

R.M.D. Enterprises Limited

St Anthony's

Inspection report

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Tel: 01923226174

Date of inspection visit:
15 June 2017
21 June 2017

Date of publication:
26 July 2017

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

The inspection took place on 15 and 21 June 2017 and was unannounced. When we last inspected the service on 20 and 22 July 2016 we found breaches with regulations 12 & 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to manage people's medicines safely and there were concerns in relation to the maintenance and cleanliness of the home. Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found that the provider had made the necessary improvements and therefore improved the quality of the service provided at St Anthony's.

St Anthony's is a residential care home located in Watford. It is registered to provide accommodation and personal care for up to 22 people. At the time of the inspection 20 people were living at St Anthony's.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People were supported to take their medicines by trained staff. We found that staff followed safe practices and medicines were accurately documented and stock levels checked were correct.

We found that the environment had improved with several areas of the home having been re-decorated since the last inspection took place.

People felt safe living at St Anthony's. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so.

Staff received regular one to one supervision and felt supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staffs were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The registered manager had arrangements in place to receive feedback from people who used the service,

their relatives, external stakeholders and staff members about the services provided. People were confident to raise any concerns with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The registered manager had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People were supported by staff who had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Visitors were welcomed at any time.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were reviewed regularly to help ensure they continued to meet people's needs.

Regular meetings were held for people who used the service and their relatives to share their opinions about the service and facilities provided at St Anthony's Home.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Good ●

St Anthony's

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 inspection took place on 15 and 21 June 2017 by one inspector. The inspection was unannounced.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, the chef, four staff members, the registered manager, the provider and two relatives to obtain their feedback on how people were supported to live their lives.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality monitoring audits.

Is the service safe?

Our findings

People who lived at St Anthony's told us they were happy. One relative said, "[name] is safe here because the staff and manager always keep me up to date with my [name] care and with anything that I need to know, which gives me great peace of mind." Another relative said, "We never worry about [family member] because the staff are all very competent and experienced." One person told us "I moved here two years ago and I have never looked back. I was lonely at home but here I feel safe and sound."

We saw information and guidance was prominently displayed about safeguarding within the home and on how to report any concerns, together with relevant contact numbers. "We always check and make sure there are no trip hazards around the home, especially in the small lounge which is people's favourite place to sit and it can become quite full with walking frames." The registered manager told us "We also make sure all the equipment we use is safe to use and is serviced regularly." We checked the service records for the two hoists used and found that these had both been serviced within the past year. This meant that people's safety was protected and maintained by staff who were both competent and vigilant in maintaining a safe environment.

All four staff we spoke with were able to verbally demonstrate they could recognise signs of abuse and how to report any concerns both internally and externally should they need to. One staff member said, "If I had any concerns I would report them to the manager. I could go to the manager, CQC or social services."

Safe and effective recruitment practices were followed which ensured that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service. We saw references had been verified as part of this process.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively. The registered manager looked at people needs and regularly evaluated staffing levels which ensured there were enough staff to meet people's needs. Staff were happy with the staffing levels. One staff member said, "We have enough staff to be able to look after people safely and appropriately without having to rush through our work. It's important that we are given time to talk to people as well as providing their personal care." This was confirmed during both days of the inspection where we observed staff sitting and chatting to people after their lunchtime meal and also during their morning coffee time. The atmosphere was both relaxed and calm throughout.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person we looked at who had mobility issues had been assessed for bedrails due to the risks of falling from their bed. We noted this had been regularly reviewed and we saw that risk assessments had been completed for the profile sides to ensure the person's safety. This meant that

people's risk and changing needs were monitored and reviewed and action taken to keep people safe.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager which ensured that reoccurring patterns were identified and actions put in place to mitigate risks.

At the last inspection we found that there were not suitable arrangements for the safe storage and management of people's medicines. We found that staff had failed to record the amount of medicines given when people were prescribed a variable dose and had also left medicines unattended and failed to remain with the person whilst they took their medicines safely. At this inspection we found improvements had been made and medicines were now managed effectively and safely. There had been additional audits undertaken which ensured any errors were identified at the earliest possible stage and rectified. Staff competencies had also been reviewed and updated which ensured people were protected from staff who administered and managed people's medicines safely.

Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. One staff member told us, "I feel I have the right skills and training to feel confident to give people their medicines." We also have regular training and checks by the manager to make sure we are doing everything as it should be done."

We found where medication that was given when required, for example pain relief. Protocols were in place that gave guidance to staff on how to manage this appropriately.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training such as first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place.

Is the service effective?

Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us, "The staff here are all lovely and care for me in a way I expect and want." A relative we contacted as part of the inspection told us "They have staff that really care and nothing is too much trouble."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Both the registered manager and the provider confirmed that on a day to day basis they observed staff interactions which ensured best practice was followed. Staff received training and regular updates in a range of subjects designed to help them perform their roles and meet people's needs effectively. This included areas such as moving and handling, dementia, medicines and infection control. Staff confirmed they had completed inductions. One staff member said, "I had a thorough induction when I started at St Anthony's and it helped my confidence too, to feel that I knew each person in detail and how to care for them. Another staff member confirmed that they had received a full induction when they started and was shown where the fire exits were and what to do if the fire alarm went off as well as training in health and safety, moving and handling, and infection control.

Staff confirmed they felt supported by the registered manager and were encouraged to have their say. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions where their performance and development were reviewed. One staff member said, "We have regular formal supervisions but we also have daily chats if we have a concern or are worried about anything. The manager's door is always open."

Another staff member told us "We get feedback on our work and we are recognised for doing a good job." Another staff member commented, "The manager is very approachable, always there if you have any 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 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. We checked whether the service was working within the principles of the MCA and found that they were.

Staff understood the importance of choice. They were able to verbally demonstrate how they offered people choice. One staff member said, "People have the right to choose." One person we spoke with told us "The staff always check I understand what they are going to do, even though it's the same each day." One staff member confirmed, "We cover this issue in our induction and it's also covered in our Mental Capacity training so we know and fully understand what is meant by capacity and how that is incorporated into our everyday work." We saw from the four care plans we looked at that where people's photos had been taken

or personal information had been shared with other professionals involved in their care, consent had been obtained and documented within the person's plan of care. For example we saw evidence that people had been consulted and consented to the flu vaccination

We saw staff used visual aids to support people with different choices. For example we observed staff asked people what they would like for their meal; they used pictures to support people with making their choice.

We saw people were provided with food and drink throughout the day. At lunchtime we saw people were given the meals that they had chosen. We observed people were supported to eat their lunch where required. One person said, "The food is always of a high standard here." We spoke with the chef who confirmed there were systems which ensured people's dietary requirements were met. For example soft diets and fortified food where required. We saw people's requirements were documented for the chef to follow.

We saw in people's care plans that people received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. For example we saw from one person's care plan that they had recently been visited by their GP as they had been feeling unwell with a persistent cough. This information was well documented, with the date and the advice and action taken. We also saw from the four care plans we looked at that people were regularly visited by a chiropodist.

Is the service caring?

Our findings

We saw kind and caring interaction between staff and the people who used the service. People we spoke with were complimentary about the staff, we were told by one relative, "Staff are kind, friendly and know what they are doing. I can see that some people need a lot of help especially those who need to be helped by that hoist but I see staff take their time to help them and talk to them all the time. I keep an eye out for any misgivings." Another person told us "I could not wish for nicer care staff, they are all so lovely and kind."

We saw that staff helped and supported people with dignity and respected their privacy. We saw throughout the inspection the staff approach was calm, caring and respectful of people's needs. For example, we observed staff discreetly asked people if they wished to use the lavatory. One relative said, "Whenever I visit I see the staff are kind and considerate. They never raise their voices and talk to people in a very caring way, which in my book is the most important thing in care homes."

Staff members were able to verbally demonstrate they understood how to promote independence and respect people's privacy and dignity. One staff member told us that they felt staffing levels and training were appropriate and this meant that they were not rushed and could provide good support and care. In particular they felt the service encouraged people to maintain independence especially walking using frames when required rather than being taken around in wheelchairs. One relative said, "I am happy with the home and feel that the staff who are employed are the right kind of staff which gives me peace of mind."

People were well presented throughout the day and it was evident that staff had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. People, and their relatives where appropriate, had been fully involved in the planning and reviews of the care and support provided. One relative said, "I have been consulted and involved every step of the way with my [family members] care and I came along to the last review which was very informative."

Confidentiality was maintained throughout the home and information held about people's health, support needs and medical histories were kept secure. Information about advocacy services was made available to people and their relatives should this be required. We were told by the registered manager that advocates were used although nobody currently had requested to use this service.

Is the service responsive?

Our findings

At the last inspection people told us the activity programme needed improving and did not always reflect the social activities and interests that people enjoyed taking part in. This included, trips out to the town, walks in local parks and visiting garden centres. At this inspection we found this had improved. The registered manager had employed an activity person to work two days a week and an additional person to come into the home twice a month to offer music and sing along sessions for people to enjoy. We saw from photographs displayed throughout the home where people had enjoyed cookery sessions, where people had made 'welsh cakes' and had also celebrated both St Patrick's Day and Easter with hat making and specialist food being provided. The registered manager also told us that there were plans to introduce 'Pat dog' therapy into the home. This is an organisation that provides the opportunity for people in care homes to enjoy and interact with a dog which often provides a relaxing and nostalgic experience for people.

