

Rayson Homes Limited

# Anna S Proctor House Care Home

## Inspection report

23-24 Summerhill  
Shotley Bridge  
Consett  
County Durham  
DH8 0NQ

Tel: 01207502818

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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

### About the service

Anna S Proctor House is a residential care home providing personal care to up to 14 people who lived with a learning disability. At the time of inspection 10 people were living at the home.

### Services for people with learning disabilities and or autism are supported

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

### People's experience of using this service and what we found

Records could not demonstrate that medicines were administered safely or correctly. We observed a medicine round and found the staff member did not follow best practice. The risks to people's health, safety and welfare had been identified. However, risk assessments and care records were not fully updated in a timely manner.

Fire drills were not completed effectively. People were protected from abuse by staff who understood how to identify and report any concerns. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable support. The registered manager sought to learn from any accidents and incidents involving people.

Staff were recruited safely and received appropriate training and support to enable them to carry out their role effectively. People chose what food they wanted and were happy with what was provided. People's needs were assessed before coming to live at the home. The provider was in the process of a full refurbishment plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice.

Staff were caring and treated people with kindness and respect. Independence was encouraged, and care plans supported this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had person centred care plans which detailed their life history, likes, dislikes and their goals for the future, both short term and long term. People were confident to raise any concerns they had with staff. There were plenty of activities available to people and they chose what they wanted to do. People were provided with information in a way they understood. End of life care plans needed further development.

People and staff felt supported by the registered manager. Quality assurance systems were completed but were not effective. They had not identified the concerns identified during this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 15 September 2017).

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

#### Enforcement

We have identified breaches in relation to the safe management of medicines, risk assessments, fire drills and records at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Anna S Proctor House Care Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection team consisted of one inspector.

### Service and service type

Anna S Proctor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Any feedback we

received was used to plan our inspection.

During the inspection-

We spoke with six people who used the service. We spoke with six members of staff which included the registered manager, senior care workers, care workers and an activity co-ordinator.

We reviewed a range of records. This included two people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service.

After the inspection

We spoke with two people's relatives to obtain their views on the service

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not managed safely. Staff did not follow best practice guidelines. Staff signed medicine records before medicines were administered.
- Medicine administration records (MAR) were not fully completed. Important information such as start dates for medicines were missing and one record did not have the person's name on it.
- There were no administration records for topical (creams/ointments) medicines. Although there was a body map to show where the medicine was to be applied, there was no record to evidence they had been applied.
- Procedures to ensure the correct stock of medicines were in place were not safe. Records did not accurately show how much stock of each medicine was in place.

Failure to safely manage medicines has led to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Assessing risk, safety monitoring and management

- The risks to people were not safely managed. Care plans were not always updated when people's needs changed.
- Fire drill/practice evacuation had taken place with all staff on a training day, but never with the amount of staff who would normally be on duty. For example, the night staff had never practiced and evacuation with only the two members of staff who would be on duty. The registered manager said they would address this immediately.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed or people were kept free from harm due to the lack of risk assessments and fire practices.

These failures to manage the risks to people has led to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at the home. Comments included, "I feel safe here, it makes me feel comfortable" and "It is peaceful living here."
- Staff were knowledgeable about safeguarding processes and how to raise any concerns.

#### Staffing and recruitment

- The home had safe recruitment practices. Pre-employment checks had been done to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.
- There were enough staff to meet people's needs.

#### Preventing and controlling infection

- The home was clean and odour free.
- Staff had received infection control training and understood their responsibilities in this area. Staff made appropriate use of the available personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed to determine what had happened and identify any trends.
- Healthcare professionals were involved straight away if someone had a fall.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Everyone who moved into the home had an assessment of their needs beforehand. This ensured they had access to appropriate resources and their needs could be met.
- Prior to moving in, people would visit the home spending time with the people already living there and joining in with meals. This made sure that all people would be happy.

Staff support: induction, training, skills and experience

- Staff received regular support through supervisions and a yearly appraisal. One staff member said, "I find the supervisions useful as we get feedback too."
- Staff received appropriate training.

