

St Andrew's House

St Andrews House

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Andrews House is a care home providing personal care to a maximum of 35 older people, including those living with dementia. At the time of our visit, 28 people were living there. Accommodation was provided across 4 floors in an adapted building. The provider is a registered charity run by a board of volunteer trustees.

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

This is the fifth consecutive inspection where the provider has failed to demonstrate compliance with the regulations and achieve the minimum expected rating of good.

At our last inspection, we found improvements were required around managing people's risks and risks to support safe medicines management, infection control, management of falls, fire safety and quality assurance processes and the safe management of medicines. At this inspection, we found limited improvements had been made and issues remained. The provider remained in breach of the regulations.

People were at the risk of harm of preventable injury as the provider failed to ensure risks had been identified and mitigated. People were at the risk of infectious illness as the provider failed to ensure appropriate infection prevention and control practices were being consistently followed.

The provider did not have effective systems in place to review incidents, accidents or significant events to see if something could be done differently to keep people safe.

The provider did not have effective systems in place to identify improvements and drive good care. The management team and provider failed to keep themselves up to date with best practice in health and social care.

People received their medicines as prescribed.

People were supported by enough staff who had been appointed after safe recruitment processes had been followed.

People were protected from the risks of ill-treatment and abuse and staff had been trained to recognise potential signs of abuse and understood what to do if they suspected harm or abuse.

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

People were supported by staff members who were aware of their individual protected characteristics like age, religion, gender and disability. People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 August 2023) and there were breaches of regulation regarding keeping people safe and the management of the location.

At this inspection we found the provider remained in breach of those regulations and the overall rating has changed to inadequate.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed to inadequate based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Andrews House on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to keeping people safe and how the location was managed. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as

inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 2 inspectors 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Andrews House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spent time observing care and support in the communal areas and how staff interacted with people living in the home. During our inspection we spoke with 8 people and 1 relative. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the registered manager, the deputy manager, 2 care staff and an externally commissioned care consultant who was supporting the management team.

We reviewed a range of records. These included care plans and records of medicines administration for 4 people. We looked at a variety of documents relating to the management of the service, including quality monitoring checks. We reviewed the recruitment process for 2 staff members.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and risks related to the environment. They failed to ensure risks associated with infection prevention and control was effectively managed. These issues were a breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvements and the service remained in breach of the regulation.

- People were not safe from the risks of avoidable harm. There were exposed hot water pipes leading to radiators which had not been covered exposing people to the risk of burns. People had unrestricted access to staff areas including a toilet with no temperature control valve on the hot water taps, unlocked access to the heating systems and an uncovered radiator. These issues put people at the risk of burns or scalds.
- The provider had installed 3 safety gates in separate areas of the home. They had not risk assessed these barriers, putting people at the risk of harm from trips or toppling. The management team had not updated the fire risk assessment to account for these physical barriers putting people at the risk of harm in the event of an emergency. A mechanical hoist was stored on the first floor in front of a fire escape blocking effective exit from this area. This put people at the risk of harm as safe exit from this area was obstructed. .
- The provider had installed flood prevention barriers on ground floor fire exits. However, they had not updated their fire evacuation plans to account for this physical barrier putting people at risk as their exit from the building may be affected. Some fire doors had compromised glass panels which moved when touched meaning they could potentially fail in delaying the spread of smoke or fire putting people at the risk of harm.
- The use of an extension lead in the main lounge area had not been risk assessed. There was no indication of the maximum electrical load for this equipment putting people at the risk of harm from electrical fire. The lead and subsequent attached wires created a potential trip hazard. In 1 dining room there was an electric insect control devise on the floor. The trailing electrical lead created a trip hazard. One bathroom was not in use and had been used as a storage area for unused equipment and people had access to this area. Some of this equipment was stored in an upright position causing a potential injury to someone if it fell.
- One person's bed had been modified with the addition of foam pads being added to the frame. The gap created by this adaptation created the risk of limb entrapment which had not been identified by the provider putting people at the risk of avoidable injury.
- The management team failed to effectively and safely supervise external contractors when at St Andrew's House. There were tools including a knife and woodworking equipment left for long periods of time unattended in communal areas. This put people at the risk of harm from physical injury resulting in contact with unattended tools.

