

Oakfoil Limited

# St Andrews House

## Inspection report

37 Rainhall Road  
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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 Andrews House is a residential care home providing personal and nursing care for up to 24 people, including younger adults 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 22 people living in the home at the time of the inspection.

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

People told us they felt safe and were happy with the service they received. They said they enjoyed living in the home and staff were kind, friendly and caring. Staff understood how to protect people from abuse. Recruitment processes had improved and ensured new staff were suitable. There were enough numbers of staff to meet people's needs and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments enabled people to retain their independence and receive support with minimum risk to themselves or others. The home was clean and free from hazards.

People's care and support needs were assessed prior to them using the service to ensure their needs could be met. They were supported to live healthy lives and had access to professionals, a well-trained staff team and a choice of a nutritious diet. The home worked with partnership with other organisations to provide effective and consistent care. 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 service supported this practice.

Management and staff had developed friendly, caring and respectful relationships with people using the service and their families. People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team. Staff understood the importance of giving people their time and knew the importance of encouraging people to maintain their independence.

People's care was tailored to their needs, routines and preferences and staff knew people well. People had access to a wide range of organised activities and entertainments and links with local community groups enhanced people's lives. People could see their visitors as they wished and maintain relationships that were important to them. People did not have any complaints about the service but were confident to raise any issues.

People were happy with the way the service was managed and told us they would recommend the home. Staff felt valued and enjoyed working at the home. There were systems to assess and monitor the quality of the service and the practice of staff and appropriate action was taken when shortfalls were noted. People's views and opinions of the service were sought and acted on.

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 requires improvement (published 13 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Andrews House

## 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 was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Andrews House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

The service had a manager registered with CQC. 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 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 and Healthwatch Lancashire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

We used the information the provider sent us in the provider information return. 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 also looked at positive reviews on an independent website. We used all this information to plan our inspection.

#### During the inspection

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 seven people living in the home, two visitors, the clinical lead, two care staff, the activity person, the maintenance person 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 three 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.

#### After the inspection

We asked the registered manager to send us some information about training and accidents and incidents. This was sent promptly. We also spoke with a social care professional 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection 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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager carried out pre-employment checks on all new staff. We discussed ensuring previous employment dates were consistently recorded in full.
- People received effective and timely care and support. There were enough staff to meet people's needs. Additional staff had been recruited.

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

- The registered manager and staff were clear about when to report incidents and safeguarding concerns.
- The provider ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise any concerns about poor practice. People told us they felt safe and were happy with the care they received. One person said, "They treat you right."

### Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.

### Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. Staff were suitably trained to administer medicines and checks on their practice had been carried out.

### Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were clean and fresh smelling. We discussed the need for staff to follow more regular hand hygiene practices, particularly when supporting people at mealtimes.

### Learning lessons when things go wrong

- The provider promoted an open culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings.
- The registered manager reviewed all incidents and accidents to ensure appropriate actions were taken

and to determine whether there were any trends or patterns.



# 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

- The registered manager carried out assessments of people's needs were carried out before they came to live at the home, to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care.
- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, oral health and skin integrity. This supported a good quality of life for people.
- The initial care assessment supported the principles of equality and diversity and staff considered people's protected characteristics, such as age, disability, religion or belief.
- Management and staff used technology and equipment such as, internet access, call alarms, sensor mats, talking weigh scales and pressure relieving mattresses, to deliver effective care and support.

Staff support: induction, training, skills and experience

- The provider made sure staff had a range of appropriate training, supervision and support to carry out their role effectively. Staff were complimentary about the support they received from the management team.
- The registered manager provided new staff with induction training. Some staff had taken on champion roles to lead staff development.

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

- The registered manager and staff made sure people's nutritional needs and dietary preferences were met. People told us they enjoyed the meals and were provided with meals, snacks and drink choices throughout the day. We discussed how the mealtime experience could be improved for example in the provision of napkins and table settings.
- Staff monitored people if they were at risk of poor nutrition. Advice from appropriate healthcare professionals was sought, as needed.

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

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information 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 care was provided consistently.

