Annacliffe Ltd

Annacliffe Residential Home

Inspection report

Annacliffe Limited
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Date of inspection visit:
08 January 2019
09 January 2019

Date of publication:
24 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Annacliffe Residential Home provides accommodation for persons who require nursing or personal care for up to 60 people. This is a large care home situated close to Blackpool town centre. Parking facilities are available at the front of the home. There are ensuite facilities and lift access to all floors. A number of lounges are available so people can choose where to relax. There is a ramp access to the home for people with mobility needs. At the time of the inspection there were 58 people being supported by the registered provider.

Rating at last inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service Good. We found the registered provider continued to provide a good standard of care to people who lived at the home.

Why the service is rated Good

At this inspection we found the registered provider had systems to record safeguarding concerns, accidents and incidents and acted as required. The service carefully monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the Care Quality Commission when required.

People told us staff were caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled people to lead valued lives.

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner. One person told us, "They [staff] are excellent, I can't fault them, they're awfully kind and thoughtful."

Staff we spoke with confirmed they did not commence in post until the management team completed relevant checks. We checked staff records and rotas and noted employees received induction and training appropriate to their roles.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and saw the home was clean and a safe place for people to live. We found

equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

Medication records provided staff with a good understanding about specific support needs of each person who lived at Annacliffe Residential Home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People told us they had plenty of food and drink with the option of additional snacks and drinks between meals.

We observed only positive interactions between staff and people who lived Annacliffe Residential Home. We observed humour used to foster positive relationships. There was a culture of promoting dignity and respect towards people. We saw staff spent time with people as they completed routine tasks.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings, unannounced visits at night and daily discussions with people who lived at the home to seek their views about the service provided.

People were supported with activities and social interaction but the registered provider also respected people's right to not participate and engage in valued activities independently.

The registered provider offered people dignified end of life support that extended after their passing. People preferences related to end of life care were recorded and respected.

Further information is in the detailed findings below.
section with the people who use their service and the staff that work there.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Annacliffe Residential 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 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 scheduled comprehensive inspection took place on 08 and 09 of January 2019 and was unannounced on the first day. This comprehensive inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people who received support. One inspector visited on the second day.

All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated, focusing on any current concerns, areas of risk and good or outstanding practice.

Throughout the inspection process we gathered information from a variety of sources to help us understand the experiences of people who lived in the home. We spoke with eight people who lived at the home and three relatives to seek their views on how the service was managed. We spoke with the registered manager, four members of the management team and the registered provider. We spoke with three senior carers, three care staff, the chef and a visiting health professional.

We activated the call bell three times during our visit to assess staff availability and response times. We spent time watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between people living in the home and the staff who supported them.

To gather further information, we looked at a variety of records. This included care plan files related to five people who lived at the home. We looked at administration and recording forms related to the management and administration of medicines and topical creams. We viewed training and recruitment records of five staff. We also looked at other information which was related to the service. This included health and safety

certification, team meeting minutes, policies and procedures, complaint and concerns records and maintenance procedures.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety at Annacliffe Residential Home.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. We asked what made people feel safe at Annacliffe Residential Home. One person told us, "The general atmosphere. Anybody on the staff will do what you ask." A relative commented, "The staff and [family member] has got a wheelchair, walker and a mat by the bed."

Staff understood how to keep people safe and protect them from harm. Staff were trained and able to identify how people might be at risk of harm or abuse and what they could do to protect them. Staff were aware the service had a safeguarding policy and felt confident to make an alert directly to the local safeguarding authority. The registered manager attended local forums to ensure they were aware of current legislation and best practice.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. For example, as part of their reactive strategy to falls and a lesson learnt, assistive technology such as sensor mats were used to minimise the risk of further falls. We also noted people had moved bedrooms within the home to a more suitable safer environment. This was to minimise repeat falls occurring.

We saw personal evacuation plans (PEEPS) for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building. There were systems to record monitor and reflect on accidents and incidents including behaviours that challenge.
People were cared for in a safe environment. Infection control was closely monitored, and processes were in place for staff to follow to ensure people were protected from infections. We found routine safety checks were carried out for equipment supplied by the registered provider.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a four-star rating following their last inspection by the FSA. This graded the home as 'good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

The service had fire prevention systems and these were checked regularly. Staff were trained in fire safety and as part of their training were educated on how to be aware for environmental hazards within the home.