- Substances hazardous to health were not safely stored when not in use, putting people at the risk of harm from accidental or intentional ingestion.

Learning lessons when things go wrong

- The provider had introduced new systems for responding and monitoring of incidents. However, this had yet to be embedded in working practices. We saw 1 incident where a person had fallen and received injuries. However, the post falls monitoring processes had not been fully completed and there were gaps in the monitoring. This meant the person was at risk of complications not being identified in a timely way by the management team.

Preventing and controlling infection

- People were not always protected from the risk of infection as the management team were not consistently ensuring safe infection prevention and control practices were being followed. For example, there were gaps in a dining table with a build-up of food debris and evidence of poor cleaning practices under chair arms and side tables.
- Food was not safely stored. There was a fridge containing food items where the management team were not monitoring the safe storage temperature. On 2 separate occasions we saw the temperature in this fridge was above the safe storage of food items, putting people at the risk of illness from bacterial growth.
- Not all clinical waste bins contained appropriate internal bags for the safe storage of contaminated waste. This put people at the risk of harm from communicable illnesses.

We found no evidence people had been harmed. However, systems were not robust enough to demonstrate safety and infection prevention was effectively managed. This placed people at risk of harm. These issues constitute a continued breach of Regulation 12 (Safe Care and Treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection site visit we have received assurances that actions were underway to address the more serious concerns.

- Despite our findings people felt safe and protected at St Andrews House. One person said, "It's as safe as houses here," and another person told us, "It's the people here that make me feel safe."
- The provider had revised their fire safety training for staff following our last inspection and staff knew what to do in the event of an emergency.

Using medicines safely

At our last inspection we found systems were not robust enough to demonstrate medicines were effectively managed. At this inspection we found improvements had been made.

- People received their medicines as prescribed. One person said, "I have medication three times a day, I have to wait a specific time between doses. There are no problems at all."
- Staff members were trained and assessed as competent before supporting people with their medicines.
- The provider had systems in place to respond should a medicine error occur. This included contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and ill treatment as staff members had received training on

how to recognise and respond to concerns.

- Information was available to people, staff and relatives on how to report any concerns.
- The provider had systems in place to pass any concerns to the appropriate agency. For example, the local authority, in order to keep people safe.
- There was information available to people and visitors on how to raise concerns.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Visiting in care homes

- The provider was supporting visits in line with the Governments guidance.

Staffing and recruitment

- People were supported by enough staff to respond to them in a timely way.
- Staff said there were enough of them to support people and if they were short, the management team allocated agency staff to ensure there were enough staff to assist people.
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Is the service responsive?

Our findings

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

At our last inspection, we rated this key question requires improvement. At this inspection the rating remains requires improvement. This meant people's needs were not always met.

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

- Improvements were noted with some care and support plans. The registered manager and care consultant told us they had recently commenced a review of all care plans. However, this was still ongoing and was being completed in coordination with the resident of the day process. We noted a lack of consistent detail with 1 care plan where information concerning the location of lifting supports was not detailed. The care consultant told us they were reviewing the care plans already completed to see if further improvements were needed..
- The care plans which had been reviewed contained information which was personal to the individual. This included individual protected characteristics including, but not limited to, gender, sexuality, religion and race.
- People told us they were involved in their care and support planning. One person said, "I have a care plan. They [the management team] chatted with me about it." When it was appropriate relatives were kept informed about changes to people's health and needs.
- Staff members knew those they supported well. This included people's care needs and their personal likes, dislikes and interests. One person said, "I have a cup of tea every morning before I like to get ready. This is always provided."

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 had information presented in a way that they found accessible and, in a format, they could easily comprehend. When people had other sensory needs, these were recorded for staff to respond to them in a way they wanted. For example, there was the availability of larger printed documents for people to access if needed.

