

St Andrew's Court Health Care Limited

St Andrew's Court

Inspection report

2 Wheeler Street
Hull
HU3 5QE

Tel: 01709565700

Date of inspection visit:
02 December 2021
08 December 2021

Date of publication:
17 January 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

St Andrew's Court is a residential care home that provides accommodation, nursing and personal care to a maximum of 20 people, including people living with dementia, physical disability and people with a mental health diagnosis. Sixteen people were living in the home on day one of the inspection and fifteen on day two.

The main part of the home contains 18 single occupancy bedrooms over two floors. Adjoining the main building is a two story two-bedroom house providing accommodation for two people. This self-contained house has its own private access independent from the main home.

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

A system was in place to monitor the quality and safety of the service, however these were not always effective in identifying and addressing issues.

Analysis of falls and incidents were not always completed to reduce the risk of reoccurrence and to learn lessons. Risks associated with fire safety had not been addressed with measures to reduce the risk of harm.

There were shortfalls in training to enable staff to carry out their roles effectively.

Medicine practices were not always in line with best practice guidelines.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

We have made a recommendation in relation to the principles of the Mental Capacity Act 2005.

The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

People were happy with the care they received, they felt safe and well looked after. Staff had been recruited safely and there were enough staff on duty.

The home was clean and tidy and additional cleaning ensured people were safe from the risk of infection.

Care plans were up to date, risk assessments were in place and regularly reviewed.

Staff had positive links with healthcare professionals which promoted people's wellbeing.

People were regularly asked their views on the service provided and action had been taken when

suggestions were made.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 23 October 2019 and this was their first inspection.

Why we inspected

This was a planned comprehensive inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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 that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included a breach of regulation 12 (safe care and treatment), regulation 18 (staffing), and regulation 17 (good governance).

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Andrew's Court

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

The inspection was completed by three inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, regional manager, nurse, senior care workers and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- Detailed information had not been recorded to guide staff on when to administer medicines prescribed to be taken 'as required'.
- Where people had been administered 'as required' medicines, supporting evidence was not always available to show why they were given this medicine or that it had been administered appropriately.
- There was not a clear audit trail to show who administered people's topical medicines (creams). Staff explained carers usually applied creams, but the nurses signed the medication administration records.
- Clear and complete records were not available to show all staff had received training or up-to-date medication competency checks to ensure they had the appropriate skills to administer medicines.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had not ensured people lived in a safe environment.
- Fire safety was not robust. There was no evidence of staff being trained in fire evacuation equipment.
- Urgent recommendations from an independent fire risk assessment provider in February 2021 to ensure the service was safe had not been completed at the time of our inspection
- The fire risk assessment stated fire drills should be completed within three minutes. A number of fire drills took significantly longer than this, appropriate action had not been taken to address this and ensure an evacuation could be carried out safely and effectively.
- There was minimal evidence to support learning lessons from accidents, incidents or falls which had occurred at the service.
- The lack of oversight in relation to the monitoring and analysing of accidents, incidents or falls has resulted in people being exposed to the risk of harm.

The provider had failed to appropriately assess and manage risks to people's health and safety. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care records included detailed plans and positive behavioural support strategies for managing any specific risks identified. For example, people who were at risk of causing themselves harm or injury. Staff knew people well and responded in line with the strategies.

Systems and processes to safeguard people from the risk of abuse

- The manager had not always worked with the local safeguarding team to address concerns promptly. This was addressed and lessons learnt identified.
- People and relatives felt safe at the service. One relative said, "I think my relative is absolutely safe at St Andrews Court, I can finally sleep easy knowing they are safe."
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns.

Staffing and recruitment

- Staff had been safely recruited.
- All staff had pre-employment checks to check their suitability before they started working with people.
- Staffing levels remained suitable and the option to increase staffing in specific circumstances was considered for example if specific increased support was required.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff could not demonstrate they had a clear understanding of the Mental Capacity Act 2005. For example, when we asked staff when consent was required. Their comments included, "You don't need consent when someone is on a DoLS."
- Staff had not always received appropriate training to ensure they were suitably skilled in their role to keep people safe. For example, a number of people had complex needs and required specialist support if they became anxious or distressed. However, a significant number of staff had not completed positive behaviour support training.

Failure to ensure sufficient numbers of suitably qualified, competent and skilled staff were deployed is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 service was not always following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meetings had been completed in accordance with the MCA.

- For those people who lacked capacity there were no records to show how consent had been sought for their COVID-19 testing.

We recommend the provider works in line with the principles of The Mental Capacity Act 2005 to ensure robust mental capacity assessments are in place and include multidisciplinary involvement.

- DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's individual needs were holistically assessed and associated care plans developed. The care records showed up-to-date assessments with individual care plans for each need identified, for example, community access, daily living skills, activities, medicines and food and drink.
- Staff supported people to be healthy. People had specific care plans that showed their eating and drinking needs and preferences.
- People praised the quality of the meals and food provided. One person said, "The food is lovely".

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

- Information was shared with other agencies if people needed to access other services such as hospitals or specialist involvement.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health.

