managed well with existing staff or with a consistent team of agency staff. The registered manager worked flexibly in the home and out of hours support was provided as needed. We observed that staff were patient, friendly and person centred in their interactions with people; we observed staff taking time to sit and talk with people.

Equipment was stored safely, repairs were undertaken promptly and regular safety checks were carried out on all systems and equipment. We found an annual check on gas safety systems was overdue; this was arranged immediately and work was undertaken to address any recommendations made. People had access to appropriate equipment to safely meet their needs and to promote their independence and comfort. Training had been provided to support staff with safe practice and to deal with any emergencies.

All areas of the home were clean and odour free. Staff had access to protective wear, such as disposable gloves and aprons and suitable hand washing facilities were available to help prevent the spread of infection. Designated cleaning and laundry staff were available and cleaning schedules were followed. An infection prevention and control champion was responsible for conducting checks on staff practice in this area, attending local forums and for keeping staff up to date.

The environmental health officer had awarded the service a five-star rating for food safety and hygiene in 2018. There was open entry to the home during daytime/evening hours and people would use the doorbell at other times. Visitors were asked to sign in and out which would help keep people secure and safe. CCTV had been installed to communal and external areas; this meant safety would be maintained without placing limitations on people's freedom and independence.

Is the service effective?

Our findings

People were happy with the service they received and felt staff were knowledgeable and competent. People said, "The staff know what they are doing." A relative said, "I absolutely love it. The turnaround in 12 months has been staggering." Another commented, "Everyone I met knew their jobs, very impressed." Comments from healthcare professional included, "They will always refer to discuss an issue promptly before problems or complications arise" and, "Management and staff are not afraid to question or challenge in a positive and professional manner if they feel something is in the best interest of their residents."

People's care and support needs were assessed before they moved into the home to make sure they could be looked after properly. Most people, or their relatives, were enabled to visit the home and meet with staff and other people who used the service before making any decision to move in. This also meant staff could determine whether they were able to meet the person's needs. The service had policies to support the principles of equality and diversity, and these values were reflected in the initial care assessment and care planning process. This meant consideration was given to protected characteristics including race, sexual orientation and religion or belief.

Staff received a wide range of training that enabled them to support people in a safe and effective way. However, we noted the training plan was not up to date and there were a number of gaps in the provision of training. The registered manager provided us with an accurate copy following the inspection and assured us all mandatory training would be completed by April 2019. Most staff had achieved a recognised care qualification and were provided with additional training and support to meet the specialised needs of people living in the home. Staff felt they had the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. They told us they were supported with their development.

New members of staff participated in an induction programme, which included an initial orientation to the service, working with an experienced member of staff, training in the provider's policies and procedures and completion of the provider's mandatory training. Agency staff also received an induction when they started to work in the home.

Staff received support and supervision. The registered manager told us formal one to one supervisions had been difficult to undertake due to the changes in staff. Annual discussions relating to their work performance were due to take place and a planned supervision schedule had commenced. Supervision and appraisal provided staff with an opportunity to speak about their training and support needs as well as being able to discuss any personal issues in relation to their work. Staff had attended meetings; the registered manager showed us a plan for more regular meetings. Staff told us communication about people's changing needs and the support they needed was good; staff spoken with had a very good understanding of people's needs. There were effective systems in place to ensure key information was shared between staff.

People considered they received medical attention when needed and were well supported with their healthcare needs. People's medical history and health needs were reflected in their care plan; appropriate

referrals had been made to a range of healthcare professionals. Feedback from visiting professionals was very positive about the relationships between the home and them. Staff used remote clinical consultations to access prompt professional advice when needed; this meant hospital visits and admissions could be avoided. Detailed information was shared when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known and considered, and care was provided consistently when moving between services.

People told us they enjoyed the meals and they were given a choice. They said, "The food is good. They buy the special bread that I like" and, "I'm happy with the food; I can have what I want, I only need to ask." Most people sat at the dining tables whilst others chose to remain in their bedrooms. The dining tables were set with tablecloths, napkins and condiments. Adapted cutlery and crockery and protective clothing was provided to maintain people's dignity and independence.

People were offered meal choices. The meals were nicely presented and looked and smelled appetising. We overheard friendly conversations and banter during the lunchtime period and we observed staff patiently supporting and encouraging people with their meals in line with their care plans. Drinks were offered during the meal and we observed cold and hot drinks and snacks were available between meals.

