

Bliss Star Limited

St Andrews House

Inspection report

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Date of inspection visit:
18 July 2017

Date of publication:
14 August 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

St Andrews House provides care for up to 24 older people who may be living with dementia or mobility needs. On the day of inspection there were 19 people living at the service.

The service is a large well maintained detached property set in large grounds. Accommodation is provided over two floors with a passenger lift and stair lift to help people easily reach the upper floor.

At the last inspection in July 2015 the service was rated as good. At this inspection in July 2017 we found the service remained good.

Why the service is rated Good

As the service was rated as Good at the last inspection a shorter report has been produced to reflect the fact the service continues to provide good care.

People remained safe at the home. There were sufficient staff to meet people's needs in a timely way. Risks were assessed to ensure people and their environment were kept safe. People's medicines were managed safely. Robust recruitment procedures were in place to protect people from the risks of employing unsuitable staff. People were protected from the risks of abuse because staff knew how to recognise and report any suspicion of abuse.

People continued to receive effective care because staff were trained and skilled in meeting people's needs. People received regular visits, when necessary, from healthcare professionals. People were supported to have choice and control over their lives and to receive healthy well balanced meals.

People continued to receive a caring service. We observed staff to be kind, caring and respectful of people's privacy and dignity. People described staff as "Really caring" and "Excellent." People and their representatives were involved in planning their care.

The service remained responsive to people's individual needs. People received person-centred care and staff knew people's needs well. People were supported to continue with previous interests. There was a regular programme of activities on offer and staff spent time with people individually. There was a system in place to manage any concerns that were raised.

The service continued to be well led. People knew the registered manager well and staff told us they were well supported. Staff knew the values of the service and told us how they ensured they put them into practice. There was an effective system in place to monitor the quality of the service provided.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

St Andrews House

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 checked 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 was a comprehensive which looked at all five key questions.

This inspection took place on 18 July 2017 and was unannounced. One adult social care inspector undertook the inspection.

Prior to the inspection, we reviewed the information held about the service. This included previous inspection reports and statutory notifications we had received. A statutory notification is information about important events, which the service is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service for instance, what the service does well, as well as any improvements they plan to make.

At the time of the inspection 19 people were living at the service. We used a range of different methods to help us understand people's experience. We looked at care records for three people to check they were receiving their care as planned. We looked at how the service managed people's medicines, the quality of care provided, as well as records relating to the management of the service. These included three staff personnel files, staff training records, duty rotas, and quality assurance audits. During the inspection we spoke with 11 people, four staff, the registered manager, and two visiting healthcare professionals. Following the inspection, we received feedback from the local authority's quality improvement team.

Is the service safe?

Our findings

At the last inspection in July 2015 this key question was rated as good. At this inspection in July 2017 the service remained safe.

People were protected from the risk of abuse. Robust recruitment procedures were in place and staff had received training on how to safeguard people from harm. They were able to tell us how they would recognise if people were being abused and the steps they would take in order to raise any concerns they had. People told us they felt safe. One person said they felt "Totally safe" and that everyone got on well together.

Risks associated with people's care needs had been assessed and measures put in place to minimise any risks. For example, some people had been assessed as being at risk of developing pressure ulcers due to poor mobility. We saw that where this was the case people had pressure relieving equipment in place to minimise the risk.

Risks associated with the environment were minimised. Regular checks of the environment and equipment ensured they were safe to use. For example, all hoists were serviced regularly in line with the associated regulations. Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. All accidents and incidents were recorded and analysed to ensure any risk of recurrence was minimised.

People were supported to receive their medicines safely and on time. Medicines were stored safely in a locked trolley. A new electronic system for managing medicines had recently been introduced. All individual medicine had a bar code label attached to it. Staff administering medicines used a hand held device that scanned each individual medicine and highlighted the person the medicine related to. When staff had administered the medicine they entered this on the device. Staff told us the system minimised the risks of administering the wrong medicine, as for each medicine they scanned the device showed a photograph of the person the medicine should be given to. The system also highlighted if any medicine had not been administered, when new stocks needed to be ordered and a full audit trail for all medicines administered.

Sufficient numbers of staff were employed to ensure people's needs were met in a timely way. People told us whenever they used their call bells staff were with them quickly. On the day of inspection there were four care staff, the head of care and the registered manager on duty. There was also a cleaner and a maintenance person on duty. During the night time there were two staff awake. The registered manager told us staff had highlighted a busy period in the mornings. The registered manager said they had just recruited domestic staff to prepare breakfast so care staff would have more time to spend with people during this time.