We asked people who lived at the service if they felt staffing levels were sufficient. Everyone we spoke with told us there were enough staff to meet their needs and keep them safe. People told us staff answered the buzzer quickly when they pressed it. We pressed three call bells during our visit which were answered promptly. We observed staff were unrushed and relaxed as they carried out their duties. The service continually reviewed its staffing levels to ensure people's needs could be met.

We looked at recruitment to ensure staff had been recruited safely. We spoke with five staff members and they were complimentary about the recruitment process. They confirmed they had carried out all necessary

checks as part of their employment process. They said they had not delivered any support to people before appropriate Disclosure and Barring (DBS) clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We looked at historic rotas to evidence staff only delivered care and support after they had been approved. This showed us procedures reflected good practice guidance. Systems were not always implemented to ensure employment histories were fully explored and documented. The registered provider told us they would amend their practice to capture and hold evidence related to full employment histories during future recruitment.

We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. People told us they always got their medicines on time. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

Good

Is the service effective?

Our findings

Each person had a pre-admission assessment, to identify their needs and establish Annacliffe Residential Home could meet these. All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. We read feedback from a questionnaire that included, 'Very happy with [family member's] care, could not get better anywhere.'

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. We could establish through our observations people received care which was meeting their needs and protected their rights. One person told us, "They look after us well." A second person commented, "You couldn't get better staff." This indicated people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

All staff we spoke with told us they had received an induction before they started delivering care. One staff member told us about part of their induction, "Shadowed staff for about a month, never on my own, everyone really helpful." The registered manager told us not all staff had received all mandatory training during their employment. However, by the end of our inspection visit, training had been planned to ensure all staff received relevant health and social care training.

We asked staff if they were supported and guided by the registered manager. Staff told us they felt supported by the registered manager informally and formally through supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. One staff member told us "If anyone has a problem they go to [registered manager]. It is so nice because people listen." This showed the registered manager was available to guide staff to ensure their knowledge reflected best practice to support effective outcomes.

Staff responsible for preparing meals had information about people's dietary requirements and preferences. One person told us, "I enjoy the food, it's very good." One relative commented, "[Family member] likes the food, it's not too bad." We saw people had access to chocolate, snacks and drinks throughout the day. There were bowls of fudge in communal areas of the home for people to help themselves. Staff monitored people's weight and this was recorded consistently.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From records viewed we saw consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. This showed the registered provider was providing care and treatment in line with legislation and guidance.

People told us they had access to healthcare professionals as and when they needed their support. We saw several community healthcare professionals visit during our inspection. We spoke with one visiting health professional who told us communication with the home was good and they had a positive relationship with the management team and staff to achieve effective outcomes for people. The registered manager told us the local GP service had a planned annual visit to complete yearly health check-ups on all people who lived at the home. This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

We looked around the building and found it was appropriate for the care and support provided. There was a lift that serviced the upper floors to ensure it could be accessed by people with mobility problems. There was a stair lift to provide additional support between floors or if the lift became disabled. Each room had a nurse call system to enable people to request support if needed. Communal walkways were clear and free from hazards minimising the falls risks for people who liked to walk independently around the home. There was a secure outside garden to allow people to walk independently and safely in the fresh air.

Good

Is the service caring?

Our findings

People received care from staff they knew and were happy with the care and support. During the inspection visit we observed positive interactions between people who lived at the home and staff. We asked people and their relatives if the staff were kind and caring. One person told us, "They treat me extremely well." A relative told us, "They treat [family member] with love and respect."

Written feedback from families included, 'You gave all the love, care and attention when she needed it. You were kind and considerate.' We also read, 'Thank you so much for all the love, care and respect.'

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation such as the Equality Act 2010. We saw staff had an appreciation of people's individual needs around privacy and dignity. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff treated people with respect. For example, when one person spoke of historic events as if they were happening that day; staff entered their world and guided and soothed the person so they remained calm.