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

- People were supported to maintain a well-balanced diet and were offered plenty of choice. One person said, "I like curries." One relative we spoke with said, "[Person's name] eats very well."
- People chose the menus and went shopping for the food. Staff supported people with their likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home had good links with the local GPs and external healthcare professionals.
- Care records showed people were supported to maintain good oral hygiene.

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

- The home was going through a full renovation programme. This included installation of a lift, electrical wiring and bathrooms.
- People's rooms were also being refurbished and decorated. People had been involved in the colour schemes and furnishings they wanted. One person said, "They are having alterations here, it will be very nice [when completed]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately.
- Where best interest decision had to be made these were done in line with legal requirements.
- People's care plans reminded staff about MCA stating, "Capacity is everything, no decision about me without me."

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were observed to be kind, patient, respectful and considerate. They understood every person and knew what was important to them.
- People were happy with the staff who supported them. Comments included, "The staff are nice, they help you with your problems They are good at that." , "[Person's name] is always happy. The staff are brilliant."
- The home kept a record of compliments which included, "Best home round here." And, "Care is fantastic." And, "Anna S Proctor House is caring and friendly with professional staff and management."

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

- People were supported to express their views about their care and make decisions affecting their lives. This included what time they wanted to go to bed, preferred clothing, how they wanted to spend their money and how they wished to spend their day.
- People attended house meetings where they discussed different topics such as menus and activities. They were also asked for their point of views on the way the service was run.
- The home had a positive and inclusive atmosphere where people were encouraged to make day to day decisions about their care. Staff listened to people and waited patiently for their responses to questions.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity.
- People were encouraged to remain as independent as possible and care records reflected this.
- People had, if they wanted, different jobs to do around the home. This included setting the tables for meals or shopping for food.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who knew them really well. However, records did not accurately demonstrate this
- Care plans contained enough information to support staff on how the person wished to be cared for .
- People's life histories were explored with them and their family where able and documented.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.
- Some information in the care plans required updating. Records had not been updated when people's needs changed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to spend their days as they wanted. The activities coordinator said, "I work hours to suit the people. If they want to do something on a Saturday, I will work the Saturday. I come in and say where shall we go? This could be to Consett, Stanley or even Durham to see the cathedral. They choose. I love it." On the day of inspection three people had been out to the Metro Centre.
- External entertainment came into the home on a regular basis. These include singers and crazy creatures.
- People also attending the local community. Such as local clubs where they had afternoon entertainment. This included a singer, bingo and snacks.

Improving care quality in response to complaints or concerns

- Information relating to how to make a complaint was available to people. The home had a complaints policy .
- No complaints had been received. One relative said, "I have no complaints, I know how to make them but don't need to."

End of life care and support

- Staff had received training on end of life care.

- People had prepared funeral plans, if they so wished. However, there was nothing recorded to support their end of life care. The registered manager was planning on speaking to people, if they wanted to talk about it, families and use staff knowledge to prepare end of life plans.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were ineffective. Audits were used to assess standards and drive up improvements. However, the audits had not highlighted the concerns identified during inspection.
- Records were not always fully completed or kept up to date. For example, where people's needs had changed records did not reflect this.

Failure to have effective quality assurance systems in place to deliver a good service has led to a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

- Staff were knowledgeable and enthusiastic about their roles. Comments included, "It is a great place to work, I can see myself being here for a long time," And "I love it here, I love helping people, the staff and the residents."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives had developed good relationships with staff. Relatives comments included, "The staff are brilliant, I don't know what I would do without all of them," And "They couldn't be better. Lovely staff, lovely manager."
- There was a cheerful atmosphere in the home and staff made sure everyone was well looked after. One staff member said, "We help them [people] in the best way we can and treat them like you would your family."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had established forums in place to communicate with people. This included meetings and formal surveys.

- The service worked in partnership with health and social care professionals who were involved in people's care.
- Regular staff meetings occurred.

#### Continuous learning and improving care

- The management team were committed to continuously improve the service. One relative said, "The [registered] manager is a lovely lady, she does everything right and does her job well."
- The registered manager was open and responsive to our inspection feedback.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider was not doing all that is reasonably practicable to mitigate risks or to ensure the proper and safe management of medicines. Reg 12 (2) (b) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider was not maintaining accurate, complete and contemporaneous records and systems and processes had not identified this. Reg 17(2)(b)(c).