Arrangements were in place to minimise the risk of cross infection. Throughout the inspection we saw staff wearing disposable gloves and aprons when required. We saw staff changed gloves and aprons when

providing personal care to different people and when dealing with food. Regular audits were completed to ensure infection control procedures were followed. The environment was inspected regularly to ensure it remained clean and odour free. The laundry had been relocated outside of the main building in order to minimise any unpleasant odours spreading through the service.

Is the service effective?

Our findings

At the last inspection in July 2015 this key question was rated as good. At this inspection in July 2017 the service continued to provide effective care and support to people.

Throughout the inspection we found staff had the skills required to effectively support people. We saw staff were able to engage with people and support them to be as independent as possible. People told us they felt staff had the skills to meet their needs. One person told us "They (staff) know what they're doing."

Records showed staff had received training to ensure they kept up to date with good practice and were able to continue to meet people's needs. Where people had specific needs specialist training was arranged such as understanding Parkinson's disease and dementia care. Other training included equality and diversity, food safety, health and safety, moving and transferring and first aid. One staff member told us they had never worked anywhere where they got so much training.

We spoke with two visiting healthcare professionals who visited the service on a regular basis. They both said that they felt the staff were very good at ensuring any advice was followed through. For example, one told us staff always ensured people were supported with any exercise regimes they suggested. People told us they were able to see their GP when needed. We also saw people were supported to receive visits from dentists, opticians and podiatrists.

A new extension had been added to the building to provide more living space. This included a new kitchen where main meals were prepared, a small kitchen where snacks and drinks could be prepared, a small lounge area and large dining area. The dining area had large bi-fold doors that opened onto a terrace. Ramps were in place to ensure easy access to the garden. One person who was a wheelchair user told us they thought the extension was wonderful as it helped them use the garden independently. There were plans to refurbish other areas of the service, to update them to the same standard as the new extension.

Everyone had their nutritional needs assessed and meals were provided in accordance with people's needs and wishes. Healthy balanced meals were being provided from the main kitchen by a local cookery school. People told us the food had improved since the cookery school had taken over.

Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff told us most people were able to make day to day decisions and knew everyone must be assumed to have capacity to make decisions unless assessed otherwise. Throughout the inspection we heard staff offering choices to people about what they wanted to eat and where they wanted to spend their time. One person had been assessed by a healthcare professional as requiring their food to be 'fork mashable'. The person did not wish their food to be presented in this manner and was able to assess the associated risks and make this decision themselves. Staff provided support to the person when eating to ensure any risks were minimised.

People's capacity to make decisions had been assessed and there was information in care plans to show

discussions had been held when decisions had needed to be made in their best interests. However, the assessment forms did not include full information on when decisions had been made in people's best interests. During the inspection the registered manager produced an updated form and told us they would ensure that where required the forms would be completed fully.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that no applications had needed to be made to deprive people of their liberty.

Is the service caring?

Our findings

At the last inspection in July 2015 this key question was rated as good. At this inspection in July 2017 people's needs continued to be met by caring staff.

Interactions we saw between staff and people were very caring. Staff showed patience and encouragement when supporting people to move around the service. Staff spent time chatting with people and there was much laughter and fun around the service. One person told us they thought the staff were very kind and "Loved to play" with people. Other people described staff as "Really caring" and "Excellent." We saw that one person was brought a biscuit with their medicines. They told us "They (staff) know I like that." Another person described how they had felt a little unwell one morning and had not eaten all their breakfast. Although they had said nothing to the member of staff who collected their tray, within minutes the registered manager was at their door asking if they were alright.

Staff spoke positively about the people they cared for and told us how they enjoyed working at the service. One staff member told us "It feels good to work here, everyone has different needs that are met brilliantly." Another said "It's (the service) is made to feel like a home and not just somewhere people come to stay." One visiting healthcare professional told us "People get good care here".

We saw a number of 'thank you' cards and letters the service had received. One read "I remember telling a friend, at St Andrews, mum is not just cared for, she is cherished." Some notes had been received following parties held to celebrate special occasions. One read "Thank you for your help, for the room decoration, the flowers and the card, and for allowing us to have our little party with you."

One person who was new to the service told us they had been really impressed when they first moved into the service. Staff had thoughtfully placed a sign on their bedroom door showing their name and pictures of the three things they were most interested in. They also told us they had realised how happy they were when they said "Let's go home" when they were out with a relative.

People told us staff were always kind and respectful of their dignity. One person told us staff always respected their dignity even though they had to "Practically be in the shower with me." We saw that people were able to make choices about how they spent their time and were able to spend time in their rooms if they wanted privacy. Staff respected people's need for privacy and quiet time. One person told us they spent the morning in their room, sat with other people for lunch, the afternoon and supper, then went back to their room.

People or their representatives were involved in decisions and choices about their care. Care plans showed people had been involved in making decisions about their care. One person's care plan indicated they preferred female care staff to assist with their support and they told us this was respected.