Information about people's dietary preferences and any risks associated with their nutritional needs was maintained in their care plans and monitored by staff. Food and fluid intake charts had been implemented for people who were deemed at risk, to identify any deficits in their intake. People's weight was checked at regular intervals and appropriate and prompt professional advice and support had been sought when needed.

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). There were policies and procedures to support staff with the MCA and DoLS and records showed staff had received training in this subject. We were told one authorisation had been granted by the relevant local authority; other applications had been submitted for consideration and were kept under review.

People's overall capacity had been assessed and their capacity and consent to make decisions about care and support was referred to in the care plans. However, we noted one person's care plan did not include a capacity assessment; we discussed this with the registered manager. From our observations and discussions, it was clear staff understood the importance of gaining consent and promoting people's rights and choices.

The home was comfortable, homely and warm and was well suited to people's needs. A range of aids and adaptations had been provided to help maintain people's safety, independence and comfort. Appropriate signage was in place throughout the home. Consideration had been given to ensuring the environment, furnishings and décor was suitable and safe. People were very happy with their bedrooms which were decorated to each person's tastes. A homely environment had been created with personal items such as such as furniture, photographs, posters and ornaments; this promoted a sense of comfort and familiarity.

Bedrooms were single occupancy; some had en-suite facilities. Suitably equipped bathrooms and toilets were within easy access of bedrooms. Outside areas included seating and a covered smoking area.

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they were treated well and their privacy and dignity was respected. They said, "I can do what I want and they help me to do things on my own." A relative said, "The care is fantastic; it really feels like a family." Healthcare professionals said, "The care and support of residents at St Andrews has improved greatly" and, "Staff appear to have a good relationship with the residents and appear helpful and cheerful." Staff were described as kind, skilled, considerate, caring and friendly.

We saw a number of compliment cards that highlighted the caring approach by staff. People had commented, "You all do a fantastic job", "I get looked after perfectly" and, "I have only the highest praise for this home and the care [family member] received."

During the inspection, we saw staff were attentive to people's needs and we observed caring and respectful interactions towards people. It was clear staff were knowledgeable about people's individual needs and personalities. We observed staff supporting and encouraging people to maintain and build their independence. People were encouraged to maintain relationships with family and friends; some people's relatives had been able to stay overnight. A relative confirmed there were no restrictions placed on visiting; we saw they received a friendly welcome.

People told us they were treated with dignity and respect. They said they could make choices and there were no rigid routines imposed on them that they were expected to follow. Staff had access to a set of equality and diversity policies and procedures. Records showed care and support was delivered in a non-discriminatory way and people's rights were respected. People's wishes and choices with regards to receiving personal care from female or male carers or from carers who were from similar cultural communities or age groups, were considered when recruiting new staff. People were dressed comfortably and appropriately in clothing of their choice. People's wishes and choices with regards to spiritual or religious needs was recorded.

People told us staff respected their privacy, they were supported to be comfortable in their surroundings and could spend time alone if they wished. One person said, "I like my room, I can have some time alone if I want too." We observed staff knocking on doors and waiting to enter. Personal care interventions were carried out behind closed doors in the person's bedroom or bathroom. All staff were bound by contractual arrangements to respect people's confidentiality. People's records were kept safe and secure.

People were encouraged to express their views by means of daily conversations with staff and they were involved in decisions about their daily care. We were told resident and relative meetings had not been held recently. However, the registered manager had re-commenced the meetings and showed us a schedule of planned meetings for 2019; this would help keep people involved and up to date about any changes in the home. People were involved in the recruitment and selection of new staff. A dedicated social media page was used to keep staff up to date, but was not yet available to people in the home. The registered manager told us other methods were being considered to improve people's opportunities to be consulted, be kept up

to date and make shared decisions.

Useful information was displayed on notice boards informing people about how to raise their concerns, any planned activities, events in the local community and any changes in the home. Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

People were provided with information about the facilities and services available at the home, when they were admitted. However, the information had not improved since the last inspection and was not yet available in an easier to read format. The registered manager assured us this would be reviewed and made available in other accessible formats. There was also information about the service available on the website.

Is the service responsive?

Our findings

People were happy with the care and support they received and told us it was provided in a way that suited them. They made positive comments about the staff and about their willingness to help them. A relative commented, "Thank goodness for St Andrews House, [family member] has now got a new life. He has never been happier. Such lovely staff." Healthcare professionals described the management and staff as 'proactive and responsive'. They said, "They seek advice and maintain communication with patient progress."

