Colleycare Limited

St Andrews Care Home

Inspection report

Great North Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 24 February 2016 and was unannounced. The inspection team consisted of three inspectors due to the size of the home. The service is registered for 70 people and on the day of our inspection there were 67 people living at the home.

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 and their relatives told us that their family members were well cared for and they were happy with the standards of care and support their relatives received. There were no odours in the home and people looked well groomed. Bedrooms were personalised and it was obvious people could have their personal items around them and had a choice of where to spend their time and what activities or hobbies they wished to participate in.

People told us they felt safe living at St Andrews. Staff had received training in how to safeguard people from potential abuse and knew how to report concerns. Safe and effective recruitment practices were in place and this helped to ensure that staff were suitable to work in a care home environment. In most cases there were sufficient numbers of staff available to meet people's agreed care needs when required. However on the day of our inspection we observed that on one unit in particular the staffing levels were not adequate to meet people's needs in a timely way.

Staff were trained to assist people with taking their medicines regularly and safely. Potential risks to people's health and well-being were assessed and where risks had been identified, remedial actions to reduce risks were put in place and these were reviewed regularly to help keep people safe.

People and their relatives and healthcare professionals were very positive about the standards of care in the home. They were complimentary about the staff and their experience, skills and abilities to support people appropriately. Staff were well supported and received training relevant to their roles and responsibilities. They had regular supervision with their line manager to discuss and review their performance and any development needs.

People had developed positive and caring relationships with the staff who supported them. Care and support was provided in a way that took account of their individual needs and preferences and the management team and staff knew people very well.

Staff were observed to obtain people's consent before providing care and support to them. People, and where possible, their relatives were involved in the planning, delivery and review of the care and support

provided. Information held about people's medical and personal histories was securely maintained throughout the service and was only accessed by people who had a right to access it and where the people concerned had consented to the sharing of their personal information.

People told us that their support was provided in a way that promoted their dignity and respected and maintained their privacy. People were supported to take part in activities that interested them, both at home and in the local community. People felt that staff listened to them and responded to any concerns they had in a positive way. They knew how to complain if they needed to, however none of the people we spoke to during our inspection had ever had to make a complaint.

People and their relatives were positive and complimentary about the way the service operated including the management team and staff approach. There were effective arrangements in place to monitor risks and the quality of services provided. Systems and processes were used in a way that encouraged continual improvements to the quality of 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?

Requires Improvement

The service was safe.

Potential risks to people's health and well-being were identified and managed effectively.

People were kept safe by staff who were trained to recognise and respond to the risk of abuse.

Safe and effective recruitment practices were in place to help ensure that staff were suitable to work in a care home environment.

In most cases there were sufficient numbers of staff were available to meet people's individual needs in a timely way.

Staff were trained to support people with their medicines in a safe way when required.

Is the service effective?

Good

The service was effective.

People's consent was obtained before care and support was provided.

Staff were trained and supported to help them meet people's needs effectively.

People were supported to have their day to day health needs met.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them and their families well.

People and their relatives were involved in the planning, and review of the care and support provided.

Care was provided in a way that promoted people's dignity and maintained and respected their privacy.

Personal information was stored in a way that protected and maintained people's confidentiality.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that met their needs and took account of their preferences and routines.

Staff supported people to participate in activities and social events relevant to their different abilities and interests.

People and relatives were confident that any feedback or concerns would be dealt with promptly and knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

There were effective systems in place to monitor the quality of the services provided and manage risks.

People, their relatives, staff and healthcare professionals were all very positive about the manager and how the service was run.

Staff understood their roles and responsibilities and felt well supported and valued by the manager.

St Andrews Care Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 24 February 2016 by three Inspectors and was unannounced. Before the inspection we reviewed all the information we held about the service, including notifications which they are required to send to CQC to inform us about specific events that happen within the service.

During the inspection we spoke with eleven people who lived at the home, three visiting relatives, seven members of staff, the deputy manager and registered manager. We also requested feedback from health care professionals familiar with the service and the people they supported. We looked at care plans relating to six people who used the service, four staff files and other information which related to the overall monitoring of the service.

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

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at St Andrews Care Home. One person told us, "I do feel safe here because people cannot just walk in and out from the street. It is secure". Another person said, "I know staff quite well, I`ve been here a while now. I always have a joke and a laugh with the staff".

Health and social care professionals who were involved with the people who used the service told us that the staff knew the people they were caring for well. One health professional said, "They always follow instructions correctly, this helps to keep people safe".