Is the service responsive?

Our findings

At the last inspection in July 2015 this key question was rated as good. At this inspection in July 2017 the service continued to provide people with responsive person-centred care.

The registered manager carried out an initial assessment of each person's needs to help ensure the service was able to meet their needs and expectations. This information was then used to develop a care plan to provide staff with the information they needed to ensure people's needs were met. A computerised system was used for care planning. We saw staff using the system to record the care they had provided. They told us the system was easy to use and they could quickly find the information they needed. People's care plans were comprehensive, individualised and written in a 'person-centred' manner. They gave staff information on people's likes and dislikes and how they preferred to be supported.

Staff knew people well and were able to describe individual preferences. One staff member described how one person who was very particular about their appearance and the way their hair looked. We saw the person was dressed in co-ordinating clothes with their hair the way they liked it. One person with sight impairment required staff to support them move around the service. They told us staff knew them really well and were always helpful when they required assistance. We saw staff anticipating people's needs and asking people if they required any assistance.

People's care plans contained details of their life histories and these identified activities people had enjoyed in the past. One person told us staff knew they loved gardening and supported them to ensure the flower pots were watered.

Regular meetings were held to inform people of upcoming events and discuss any concerns they may have. We saw that at the last meeting in May 2017, people had discussed the new extension and the provider had thanked people for their patience during the work. One person had raised the issue of a lack of fish and chips since the cookery school had been preparing menus. The registered manager told us the provider was in discussions with a local shop to bring fish and chips up to the service once a week.

There was a wide range of games and books available for people to use if they wished. During the mornings the service's activity organiser spent time with people individually for a chat or to help with letter writing. There were a number of organised group activities in the afternoons provided by the activity organiser. The activities included quizzes, exercises and arts and crafts. New activities had been tried including Tai Chi. The new activity of 'Sound Bowls' where sounds were produced from the rim of bowls, was next on the list. Visiting musical entertainers also held sessions at the service. During the inspection the activity organiser was on leave and care staff were holding a quiz session for people. There was much laughter when the staff member reading the questions had difficulty in pronouncing a song title and people had to tell them the correct pronunciation.

There was an effective system in place to manage any complaints. The complaints procedure was displayed in the hallway. The registered manager told us they had a proactive approach to complaints and dealt with

minor concerns immediately in order to prevent them becoming a complaint. When anyone raised concerns the registered manager dealt with them, then emailed staff through the care plan system to alert them to the issue and reduce the risk of a reoccurrence. People told us they had never had to make a complaint, but were sure the registered manager would deal with any concerns they had.

Is the service well-led?

Our findings

At the last inspection in July 2015 this key question was rated as good. At this inspection in July 2017 the service continued to be well-led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

The registered manager was well known by people living at the service and spent time individually with people. They knew the care needs of people and spoke about each of them with affection. In the Provider Information Return (PIR) the provider wrote "[Registered manager] has established an 'open door' culture; she is happy to address difficult issues and she involves staff and is respected by them". The registered manager kept up to date with good practice by using the CQC website and attending local managers' meetings.

Staff told us they felt well supported by the registered manager and provider and received regular supervision and appraisals when the values of the service were discussed. The service had a set of ten values, including nourishment, privacy and comfort. Staff were able to tell us about the values and how they ensured the values were put into practice. For example, by ensuring people received a healthy diet, maintained privacy when providing personal care and giving comfort and support to people if they became anxious.

People we spoke with were happy with the standard of care being provided to them. One person said "This is as near home as possible." Another person told us that they felt they were too demanding of staff time, but that staff always reassured them they were not.

Regular staff meetings were held and discussions had been held with staff about the Care Quality Commission's Key Lines Of Enquiry (KLOE). Staff had been asked to comment on how well they thought the service was Safe, Effective, Caring, Responsive and Well-led. Discussions centred on identifying what the service did well and any improvements that could be made. Groups were set up to discuss each individual KLOE and the 'Caring' group thought extra staff would enable them to spend more time with people doing things like manicures. Additional staff had been employed to prepare breakfast so staff could spend more time with people meeting their care needs.

There were effective quality assurance systems in place. There were regular audits of the environment and care practices which enabled the provider to plan improvements. A business plan was available for 2017 and 2018. This set out future plans for further investment in the environment.

An independent company was employed to gain the views of people and their representatives. Each month a number of people and their representatives were asked for their opinions. The provider dealt with any

queries or concerns that were raised. For example, the quality of food had been improved by working with the local cookery school.

Records were well maintained, stored securely but easily accessible when we requested them.

The Care Quality Commission had been notified of significant events, which had occurred in line with the service's legal responsibilities. The website for the service displayed the previous ratings for the service. The ratings were also prominently displayed in the entrance hall as required.