

Mrs Krystyna Gordon

Anne Residential Homes - 74 Coombe

Inspection report

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Date of inspection visit:
04 June 2019

Date of publication:
04 July 2019

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:

Anne Residential is a residential care home providing personal care to older people, in a single story building in a residential area. The home is registered for four people and two were receiving care on the day of the inspection.

People's experience of using this service:

The provider continued to deliver a good service that met the needs of the people they cared for.

People we spoke with were happy with the care they received and with the staff who assisted them.

People received care from staff who were suitably trained and supported to meet their personal care needs.

Risks to people had been assessed and were regularly reviewed to ensure people's needs were safely met. People were protected from avoidable harm, discrimination and abuse.

Appropriate recruitment checks took place before staff started working for the service.

The home had procedures in place to reduce the risk of the spread of infection.

Medicines were administered, stored and disposed of safely.

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.

People were supported to maintain a healthy balanced diet that met their needs.

People received the support they needed to stay healthy and to access health care services as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respect and ensured people's privacy was always maintained.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

The provider had effective systems in place to deal with concerns and complaints and to assess and monitor the quality of the service people received.

The service was well-led; there was an open, transparent and person-centred culture.

People, their relatives and staff were all asked to share their feedback about the service in an informal way.

The provider worked in partnership with other health and social care professionals and agencies to plan and deliver an effective service that met the needs of the people they supported.

Rating at last inspection:

At our last inspection, the service was rated Good overall and in all five questions. Our last report was published on 22 December 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

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 well-led

Details are in our Well-Led findings below.

Good ●

Anne Residential Homes - 74 Coombe

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Anne Residential 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.

What we did:

Before the inspection we looked at all the information we held about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. 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 used this information to help inform our inspection planning.

During the inspection we looked at the care files of both people living at Anne Residential, and records relating to the management of the service such as medicines, quality assurance audits and policies and

procedures. We looked at three staff files. We spoke with the registered manager and one other staff member. We also spoke with a visitor whose relative had previously lived at the home.

After the inspection we spoke with two relatives of people living at Anne Residential.

We have included comments from all the responses we received in our report.

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 remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported safely by staff.
- The two people we spoke with were happy with the care being given and felt safe in the home and with the staff who supported them.
- The provider took appropriate steps to protect people from abuse, neglect or harm and the registered manager knew they had to report abuse to the local authority and CQC.
- Staff had received training in safeguarding adults at risk of harm.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place because staff had assessed the risks to people's health, safety and welfare.
- Risk assessments included a person's mobility and risk of falls, their nutritional needs, medicine administration and skin integrity and were updated on a regular basis or when a person's healthcare needs changed.
- Risks to the environment were managed appropriately. Current test certificates for electrical installation and appliances, gas and fire safety were seen. This helped to ensure the premises were safe for people and staff.

Staffing and recruitment

- Recruitment practices remained safe.
- The home employed three staff which included the registered manager who was also the owner of the home and two care workers.
- Both care workers had been with the home for more than 10 years.
- All staff had a current criminal record check (Disclosure and Barring Service)

Using medicines safely

- Medicines continued to be administered safely.
- Medicines were stored and disposed of safely and securely.
- We looked at both the medicine administration records (MAR) for the people living at the home and these were up to date and completed correctly.
- Staff had received training in medicine administration.

Preventing and controlling infection

- Effective measures were taken to help prevent and control infection.
- The home was very clean, with no mal-odours.
- The kitchen had been inspected in February 2019 and given a rating score of five, where one is the lowest score and five the highest.

Learning lessons when things go wrong

- The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults.
- The provider took appropriate steps to mitigate the risk of further accidents

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.

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

- Relatives commented about staff, "The staff are amazing, very patient and gentle" and I am very happy with the staff and the care my relative receives."
- People's care needs were assessed before the service commenced supporting them.
- People's care plans showed how people wanted to be cared for, including the choices they were making around their daily routines and personal care.

Staff support: induction, training, skills and experience

- People were cared for by staff who were very experienced and who continued to receive appropriate training and support.
- This was a small staff team of three people who spoke to one another on a daily basis.
- They received support from one another and from the registered manager.
- They attended training courses and shared their knowledge with other members of the team

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

- People's nutritional needs continued to be met.
- Throughout our visit we saw that people were regularly offered drinks and snacks of their choice.
- We joined one person and a staff member for lunch which was fresh fish and chips, followed by strawberries and raspberries, with cream. The person said they were 'delicious' and we saw they ate well.
- The other person chose to remain in their room and the registered manager assisted them to enjoy their meal.