We saw that the registered manager had introduced some visual prompts since the last inspection took place, which assisted people with finding their way around the home more easily and also to help people to locate their bedrooms.

The four care plans we looked at were person centred and had been reviewed regularly there was guidance for staff to meet people's needs. Staff we spoke with were able to verbally demonstrate they knew the people they supported. For example, we asked staff about people they supported and they were able to tell us about the persons care needs and what was important to them.

The registered manager had completed a review of each person's individual care needs and created a person centred care plan. We saw that people's care plans contained detailed information in relation to the person's background and social history in order for staff to have a better understanding of each person's needs.

People's care and support needs were provided in a way that suited them and met their changing needs. We saw evidence that people's needs were assessed before the service commenced. One person told us "The care staff are all knowledgeable about the care I need. The attention I get is over and above what the care staff are expected to do." For example one person told us how one staff member takes the trouble to warm their towel on the radiator before they get out of the shower. They told us "This makes them special and not just care staff who do the basics." Staff demonstrated that the support was provided was specific to what people wanted and not just the availability of staff.

We found that the type of bedroom doors provided did not have the facility for people to lock their doors. We discussed this with both the provider and the registered manager and it was agreed that an audit would be completed to seek each person's views on if they would like a key for their bedroom door. This would ensure that people's personal possessions were safe and secured and also to demonstrate that people were provided with a preference and choice. It was agreed with this audit would be completed by the end of June 2017 and any actions in relation to adapting people's bedroom doors would be completed by the end of July 2017.

We saw there were notices on how to complain displayed throughout the home and people we spoke with knew how to report any concerns they might have. One relative said, "I had to complain once about a situation that had upset me but this was resolved very quickly and without any fuss." We saw that the service had not received any complaints since the last inspection took place in 2016 but there was an effective system in place should anyone need to complain. We also saw that relatives and visitors had taken time to compliment staff on the care provided.

Is the service well-led?

Our findings

People who lived at St Anthony's, their relatives and staff were all positive about how the home was run. We were told that the registered manager was approachable and supportive. One relative said, "The manager is very approachable, and they are always friendly. Whenever I need to discuss anything concerning my [relative] they are always available and make the time to speak to me, however long that may take."

The registered manager told us they completed regular walks about the home where they talked to people and gave people the opportunity to discuss any concerns or issues they may have with the service provided.

We saw evidence that staff were provided with regular supervisions which gave people the opportunity to discuss both their professional and personal development as well as keeping informed of any developments within the service, on monthly basis. All four staff we spoke with told us that they found the registered manager approachable and always available if they needed to discuss any concerns or for some advice.

The registered manager was knowledgeable about the people who were used the service, their different needs, personal circumstances and relationships. Staff understood their roles; they were clear about their responsibilities and what was expected of them. One staff member said, "At handovers we are informed of the duties for the day, I think we work well as a team and I feel this is partly due to the home being small and friendly."

We found that the systems in place for auditing the service had improved since the last inspection. In particular with regard to the maintenance and cleanliness of the home. We found that audits were now completed on a daily, weekly and monthly basis with regard to the kitchen, communal and bedrooms areas of the home. There was also an action plan in place to address and rectify any repairs or minor works that required attention. For example there was a plan to refurbish a part of the garden area to make it more accessible for people to grow vegetables and flowers during the summer months. This meant there were systems in place to monitor the quality of the service and to improve areas of the service that had been identified as requiring attention for the benefit of the people who live at St Anthony's.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We saw there were regular staff, residents and relative meetings. We looked at resident feedback and noted several positive comments. The registered manager told us that they sat down with people individually and asked for their feedback and ideas. They told us that they felt this was a more productive way of gaining people's feedback and ideas than trying to organise a large group meeting. The home also sent out annual questionnaires to relatives and carers. The most recent survey was completed in September 2016. Feedback from this survey included people had requested a poster to display forthcoming events and meetings in the home. We saw that this had been acknowledged a poster which informed people of the next relatives meeting was displayed within the main lounge area.

The registered manager told us about some positive improvements they had made for people who lived at the home. The area of damp on the ground floor/stairway had now been resolved and the roof had been repaired. Several areas of the home had been redecorated, which included five people's bedrooms. There had been additional handrails fitted at the rear of the home in order to assist people with accessing the garden area. New carpets and soft furnishings had been purchased which gave the home a welcoming and homely feel. We noted that there was an unpleasant odour in the lobby area of the home. However the provider had already identified this problem and was in the process of replacing the flooring in this area of the home to ensure stale odours were eliminated.