Each person had an individual care plan, which was underpinned by a series of risk assessments. The care plans provided staff with clear guidance and direction on how best to support people and to be mindful of what was important in their lives when providing their support. The care plans were person-centred, detailed and organised and included valuable information about people's likes, dislikes, preferences and routines; this ensured they received personalised care and support in a way they both wanted and needed. We discussed with the registered manager, the importance of providing short term care plans to ensure the information was not lost in the overall review and to ensure information about people's capacity was included in the relevant plan. Information about people's changing health needs and specialised care needs were recorded and the advice given by health care professionals was documented and followed.

People's care and support had been kept under review and records updated on a regular basis or in line with any changes. People told us they were involved in decisions about their care, however this was not always clear in the care plan. A visitor told us they were kept up to date and informed about any changes to their family member's needs. They told us they had been involved in the care plan, which they found to be very detailed. The registered manager told us the Resident of the Day process had recently commenced; this would increase people's involvement in all aspects of their care and support.

Daily records of how each person had spent their day and of any care and support given were written in a respectful way. There were systems to ensure staff could respond to people's changing needs; staff told us they could quickly update on any changes if they had been on leave.

People's views varied about the range of activities and entertainments available to them since there had been no activity coordinator. They said, "It's boring, I'd like to go to the shops", "I would like to get out more", "We have parties" and, "Staff helped me to fill in an application to the local gym." Following the inspection, the registered manager told us a new activity person had been recruited to start this month (February 2019).

During our visit, we observed people chatting to each other and staff, watching TV, reading newspapers, doing puzzles and going into the local town independently. We observed some people moving freely in and out of the house and others sitting around the kitchen table having drinks and snacks, reading newspapers and chatting to staff or each other. From our discussions and from some of the records maintained, we saw a range of activities had been provided both inside and outside the home. However, the records were unclear regarding when some of these activities had taken place.

Some people were independent of staff and would go shopping, meet friends and family, go out for meals and drinks and attend appointments, whilst other people relied on staff to accompany them. People told us they could go shopping with staff, visit local cafes or the local leisure centre. Two people were supported with their faith and attended church each week. Two people told us about the holidays they had enjoyed last year. One person told us they had completed an application to join the leisure centre with the help from staff, whilst another person had been to the library with staff. A projector screen with surround sound was available in the lounge for people to watch movies. People told us they used to watch movies on a regular basis, but they were uncertain when this had last been used; records showed the last movie night was in December 2018. The service had developed and maintained good links with the local community; the local town provided good access for wheelchair users.

Management and staff had the skills and knowledge to support people at the end of their lives. People's choices and wishes for end of life care were recorded, kept under review and communicated to staff, GP and ambulance services. People's care plans reflected their decisions and preferences in relation to resuscitation; records had been signed appropriately by relevant health professionals and regular reviews had been completed. This ensured people nearing the end of their life received support and care that met their needs and respected their choices. People's lives were celebrated. We noted there had been a tree planting ceremony in memory of a person who had died.

People knew how to raise their complaints and concerns People told us they knew who to speak to if they had any concerns or complaints and could raise any concerns with the staff or with the registered manager; a procedure was available to support them with this. There had been no complaints made about this service in the last 12 months.

Management and staff were supported to meet the accessible information standard, ensuring people with a disability or sensory loss were given information in a way they could understand. Information was displayed at wheelchair height and some of the information was in large print and easy for people to read. Picture and word cards and specialised equipment was available to support people with communication and to access information. We found there was information in people's initial assessments about their communication skills to ensure staff were aware of any specific needs.

The service used technology and equipment to enhance the delivery of effective care and support. Internet access enhanced communication and provided access to relevant updates and information for staff and people. E-learning formed part of the staff training and development programme. Equipment was used to communicate with people, to support people at risk and keep them safe. People used electronic pad/tablets to maintain contact with their family. Staff could access out of hours professional advice and training with the electronic telemedicine services.

Is the service well-led?

Our findings

During the last inspection, we found the provider had failed to operate effective quality assurance and auditing systems. This was a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found positive changes had been made to the systems and processes, but further work was needed to ensure the processes were embedded into the day to day practice at the home. Following the inspection, the provider sent us an action plan which set out the action they intended to take to improve the service.