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 told us they were involved in activities most days and 1 person told us they got a list of activities every week. They went on to say, "There's quite a lot, something every day, they are usually in the afternoons."
- People were encouraged to have visitors and space was made available for visits to be private and personal.

End of life care and support

- People were encouraged to record their wishes as they entered this phase of their life. The provider had processes and procedures in place to capture what was important to the person to ensure they received the support they wanted.
- The provider had developed good working relationships with other healthcare professionals which would support a multi-agency approach towards end-of-life care when it was needed.

Improving care quality in response to complaints or concerns

- People and relatives knew and felt able to complain. One person told us they had raised concerns previously and these had been addressed completely to their satisfaction.
- There was a complaints policy in place. The complaints policy was available for people and visitors. The provider followed guidance for receiving, investigating and responding to complaints.

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 our last inspection we rated this key question Inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At our last inspection the provider's governance arrangement and quality assurance systems was ineffective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had not made enough improvements and the service continued to be in breach of regulation 17.

- The provider had a poor history of meeting regulation and has failed to comply with the required regulations on 5 occasions since November 2019. At each of those inspections, breaches of the regulations have been identified. In addition, the provider has failed to make or sustain improvements needed to achieve a minimum overall CQC rating of good.
- The management team did not have effective quality monitoring systems. The provider failed to identify or correct deficits in environmental risk assessments including fire safety, infection prevention and risks related to accidents and incidents. This continued to put people at the risk of harm from ineffective monitoring processes.
- The provider completed regular "walk around checks" where 2 trustee members spent time at St Andrew's House to identify areas of concern or improvements. However, we identified for the last 2 months the section which stated, "Are there any obvious hazards that need to be addressed" had the same comments. The registered manager told us they had not fed back to the trustees that they disagreed with the comments as they didn't think it made a difference. This lack of communication to identify and drive improvements put people at the risk of potentially unsafe care as actions were left unaddressed.
- The management team failed to demonstrate they had kept themselves up to date with best practice in adult social care. The registered manager told us they were now part of a support group of registered managers. However, they failed to demonstrate how they had applied this support or any additional learning they had completed since the previous inspections.
- The registered manager told us there was no designated person to ensure maintenance issues were identified and rectified. They went on to say environmental checks are absorbed by the general care team. They confirmed they had access to guidance which directed safe provision of care in care homes but stated, "It's just too big for one person to read." They went on to say they just haven't got round to looking at it fully. This put people at the risk of harm from environmental factors.
- The recently appointed care consultant was working with the management team to make positive changes. However, they recognised not all changes had been implemented and those which had were not

completed or reviewed to ensure they were sustainable. For example, a new incident monitoring system had recently been implemented. We identified a specific action regarding certain checks had not been completed. These omissions had not been identified or rectified by the registered manager. The new reporting system had not been reviewed to see if it was effective. This put people at the risk of receiving inconsistent treatment and unsafe care because quality assurance processes were ineffective to identify and drive standards.

We found the issues at this inspection went unknown and the providers own processes to identify improvements and to take action, failed to protect people from unnecessary harm and risk. The quality monitoring systems continued to be ineffective in identifying concerns and driving improvements at St Andrews House. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following our inspection site visit we were contacted by the care consultant on the instruction of the provider. They informed us of changes to the management team and the intended appointment of a full-time maintenance person.

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 and provider were aware of their responsibilities under the duty of candour. The duty of candour is a regulation which all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment. People had been informed about the previous inspection outcomes and were kept informed about the changes the provider had made. Additionally, people said they received outcomes if they ever raised a concern which they found to be satisfactory.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People stated they were involved in regular meetings with the management team. One person said, "We have a resident's meeting each month. Last month was cancelled for some reason but we are always provided with minutes. This is very useful." Another person told us, "[Registered manager's name] is always approachable and answers any questions I or my relative have."
- Staff members told us they found the management team supportive, and their opinions were welcomed and valued.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local community within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices and district nurse teams.