

Autonomy Health Ltd

St Anne's Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

St Anne's Residential Home provides residential care for older people living with dementia, mental health needs, and/or physical difficulties. The service is registered to accommodate 23 people. At the time of our inspection there were 15 people living at the service. The service is situated in a residential area in the centre of Plymouth. There were three floors at various levels accessed by stair lifts.

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

At the previous inspection we found fire retardant furniture had not been considered for one person, who at times, smoked in their bedroom. At this inspection we found improvements had been made. The registered manager had liaised with the fire service. They had replaced furniture with government approved fire retardant furniture and updated risk assessments. Smoking was only allowed in the external area of the home.

At the previous inspection we found there was no method in place, such as the use of a staffing dependency tool to ascertain whether staffing levels met with people's individual needs. At this inspection improvements had been made.

At the previous inspection we found governance systems were in place to help capture where improvements were needed, however they had not always been implemented robustly. At this inspection improvements had been made.

The homes environment required more improvement to make it a comfortable place for people to live. We have made a requirement for the provider to address this.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the service.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The training matrix tracked staff training, and this ensured all staff received the training and updates needed to provide safe consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by senior staff and the manager.

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.

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

The systems in place to monitor the quality of care within the service were effective. The registered manager promoted a positive person-centred culture and fully understood their responsibilities as a registered manager.

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

Why we inspected

We undertook this inspection to check a previous breach of regulation had been met.

The last rating for this service was requires improvement (published 6 November 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

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 monitor the service and will take further action if needed.

We have found a breach in relation to the condition of the environment. The provider had not ensured the premises used by people were suitably decorated and had the necessary adaptive equipment to improve people's quality of life and promote their wellbeing. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led

Details are in our well led findings below.

St Anne's Residential Home

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 Health and Social Care Act 2008.

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 carried out by one inspector.

Service and service type

St Anne's Residential Home 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 announced. We notified the registered manager 24 hours before due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be available and there was full access to records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

People using the service did not vocalise with us. We observed interactions with staff and spoke with two family members following the inspection. We spoke with six members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection we found fire retardant furniture had not been considered for one person, who at times, smoked in their bedroom. We made a recommendation for the registered manager to seek advice and mitigate risk. At this inspection we found improvements had been made.
- The registered manager had requested advice and guidance from the fire service. They had purchased fire retardant furniture which met current fire safety legislation. An updated risk assessment meant risks had been mitigated.
- People's risks were managed safely. People's care plans had individual risk assessments which guided staff in providing safe care. Risk assessments for falls and dependency levels had been undertaken.
- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, where people's health had deteriorated, they had been referred to clinicians for diagnosis and guidance.
- Contingency plans were in place on how the service would support people if a COVID-19 outbreak occurred.
- When people experienced periods of distress or anxiety staff knew how to respond effectively.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.
- Current certificates were in place to ensure utilities and equipment were safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from potential abuse and avoidable harm by staff who had received safeguarding training and knew about the different types of abuse.
- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. People told us they were happy with the care they received and believed it was a safe environment to live in. One person told us, "Yes I feel safe living here. I have been here a long time now." Both relatives we spoke with told us they felt their family members were safe and they were confident with the staff team.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff to ensure they understood the need for changes.

Staffing and recruitment

- At the previous inspection the service did not have a formal system to manage the dependency of people and how to respond with staff numbers. The registered manager had put a system in place to monitor

dependency levels against the numbers of staff required to support people. We observed staffing levels were suitable and safe to meet current dependency levels. Staff told us, "Yes there are enough of us. I think it's safe" and "We have a strong team and if we need to, we do extra hours but it's not often".

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. During the inspection we observed staff were responsive to requests for assistance and recognised when people needed support. Call bells were answered promptly.
- Staff were recruited safely. Staff files showed a range of checks including references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that 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.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits.

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 not inspected. At this inspection 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.

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

- The provider recognised the need to improve the homes environment. Action had been taken to prioritise work required. The services roof had recently been replaced. The front garden area had been developed so it was accessible to people. The ground floor communal areas and people's rooms on the ground floor had been decorated and furniture replaced. Beds in all rooms had been replaced. However, areas above the ground floor remained in need of improvement. One room had dated linoleum flooring. Furniture in this room was damaged and chipped. The room was not homely. Another room had furniture which had a damaged wardrobe door. No room had side lighting which would enable people to independently operate lighting in their room.
- There were bathrooms on the first and second floor. Both required refurbishments. The first-floor bathroom was small. The quality of furnishings were not of consistent standard and decoration was poor. The second-floor bathroom had a walk-in shower with a shower curtain. People accessing this facility would need to be able to cross a raised step. A bath seat was all that was available to support people who required assisted access the bathing facilities. There were no adaptations to support people's mobility. For example, handrails for people with reduced mobility. People told us, "It is a slow process. It could be improved" and "It is getting better but it's taking a long time".
- People's rooms were not personalised to their individual requirements. Most rooms lacked personal items. The rooms lacked a homely atmosphere.
- Access to upper floors was by stair lift. The home had various levels and these areas had stair lifts in place. When people's mobility deteriorated the registered manager aimed to accommodate them in a ground floor room.

