Colleycare Limited

St Anns Care Home

Inspection report

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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

Overall summary

This unannounced inspection took place on the 30 July 2015.

St Anns accommodates and provides care for up to 39 older people, most of whom have dementia care needs.

A registered manager was in post. 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.

People received care from a team of care staff that understood their role and knew what was expected of them when caring for older people with dementia care needs. People were cared for by sufficient numbers of care staff that were experienced and had received the training they needed to do their job. Recruitment procedures were robust and protected people from receiving unsafe care from care staff unsuited to the job.

People's care needs had been assessed prior to admission and they each had an appropriate care plan. Their care plans were regularly reviewed and were individualised to reflect their current needs so that care

Summary of findings

staff had the necessary up-to-date information and guidance to meet these needs. People benefited from receiving care from staff that listened to and acted upon what they said, including the views of their relatives, friends, or significant others.

People were safeguarded from abuse and poor practice by care staff that had the training, guidance and insight they needed to recognise this and take timely action to protect them.

People were enabled to do things for themselves by friendly care staff that were attentive to each person's individual needs and understood their capabilities. People's individual preferences for the way they liked to receive their care and support were respected.

People's healthcare needs were met and they received timely treatment from other community based healthcare professionals when this was necessary.

People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People who needed support with eating and drinking received the help they required. People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon. People had enough to eat and drink.

People, and where appropriate, their representatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

People received care from care staff that were supported and encouraged by the provider and the registered manager to do a good job caring for older people. The quality of the service provided was regularly audited by the registered manager and the provider and improvements made when necessary.

Summary of findings

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.

Good

People received their care from sufficient numbers of care staff that had the experience and knowledge to provide safe care.

People's care needs and any associated risks were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Is the service effective?
The service was effective.

Good

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Is the service caring?
The service was caring.

Good

People were individually involved and supported to make choices about how they preferred their day-to-day care. Care staff respected people's preferences and the choices they were able to make about how they received their care.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

People received their care from staff that encouraged them to do what they could for themselves and retain their sense of self-respect.

Is the service responsive?
The service was responsive.

Good

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People had care plans that reflected their individual needs and how these were to be met by the care staff.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Summary of findings

Is the service well-led?

Good

The service was well-led

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefitted from receiving their care in a home that was appropriately and conscientiously managed.

People benefited from receiving care from care staff that received the managerial support and guidance they needed to do their job well.

St Anns 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 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 inspection was carried out by an inspector and took place on the 30 July 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. We also used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During this inspection we spoke with four people who used the service, as well as a visitor to the home. We looked at the care records of six people. We spoke with the registered manager, and four care staff. We looked at five records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

We undertook general observations throughout the communal areas of the home, including interactions between care staff and people. We viewed three people's bedrooms by agreement.

Good

Is the service safe?

Our findings

People's care needs were safely met by sufficient numbers of experienced and trained care staff on duty. Care staff were supported by ancillary domestic and kitchen staff so that were able to focus their attention on providing people with safe care. People received timely care when they needed it. Care staff were attentive and responded quickly to ensure people's safety when the need arose. A visitor said, "I've never worried about [relative]. In my experience they [care workers] have always been on hand whenever [relative] needs their help."

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed or suspected ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team. People were also safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by designated staff that had received appropriate training.

People were assured that regular maintenance checks were made on essential equipment that for their safety had to be kept in good working order, such as the fire alarm system or hoists used to assist care staff to lift people.

Good

Is the service effective?

Our findings

People's needs were met by care staff that were effectively supervised and had their job performance regularly appraised. People received care and support from care staff that had acquired the experiential skills as well the training they needed to care for older people with dementia care needs. Newly recruited care staff had received induction training that prepared them for their duties. Staff confirmed their induction provided them with the essential information and guidance they needed before they took up their care duties.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Care staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People received timely healthcare treatment and care staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP and receive treatment from other healthcare professionals when they needed it.

People's nutritional needs were met. People had enough to eat and drink and enjoyed their meals. Care workers acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. We saw that portions of food served at lunchtime were ample and suited people's individual appetites. Where people were unable to express a preference the kitchen staff used information they had about the person's likes and dislikes. People that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food. Hot and cold drinks were readily available and care workers prompted people to drink, particularly people whose dementia had compromised their ability to communicate verbally.

Good

Is the service caring?

Our findings

People were kept comfortable by care staff that were compassionate and kind. They responded promptly when people needed help or reassurance. Care staff were able to tell us about the signs they looked for that signalled if an individual was anxious or in discomfort and needed reassurance or practical assistance

People were approached by care staff that explained what they were doing without taking for granted that the person understood what was happening. They were sensitive to people's perception of their 'personal' space' and were gentle when they physically assisted people. People's individuality was respected by care staff that directed their attention to the person they engaged with. Care staff used people's preferred name when conversing with them.

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care workers so that people were treated in a dignified way. Care staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs

People's visitors were made welcome. Care staff said that people's relatives and friends are encouraged to visit unless a person has chosen not receive visitors at a particular time. One visitor said, "I come here at all different times and it's no bother to them [care workers] at all. They [care workers] like to see people having visitors. After all it makes them [people] happy. I know some of them [people] don't get many visitors so I chat with them when I get the chance. They [care workers] are good at that as well."

People's bedrooms were personalised their belongings and mementos they valued and had chosen to have around them. A visitor said, "It's nice memories for [relative] even though it's difficult to know just how much [relative] actually remembers, but it's homely to have [relative's] things in the room. They [care workers] encourage that."

Good

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs change.

People that were still able to make some decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives. If a person's ability to share their views had been compromised then significant others were consulted.

People had a range of activities that were organised or on offer on a daily basis. These activities suited people's individual likes and dislikes. People could freely choose to join in with communal activities if they wanted to.

People were encouraged to make choices, albeit simple ones, about their care and how they preferred to spend their time. People who preferred to keep their own company were protected from isolation because care staff made an effort to engage with them individually. They used their knowledge of the person's likes and dislikes to strike up a conversation or encourage them to participate in communal activities or in a one-to-one activity they enjoyed. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint.

Good

Is the service well-led?

Our findings

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. A registered manager was in post when we inspected that had the knowledge and experience to motivate care staff to do a good job. Care staff said the registered manager had an 'open door' approach and was always very approachable if they were unsure about what to do and needed guidance. There was a senior member of staff 'on call' when night care staff were on duty to support them if they needed guidance.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Care staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored in the registered manager's office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been updated when required.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and nurse-in-charge. These audits included, for example, checking that staff were adhering to good practice guidelines and following the procedures put in place by the registered manager and the provider.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.