Staff knew how to recognise the signs of possible abuse and understood their responsibility to report it. One member of staff said, "If I saw any signs of abuse I would tell the registered manager or senior on duty." Staff told us they were confident the senior staff would raise concerns correctly. We saw that the registered manager had raised safeguarding issues correctly. Staff also told us they would be confident to report under the whistle-blowing policy if they identified any concerns. There were posters around the home reminding staff of the safeguarding procedure. All staff and peoples relatives we spoke with felt that people in St Andrews Care Home were safe and protected from abuse.

People's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records demonstrated that individual risk assessments had been completed and regularly updated for individual risks, including moving and handling, the risk of developing pressure ulcers, falls and nutrition. Staff were able to describe in detail how to supported people to stay safe and were aware of their responsibility to keep risk assessments reviewed and updated.

We observed that although the care plans contained a good and in most cases detailed information relating to people, on occasion information was missing or unclear. For example, one person had fallen the night before our inspection; Staff had told us that the person was not at risk of falls and had no falls risk assessment in place. We noted that the person had mobility issues which increased their risk of falling. This was not clear from the care plan and staff had not considered this risk. This was discussed with the registered manager who had agreed to look into this urgently.

We observed staff to be kept busy and in particular on one unit. Staff told us that they had to support most of the people on the unit with personal care and assist with other tasks such as assisting people with breakfast.. There were three staff allocated for this unit, and an additional member of staff who worked on the unit from 9am however one member of staff was administering medicines in the morning which we noted took almost 1.5 to 2 hours. This meant that for that period of time there were three staff members available to meet 19 people`s needs. The staff member who was administering people`s medicines was disturbed on several occasions which increased the risk of errors. We also observed that at times people were left unattended for 10-15 minutes, and we saw that staff were still assisting people to get up and ready for the day at 11am which was later than they would have liked. The registered manager told us that if staff were busy they only had to request assistance and staff from other units would be deployed to offer support but this had not happened on the day of our inspection.

Staff told us there was agency staff used at the home to cover for sickness and annual leave., To ensure people had continuity and the care they received was a good standard the same agency staff were used. Agency staff were mainly deployed to cover shifts at night and over the weekends to ensure safe staffing levels were maintained at all times.

During our inspection we saw that staff used equipment to support and move people safely in line with the information contained in their care plans and risk assessments. There were evacuation plans in each unit which provided staff with information so that they could evacuate people in the event of an emergency.

There was a robust process in place for the safe recruitment of staff. We saw from the four staff files, we reviewed that the provider had undertaken pre-employment checks. We saw that people were required to provide information that confirmed their identification and a full employment history on their application form. Checks also included requesting references for new staff and completing Disclosure and Barring Service (DBS) checks. DBS checks helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

We saw that there was a process for the safe administration of medicines and staff had been trained. Medicines were stored on individual units securely in an air-conditioned room. We saw that medicines were administered safely and staff ensured people took their medication before signing medicine administration records (MAR). The MAR's we looked at showed that people's medicines were managed safely and administered as prescribed by their GP. However we were concerned that the spacing of some medication did not enhance its efficacy. For example, a person prescribed a short-term course of antibiotics was written up for them to be given at 7am, 12 noon and 16.30hrs. Staff told us this was possibly because the person liked to be in bed early. However this was not reflected in the instructions, which are always to space antibiotics regularly over a 24 hour period, or reflected in the care plan.

Good

Is the service effective?

Our findings

Staff told us they had the training they needed to provide them with the right skills to meet people's care and support needs. One member of staff said, "Training is always available, we get it regularly and it is always good and relevant to our roles". The training programme included an induction for all new staff who also shadowed experienced staff until they felt confident to work independently.

The staff training records we reviewed confirmed the staff had received training in various topics relevant to their roles and refresher training was provided so that staff were up to date with current requirements for example safeguarding and moving and handling which staff had annual refreshers in. Staff were observed undertaking a variety of tasks for example administering medicines, to assist with assessing their on-going competency. This ensured the provider that the training provided was effective for the staff concerned and that they maintained 'good practice'.

People and their relatives told us they believed the staff had the training to care for their family members, One person said, "They know (person) as well as I do," another person said, "They [referring to the staff team] seem to know how best to care for (person)"

Some care staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ). A member of staff told us, "I had NVQ level 2 and then did level 3 to become a senior." Staff had been trained in the mental capacity act and deprivation of liberty safeguards. Staff confirmed they always sought consent before assisting people and we observed this to be the case.

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.

We saw some documentation in the care plans that indicated staff understood about capacity and the need to assess and record for those people who lacked capacity in certain areas to ensure decisions were made in their best interest. Staff told us the implications of assisting people who did not have capacity and how they obtained consent or in some cases 'implied consent'. For example offering people choices such as showing them three sets of clothes so they could make a decision. Offering them a choice of meals by showing them on a plate to help them make a choice about what they wanted to eat.