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

- The provider had made improvements to the home; communal areas were comfortable and homely, and bathrooms were suitably equipped. There were plans for ongoing improvement. Maintenance processes ensured prompt attention to any reported issues.
- People were happy with their bedrooms and the communal areas. Some had personalised their bedrooms with their own furniture, pictures and ornaments.

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.

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.

- The registered manager understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.
- Staff received training and demonstrated an awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. Staff asked for people's consent before providing care and respected their decisions.

# 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 good. At this inspection this key question has remained the same. 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 supported people well and treated them with care and kindness; people confirmed this. We observed appropriate humour and warmth from staff towards people; conversations were friendly and there was a lot of banter and laughter.
- People liked the staff at the home and good relationships had developed. People commented, "It's now my family and my home" and "I cannot ask for anything more, I am grateful for the love care and attention." A member of staff said, "It is a loving and caring place. Staff want the very best for people."
- Staff knew about people's preferences and diverse needs and respected what was important to them; this was recorded in the care plans. Staff were aware of people's religious, cultural and social needs and attended the local church.

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

- Staff involved people in decisions about their care. We observed staff encouraging people to express their views and make every day decisions about their care when they could, such as what they had to eat and where they spent their time. People and relatives were asked for their views in satisfaction surveys. The results of the survey were mainly positive
- People's choices were respected. People chose where to spend their time and if they wanted to be on their own or with other people. People's care needs had been discussed with them or where appropriate, their relatives or representatives. This helped ensure staff knew how people wanted to be supported.
- The registered manager ensured information about local advocacy services was displayed. These services can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. The staff team were knowledgeable about accessing services, so people could have equipment and adaptations to keep them safe and promote their independence.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. We noted information about one person was displayed on their bedroom door; the registered manager addressed this.

# 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 the same. 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's care and support was centred around their choices and preferences. One person said, "Nothing is too much trouble."
- The registered manager and staff understood people's needs well and encouraged them to make decisions and live the life they chose. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices.
- Staff reviewed people's care plans regularly and updated them when people's needs changed. Some people told us they were involved in this.

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.

- Staff assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people and repeating information when necessary.

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

- Staff encouraged people to maintain relationships that were important to them. Visitors felt welcomed.
- Staff supported people to follow their interests and take part in a range of activities. People were happy with the activities available at the home and told us they had improved since the last inspection.

Improving care quality in response to complaints or concerns

- The provider had processes to investigate and respond to people's complaints and concerns. People had no complaints about the service they received but knew how to complain or raise concerns if they were unhappy.

End of life care and support

- Staff recorded people's end of life care wishes and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had effective systems to monitor the quality of the service and to monitor staff practice. Action had been taken to address any shortfalls and there was clear evidence improvement had taken place. Audits were also carried out by local commissioners.
- The management team ensured records were accessible and organised. Local commissioners told us important information had not been returned to them by the due date. We discussed this with the registered manager who had recently devised a reminder system for all due returns.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to a set of policies and procedures, contracts and job descriptions.

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

- The provider and registered manager were committed to providing people with positive outcomes. Management and staff knew people well and encouraged people to make decisions about their care and support. People told us they were happy with the service.
- Staff were committed to providing high standards of care and support. They felt valued and supported and told us they enjoyed working at the service.
- The registered manager and directors were known to people. People described them as helpful and approachable. Staff felt the service had improved since the last inspection and it was well managed. One staff said, "It has really improved."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager regularly sought feedback from people using the service, visitors and staff to ensure they were happy and to ensure their diverse needs were met. A recent relative and friends survey indicated people were satisfied with the service provided. We noted residents' meetings had not been held for some time; the registered manager told us people's views were sought informally but assured us this would be considered.
- The provider had effective communication systems and staff told us they were kept up to date.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning and development. Staff training, supervision

sessions and meetings were used to ensure learning and improvements took place. Staff attended commissioners training to expand their knowledge.

- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care and support for people.
- The registered manager worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service. The registered manager attended local forums and had developed links with other registered managers to keep up to date and to help improve the service.

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 provider and registered manager understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The provider was aware of their responsibility to be open and honest when something had gone wrong.