Staff made good use of touch and eye contact when they spoke with people and we saw this helped them to relax. We observed staff knocked on people's doors before entering and were aware they could not enter bedrooms without permission. This showed the registered provider promoted people's dignity.

We saw people responded to staff presence and interactions positively. We observed one person hug the registered manager, telling her, "All your staff are absolutely superb, marvellous." Staff told us they had time to sit and chat with people and we observed staff being kind and patient but also using humour to promote and reinforce positive relationships.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. One person told us, "They discuss my care with me." A second person commented, "I was surprised when I got here how much care I got." Care plans we read guided staff on how to provide emotional as well as practical support. For example, one care plan included, 'Listen to [person's] needs and wishes and offer emotional support.' People's preferences and choices were clearly documented in their care plans. We read one person liked to wear make-up. We saw the person had been supported with their appearance and we overheard staff compliment them on their hair, after a hairdressing appointment.

Records were kept securely and could be located when needed. Only care and management staff had access to them, ensuring the confidentiality of people's personal information.

We discussed advocacy services with the registered manager. They told us they supported people who had designated representatives to speak on their behalf. They explained this involved regular reviews of the care and support delivered. They confirmed should further advocacy support be required they would support people to access this. This ensured people's interests would be represented and they could access

appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

Care workers understood the support that people needed and were given time to provide it in a safe, effective and dignified way. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. One person told us, "They're very good with their jobs [staff], very efficient and very kind." A second person stated, "If you're in trouble they soon come to you."

We saw everyone living at Annacliffe Residential Home had a care plan. People received personalised care that was responsive to their needs. Care plans provided information on the person's individual needs and how staff should support them. For people identified as being at risk, assessments were completed to identify and reduce the level of risk. People told us they were happy with the care and support they received. We saw care plans were signed by the person or their representative which indicated their consent to their care.

The registered manager looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read or large print reading, needed to wear glasses or needed support with hearing aids.

The service had a complaints procedure which was on display in the reception area of the home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. We saw complaints received by the service had been taken seriously and responded to appropriately. People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. We saw a timetable of structured activities and the hairdresser visited during our visit. We also noted people joined in daily tasks. For example, one visitor told us their relative liked to clean. We observed one person volunteer to help with the tea trolley and took pleasure in leading the staff member with the task. A second visitor said, "[Relative] does knitting, playing board games and colouring." We saw photographs of activities that had taken place and the forthcoming schedule of entertainers booked to visit in the forthcoming year. This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been

supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. We read positive feedback around end of life support that included, 'Thanks for all the care and love', and, 'You treated us with compassion.' We spoke with one staff member who told us, "At the end of life, we want to be with the person, we don't want them to be alone." This showed the registered manager guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support so the people have a dignified and respectful end.

Good

Is the service well-led?

Our findings

There was a registered manager in post at Annacliffe Residential Home. 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.

We asked about the way Annacliffe Residential Home was managed. One person told us, "Good people to work for. Go to [registered manager] if need to know anything." A second staff member commented, "Anyone got a problem go straight to [members of the management team]. It is so nice cause people listen. We have teamwork." A third staff member stated, "The atmosphere is friendlier than anywhere else I have worked. We are like one big dysfunctional family, and if you are relaxed people are relaxed." This was supported by a visitor who said, "The home is really nice and friendly, like one big happy family."

Annacliffe Residential Home demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. The registered manager and the staff team were experienced, knowledgeable and familiar with the needs of the people they supported.

The service had systems and procedures to monitor and assess the quality of their service. For example, care plans were reviewed monthly. Staff told us they could contribute to the way the home ran through staff meetings, supervisions and daily handover meetings. We noted there were structured governance meetings to review and audit the care delivered. We saw evidence of unannounced quality visits by the registered manager. Where improvements had been identified the registered manager had guided staff to ensure people received a quality service.

Questionnaires completed by relatives confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the home was well managed. Comments received included, 'You gave all the love care and attention [relative] needed. You were kind and considerate.' And, 'It was a huge relief to know [family member] was extremely well cared for in every way.'

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included G. P's, community health professionals and specialist consultants.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the home had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The home had on display in the reception area of the home and on their website their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.