In some plans it was not clear how decisions had been reached. The registered manager told us the staff team were working through all the care records and updating them and considering people's capacity, particularly where it fluctuated. It would then be apparent who was responsible for agreeing the plans of care. Some people's care files included information that confirmed people's possible deprivation of liberty (DoLs) had been correctly assessed by staff prior to applications being made to the local authority.

At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. However two people on one unit who staff told us could not make day to day decisions had not had their capacity assessed. We spoke to the registered manager about this and assessments were being arranged imminently.

Staff told us they had supervision sessions with their line manager on a regular basis. Staff told us they were able to discuss a variety of topics including talking about the people they supported, individual development needs, training or anything relevant to their performance. There were regular team meetings also and staff were able to contribute to these and discuss concerns or ideas for improvements.

People had drinks in their bedrooms and in communal areas and lounges. We heard and saw staff offering a choice of hot and cold drinks regularly, along with snacks. We saw that jugs of drinks and bowls of fruit were available in all communal areas and that staff encouraged and supported people to take fluids and snacks outside of mealtimes. However the recording of people's food and fluid intake was not always consistent. For example on one unit four people had the documentation in place that suggested their food and fluid intake should be recorded. This was not completed every day and when it was it did not identify any concerns because there was no goal or total recorded, so was therefore not a useful to tool to ensure adequate intake. We spoke to the manager about this who immediately addressed the omission with staff. This was confirmed as being a recording issue as other records confirmed people's fluid intake was sufficient.

At lunchtime we observed staff supporting people to be as independent as possible. People were offered the opportunity to have their meals in the dining room, their bedroom or anywhere else in the home they wanted it. We saw staff being attentive to what people ate and offering alternatives. For example, one person who said they didn't want their meal was offered soup in a mug which they did not consider a meal. Another person who did not eat their meal was offered a bowl of soup an hour later and another person who had gone for a walk with a family member had their meal later. The family member said, "I come in at mealtimes and the food always looks good. I am offered a meal if I want it."

Picture menus were available to help people make choices. People were weighed regularly to make sure they maintained a stable and satisfactory weight However we did note that two people new to the service had not been weighed on admission, and both people were at risk of weight loss. The manager addressed this with staff and told us they would learn from this going forward. Both people were weighed on the day of the day of our inspection, two weeks after they had been admitted.

Staff told us that any of them would call a GP if a person needed to be visited. Records confirmed people were supported to access other health and social care services, such as GPs, dietitians, opticians and chiropodists so that they received the care necessary for them to maintain their health and wellbeing. There was evidence of involvement of various professionals in people's care and treatment, records. One person told us "Staff helps me to attend my appointments." "They [staff] are ever so good, they will get the GP in to see me if I need it." During our visit we noted there were two visiting professionals and a GP who was visiting people who had requested to see the GP. We also saw another healthcare professional who was administering phenomena vaccines to help protect people from becoming unwell during the winter months.

Good

Is the service caring?

Our findings

One person told us, "I am happy here, I made some friends." A relative told us, "The care here is lovely. They look after me as well. I even get a hug when I need it." A person told us, "The staff are exceptional; I cannot praise their thoughtfulness enough". Another person told us, "They put their head around the door just to check I am ok, the next thing they are in with a cup of tea for me, They know I love my cup of tea".

We observed positive and respectful interactions between staff and people who used the service. Staff spoke with people whenever they came into the communal areas and involved them. One relative said, "The staff are all so lovely I can't speak highly enough about them. I would recommend this home to anyone." The relative went on to tell us that because of the distance they had to travel to visit they had considered another home but would not want to move the person now. A visiting health professional said, "All the staff here are very caring."

The conversations we heard between people and staff were polite and caring. For example, as staff gave people their lunch they asked permission to support them and awaited a response. Staff approached people in respectful and kind manner. We heard one member of staff asking a person, "Do you need anything?"; "Hi [name of person] do you want a cup of tea?"; "Nice weather outside, isn't it? It is chilly."

Staff spoke in a sensitive way when asked about the people they supported. One member of staff told us, "I treat the people here like I would want my grandparents to be treated". Another said, "I love my job and look forward to coming in and seeing everybody, they are family to me". Another member of staff told us, "I do believe residents are well looked after but maybe they deserve a little more attention and help from us especially when it is very busy in the morning and evening."
We observed that people visited the home throughout the day which meant people were enabled to maintain relationships with their family members and friends because they were able to visit them whenever they wanted. Staff supported people in a way that maintained their privacy and protected their dignity. They always spoke to people appropriately and moved them away from any communal areas for consultation or personal care. Staff changed people's clothes if they became soiled for example after lunch.