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

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People had access to communal rooms where they could socialise.
- The service involved people with decision making. For example, easy read surveys supported people to make suggestions about menu choices and activities.
- People's bedrooms were personalised with their own belongings and family photographs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives confirmed they were treated in a kind, respectful and supportive way. Comments from people and relatives included, "The staff are worth their weight in gold" and "The staff are absolutely brilliant".
- We observed positive interactions between people who used the service and staff. People were supported in a polite and patient manner.
- Staff told us that although there had been busy and emotionally difficult times due to COVID-19, they always enjoyed their contact and close connections with people living at the service. One staff member said, "Seeing our residents achieve things against the odds is amazing."

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

- People were supported to participate in the planning and reviewing of their care and support, if they were able to and wished to.
- People were encouraged to express their views. They chose how they spent their day and where they went. We observed staff involving people, asking their views and offering choices.
- Staff were kind and compassionate with people and we saw positive relationships with people. Staff and people were engaged in a meaningful way.
- People attended house meetings at the service. This gave people the opportunity to share their views and participation.

Respecting and promoting people's privacy, dignity and independence

- The provider demonstrated a clear commitment to supporting people in a dignified and respectful manner. For example, we saw staff address people by their first name or more formally if this was their chosen preference and knocked on people's doors before entering.
- People were supported by staff to maintain important relationships with their relatives and friends.
- Staff supported people to maintain contact with their loved ones through telephone calls and through using electronic devices that enabled people to simultaneously speak and see each other.
- Staff promoted people's independence and supported them in a dignified way. Staff had a good knowledge of people, their needs and abilities.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- The registered manager ensured people's care was planned in a personalised way in line with their preferences. Staff developed personalised care plans that accurately reflected people's needs and preferences.
- Care records reflected people's preferences as well as their needs, for example, their preferred name, food and drink preferences, and hobbies.

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 took them into account when planning care.
- Care plans included detailed guidance for staff to help them communicate with people.
- Staff produced accessible information that people could understand. There were a wide range of documents in easy-read and pictorial formats such as care plans, weekly schedules and service user guides. Staff also produced accessible information to support policies and procedures, for example, to describe the complaints procedure.

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

- People were offered opportunities to engage in social activities. A list of upcoming events were posted in the communal areas each week.
- People were encouraged to develop activities that interested them. For example, one person showed a keen interest in bars, an individualised bar was made to encourage engagement.
- Staff supported people to maintain relationships with family and friends. For example, one person had lost touch with their family and staff were supporting them to find their loved ones.

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. Any complaints received were investigated and a response provided.
- People told us they would speak with the registered manager or support staff if they had any concerns or wanted to raise a complaint.
- Meetings were held for people to attend and share their views or raise concerns. Information on how to

make a complaint was on display in the home.

End of life care and support

- At the time of our inspection no one was being supported with end of life and palliative care.
- People's care plans provided evidence that people were encouraged to discuss their futures end of life care wishes if they wanted to.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- An effective system was not operated to monitor the quality and safety of the service. Robust governance systems were not consistently used effectively to identify shortfalls and address concerns in a timely manner.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way. For example, actions plans did not include the action required, expected date for completion and who was responsible for completion.
- Audits and monitoring arrangements were in place for a range of area's including, care plans, medicines and infection control. However, we found monitoring documentation had not been completed in line with the providers procedures or identified areas we found on inspection.
- The provider did not have a robust system in place to support staff to analyse information about risks in relation to people's care. This was particularly in relation to people's diagnosis' and rescue medicines. The provider did not have a clear overview of risks. This meant opportunities to improve the quality of care for people were missed.
- Themes and trends were not identified through systems currently in place. For example, there was no analysis of incidents, falls or accidents to reduce the risk of reoccurrence and improve care provided to people.
- Handover records where not consistently completed and did not contain relevant information to support staff with people's changing needs.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care. The staff we spoke with described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.

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

- People told us if they needed to make a complaint, they felt confident that any concerns would be listened to.
- The provider is legally required to notify the CQC about events that occur at a service. These notifications had been sent as required.
- There was an effective complaints process, where complaints were recorded and actioned in line with the provider's policy.

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

- Staff had team meetings and one to one supervision.
- Systems were in place to capture people's views and feedback. A relative told us "I can always speak to [manager] and the other colleagues."
- People were able to attend residents' meetings where they discussed changes within the home, activities, as well as the menu.

Working in partnership with others

- The provider worked closely with key stakeholders and agencies including the local authority, social workers and healthcare professionals. One professional told us "I receive regular updates and staff are really informative at review meetings."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to appropriately assess risks to people and health and safety. The provider had not taken adequate steps to assess risks or done all that is reasonably practicable to mitigate those risks.</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>12(2) (a)(b)(c)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust.</p> <p>17 (1) (2) (a)(b)(c)(f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>The provider had failed to ensure sufficient numbers of suitably qualified, competent and skilled persons were deployed to keep people safe.</p> <p>18 (1) (2) (a)</p>