During this inspection, we found there were systems to monitor the quality of the service however, they were being further developed. The registered manager completed quarterly reports for the health commissioners, which included an overview of falls, pressure sores, DoLS and infection rates in the home and external audits of medicine management had been undertaken. The registered manager monitored people's finances and accidents and incidents and was developing and introducing robust systems to monitor the environment, medicines management, care planning and recruitment. The registered manager undertook daily walks around the home to monitor standards and to discuss any concerns with staff and people living in the home and had carried out unannounced visits.

People, visitors and staff said they were satisfied with the service provided at St Andrews House and with the way it was managed. People spoke highly about the staff and the management team. Staff said, "The improvements are helping staff and residents", "There has been a massive improvement; new practices have been introduced" and "I like the modernisation and the new challenges. We've taken new people on so not stuck in a rut." A healthcare professional told us, "Services at this home have improved beyond recognition in last 12-14 months."

A relative had commented, "Absolutely fantastic. A very happy professional well-run home. I can honestly say it's the best family home I have had the pleasure to be involved with." The registered manager was described as caring and understanding. One person described a director as 'kind hearted'. Staff told us the directors made them feel valued. They said, "They are involved in the day to day running; they are very appreciative and very involved."

The registered manager had responsibility for the day to day operation of the service and was visible and active within the service. The registered manager was observed to interact warmly and professionally with people and staff. The registered manager was supported by the directors who were available in the home each day; this meant they could monitor the quality of the home, the effectiveness of the registered manager's practice and were able to speak with people about their experiences. The registered manager was undertaking further studies to re-register as a registered nurse and was nominated for the Inspirational Woman category in 2018.

The management team was committed to the continuous improvement of the service and improving outcomes for people. They could describe their achievements over the last 12 months and were aware of the planned improvements for the year ahead. Planned improvements included, re-establishing resident

and relative meetings, developing a more robust quality monitoring system, improving the kitchen, development of additional en-suite bedrooms, the introduction of new technology and improving access for wheelchairs at the main entrance. The management team were very open about the challenges over the past 12 months and how this had impacted on progress with some of the needed improvement. An improvement plan was in place and was being kept under review.

During the inspection we noted there had been progress made to improve the home in all areas. However, some improvements as noted at the last inspection, were relatively new and still being embedded. During this inspection, our findings indicated a breach in the way new staff had been recruited; following the inspection, the registered manager put systems in place to address the shortfalls and prevent any re-occurrence.

Improvements were being made to the way people and their visitors were encouraged to share their views and opinions about the service. A survey had recently been sent to people using the service and their families; the results would be analysed and shared with people so they knew what action was being taken to respond to their comments. Resident and relative meetings were not held, although the management team planned to reintroduce the meetings from February 2019 to help improve the way they communicated with people.

Records relating to the people's care and the management of the service were clear and up to date. They were safely stored and could only be accessed by appropriate staff to ensure people's personal information was protected. However, not all records we requested were promptly located and were sent to us following the inspection. We were advised that changes to the office location had created some issues and current records had been filed. The registered manager addressed this following the inspection.

Action to be taken and lessons learned from incidents were discussed with staff to ensure they were aware of the improvements needed and the findings had resulted in changes and investments in the home to improve safety.

The management team worked in partnership with other services and agencies and with health and social care professionals to keep up with current guidance and to share best practice. They had achieved an Excellence Award for Constructive Partnership working. This meant that excellent working links had been developed with local commissioners of services which would help improve the service and outcomes for people. Staff accessed appropriate guidance and training and attended local infection, prevention and control meetings and safeguarding meetings; some staff had been encouraged to become designated 'champions' in these areas which increased staff awareness and improved standards and practice.

Staff told us they enjoyed working at St Andrews House. One staff said, "I love it here. I'm here until I retire." Staff confirmed there had been changes to the staff team which had delayed some of the improvements but they now felt they worked well as a team and felt supported to carry out their roles. Staff could raise any concerns or discuss people's care with the registered manager. There was a clear management structure and staff were aware of their role and responsibilities, the lines of accountability and the values of the organisation. Staff meetings had taken place and a range of issues had been discussed; further meetings were planned to take place.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. The registered manager had submitted notifications to CQC and other agencies. We noted the service's CQC rating and a copy of the previous inspection report was on display in the home and on the provider's website. This was to

inform people of the outcome of the last inspection.

The service was awarded the Investors in People award. Investors in People sets the standard for better people management. The standard defines what it takes to lead, support and manage people well for sustainable results.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider had failed to follow safe recruitment processes. Regulation 19