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 communication links with the local GP service.
- The GP would visit people when required and people's health requirements were reviewed when necessary.
- People had access to other healthcare professionals when they needed them, such as a dentist or chiroprapist.

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

- Anne Residential home is set on one level and people had access to all areas.

- Bedrooms were bright and airy and doors were left open if that is what people wanted.
- There was a large sitting and dining room which looked out onto the well maintained patio and garden.
- The home was very well decorated and maintained.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Neither of the people living at the home required a DoLS but the registered manager told us, both people had been assessed under the guidelines of the MCA.
- We watched and listened as staff gave people the time and encouragement to make decisions and choices for themselves.
- Both people were fully aware of making decisions for themselves and staff respected their wishes.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives commented about the care their relative received, "I am very pleased with the care my relative gets, they receive personal attention from good staff" and "My relative is happier than they have ever been. They receive very, very good care."
- A visitor of a former long term resident popped in to say 'hello' to staff and we asked them what it was that made the home good. They replied "It's the staff, the personal individual care and the friendly, family atmosphere," which we saw demonstrated during our visit.
- Staff ensured that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted.
- People's support plans reflected their spiritual and cultural needs. For example, people were supported by the service to maintain their faith.
- We spoke to one person who expressed how important their faith was to them and how they enjoyed the visits from the church minister and congregation.
- A relative told us that when their relative had been poorly the registered manager had ensured that the person received the spiritual support they needed at the right time.

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

- People were able to express their views as and when they wanted to.
- We observed that people, staff and the registered manager knew one another very well and could speak freely to one another.
- The relatives we spoke with also felt able to speak with staff or the registered manager at any time to express their views or concerns.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected at all times.
- Family and friends could visit at any time, day or night.
- Families were welcomed into the home and could share a meal with the person.

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.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw that care plans were up to date and contained relevant information and guidance for staff. This guidance included notes on people's dependency levels, how they liked to be supported, medical information, details of skin integrity and the type of physical assistance people required.
- Care plans were reviewed on a regular or as-required basis, dependent on people's healthcare needs.
- We looked at details of notes in people's daily records, written by staff. These gave a good overview of how a person was feeling, what they did and their current health needs.
- People received information in accessible formats and the registered manager knew about meeting the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. NHS and publicly-funded adult social care services are legally required to comply with this standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services.

Improving care quality in response to complaints or concerns

- The relatives we spoke with said they had not needed to complain to the registered manager and did not have any concerns about the care their relative was receiving.
- There were no reported complaints since the last inspection.

End of life care and support

- The service was not supporting people who were on palliative or end of life care.
- Staff told us that people had made their own decisions about the end of their lives and what they would like to happen.
- This included whether they wanted to be resuscitated and where appropriate a do not attempt cardio pulmonary resuscitation (DNACPR) order was in place.
- Staff respected people's end of life wishes.

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 has remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager continued to have a clear vision, values and enthusiasm about how they wished the service to be provided.
- All the staff shared the registered managers' vision, values and enthusiasm. One relative said, "The care here is consistently good, a real first class service."

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

- Although this was only a small team of three staff, each staff member understood their role and the quality of care that was expected of them.
- A relative told us, "Staff and the care given is very, very good and staff are very determined to ensure people get the care they need."
- The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2008 and demonstrated good knowledge of the needs of people they supported and the staff team. They were also aware of their responsibilities to send CQC notifications about changes or incidents that affected people they supported.

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

- Formal surveys were not carried out by the provider but rather the staff and the registered manager spoke to people, relatives, friends and healthcare professionals on a regular basis.
- This informal approach helped to ensure that people were receiving a high quality service of their choice.

Continuous learning and improving care

- The service had appropriate policies and procedures in place, including policies to safeguard people and respect their rights and policies to support staff.
- There was also a business continuity plan which set out actions to take in case of emergencies which affected the running of the service.
- The registered manager kept up to date with current trends in service delivery and legislation through the CQC web site and with links with other care home providers.

Working in partnership with others

- The registered manager worked closely with the local authority and community health and social care professionals to ensure staff followed best practice. When required staff were in regular contact with people's GP's or other healthcare professionals and they welcomed their views about people's changing needs and best practice ideas were often shared between them, for the benefit of the client.
- This ensured staff received all the external health and social care professional guidance and advice they required to meet the needs of the people they supported.