The provider had not ensured the premises used by people were suitably decorated and have the necessary adaptive equipment to improve people's quality of life and promote their wellbeing. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service so they could confirm they were able to meet individual needs safely and effectively.
- The registered manager told us they considered how people's needs might impact on others when deciding if the service was suitable for them. They told us, "It's really important we look at each person and how that might impact on others living here".

- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- People were observed to enjoy the lunchtime meal. People were not vocal with us, but observation showed the mealtime experience was positive. Staff were available to encourage people to eat and drink. Nobody required support from staff to eat and drink. Staff told us meals were an important part of the day. "Everyone looks forward to their meals. They all tend to gather together at mealtimes".
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms all had drinks provided and these were refreshed throughout the day. Staff had access to the kitchen where they could make snacks for people. A staff member told us, "Some like to have meals or snacks at different times, and this is not a problem. It's their choice".

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

- People's health conditions were being managed, and staff engaged with external healthcare professionals including occupational therapists, mental health and dementia liaison nurses. A relative told us, "[Person's name] has had some real issues but they [staff] have made sure [person] has got the professional support they needed".
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Records demonstrated staff were monitoring specific health needs such as people's mental health, nutrition and hydration and risk of falls. Care records showed staff were following professional advice. For example, monitoring people's moods and behaviours to help evaluate and look at ways of reducing stress and anxiety.
- People were given information and support to encourage them to adopt a healthy lifestyle. Staff supported people to continue to mobilise independently.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff consistently told us they felt very supported by the management team and had access to a range of training to support them in their roles.
- Where staff required additional support to carry out their role the service supported them by making reasonable adjustments. A staff member told us this support had helped them to carry out their role with confidence.
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. One member of staff told us, "The managers and staff were really supportive. It gave me a lot of confidence".
- Formal supervision was taking place for staff to be supported by the registered and deputy managers.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating remains the same. 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.

At the previous inspection we found some aspects of governance systems were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At the previous inspection governance systems had not been robust as reported on in the safe domain of this report. At this inspection enough action had been taken to improve issues that had been identified. The registered manager had improved monitoring systems. For example, monitoring staffing levels and ensuring the environment had safe fire procedures and practices.
- At this inspection we identified environmental work was required to ensure people lived in an environment which was well maintained, homely and suitable to meet people's needs. A breach of regulations was issued as reported in the effective domain of this report. We acknowledged the provider had commenced external work by replacing the roof and had initially completed the ground floor refurbishment. However, people were still residing in rooms which had damaged furniture, required improved flooring and bathing facilities which were out of date.

We recommend the provider continues to make significant improvement in the home's environment.

- Management and staff engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager was supported by the provider and deputy manager.
- The management team and provider had an oversight of what was happening in the service.
- There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people living at the service.

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.

- The management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.

- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.
- Any learning identified following incidents or complaints was shared with the staff team through the system of meetings and supervision sessions.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. The registered manager and deputy manager had built open and trusting relationships. We observed people were familiar with members of the management team. They were engaging with people who clearly knew them well. Staff told us they found working at St Anne's Residential Home to be open and inclusive. A staff member told us, "I love working here. There is never a dull moment. Managers are always available."
- People told us they were satisfied living at St Anne's Residential Home; their care needs were met, and they felt well supported by the staff team. Two relatives told us, "I have total piece of mind, "Brilliant staff team. They really focus on [person's name]. They have come on leaps and bounds" and "It has been the best move for [person's name]". A relative told us the registered manager had suggested their family member share a room with a person who had a similar background and interests. This had provided a positive response. They told us, "[Person's name] is talking more and coming out of their room more. They get on really well. It's been a good move for [person's name]."
- There were systems, policies and procedures in place which promoted and enabled person-centred care to be delivered to people. For example, staff knew each person's individual choice about how they liked to spend their day. A staff member said, "Residents have total choice of where they want to be and how to spend their day".

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

- There was a system in place to engage with stakeholders of the service. For example, people's views were considered through regular communication. Meetings for residents, staff and families. In addition, people's views were considered through surveys. There was evidence the service had engaged with residents to choose wallpaper and colours for decoration of communal areas.
- There were regular staff engagement meetings and resident meetings where views were shared or sought..
- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers. For example, the service took action to address workplace inequality by actively supporting staff in their roles.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The nominated individual visited the service monthly or carry out a review, discuss any issues and reported on the visit. The registered manager told us they were well supported in their role and the nominated individual listened to their views and opinions.

- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had not ensured the premises used by people were suitably decorated and had the necessary adaptive equipment to improve people's quality of life and promote their wellbeing.</p>