People were involved in planning and reviews of their care and where appropriate relatives were invited to contribute to the process. This helped to ensure that people had choices and control in decision making, retained independence as far as possible and their views and preferences taken into account. People's care plans contained information about their lives and this helped staff to understand their individual and personalised needs. People told us that they felt 'listened to'. People's cultural, religious and emotional needs were taken into account. Staff told us they respected people's rights to express their sexuality and people were encouraged and supported to display signs of affection. Staff had received training in how to support people to express themselves appropriately and how to deal with inappropriate displays of affection sensitively, while respecting and maintaining people's privacy and dignity.

Good

Is the service responsive?

Our findings

People told us they received care that met their needs. Staff told us how they ensured by regular review that where people's need changed the service was responsive and continued to meet their need unless it was unsafe to do so.

People's needs had been assessed prior to them moving to the service. The registered manager told us that where people's needs changed significantly they worked in partnership with other professionals to ensure that people received the care and support they needed.

Staff told us that they had requested specialist equipment, beds hoists, and chairs to meet people's changing needs. In addition they made referrals to physiotherapists, occupational therapists and speech and language therapists where people required addition support or intervention.

However staff told us that on occasion they felt they had not met people's requests for additional support. They told us that people were assigned bath and or shower days. People were not offered baths and showers every day but only on request. One person told us, "We have set days for baths and showers", and said they felt so much better after a bath and they would have preferred to have more in a week, however they knew that staff were busy so did not like to ask. However the manager told us people could have a bath or shower as often as they wished but had not requested additional baths but agreed they would offer showers and baths more frequently.

We saw an adequate supply of equipment such as hoists and mobility aids, and these were used appropriately during our observations.

People who were in their bedrooms had call bells close by and we did not hear these ringing for long periods without being answered. People told us they did not usually have to wait too long for assistance, but on occasions if staff were assisting other people they told us the staff would come and tell them they will be with them in a few minutes.

People were invited to join in a range of activities and events throughout the home. In the morning there was a coffee morning which people attended and enjoyed. Other activities were taking place throughout the day including quizzes, arts and crafts and chair based exercises and we saw there was lots of interesting themes around the home for people to engage and interact with. For example a garden theme, a food theme and other objects for people to look at such as cuddly toys. However we saw that there were no activities on in one of the units and people were observed to be sleeping for periods of time. The television was on and the volume was very loud with just one person watching it. The activities planner showed that activities were available and staff told us that people were always asked and offered activities but the people on the unit did not wish to participate on that day and this was their choice. One person told us "Staff do not have a lot of time to take me out, but they organise regular trips and outings. " We saw lots of photographs of people out on various day trips which staff told us were regularly arranged for people.

There was a comprehensive complaints policy and procedure in place and we saw that complaints were recorded, investigated and responded to appropriately. Staff confirmed they would report any complaints or concerns made to them from people using the service or visitors. Feedback was evaluated as a means to improving the service.

Good

Is the service well-led?

Our findings

The service was consistently well led by a management team who knew people well and who strived to provide a personalised service to people who lived at St Andrews Care Home. In addition relatives told us they too were supported and felt, "Cared for by the management and staff at the home".
The registered manager was open and transparent and had a visual presence throughout the home. We saw people smiled and interacted with them as we walked through the home. This demonstrated people knew the registered manager and were comfortable interacting with them.

Staff felt supported by managers and they all said the registered manager was approachable and listened to their concerns. They all confirmed they had regular supervisions and appraisals where they could discuss and training or development needs, any issues or concerns they had, their performance or sickness.

We saw that where concerns had been raised by staff at team meetings these had been followed up with staff. Staff told us they felt 'listened to'. One member of staff told us, "The manager and seniors are all approachable" Another said, "She knows what is going on here." We saw that there were regular resident and relatives meetings and people were able to discuss issues or concerns or make suggestions about how the home was run. People and their relatives told us they felt listened to. We saw that issues were discussed and acted upon in a timely fashion. For example at a catering meeting it had been discussed that the kitchen staff found it difficult to cook individual hot breakfasts if staff were also coming in and asking for routine stocks of food for the units such as juice, tea, and coffee. We saw that two days after the meeting a memo had been sent to all staff reminding them to request routine stocks in the afternoons.

The maintenance person confirmed that all health and safety maintenance checks were in place. They also confirmed that the provider would always replace equipment that was faulty immediately. We saw from records reviewed that this was the case.

There were a range of audits in place including a recent medication audits. Other quality monitoring checks included a range of audits across the service and where issues were identified; we saw that actions were put in place to make sure these were addressed efficiently.
People knew who the registered manager was and told us they had a visual presence. People, their relatives and staff were all very positive about the overall management of the home and we found the registered manager to be receptive to feedback and responsive to any questions we raised.