

Colleycare Limited

St Andrews Care Home

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Andrews Care Home is a residential care home providing personal and nursing care to 33 people at the time of the inspection. The service can support up to 70 people.

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

People felt safe with the care they received, and staff were knowledgeable about when to report concerns to safeguard people. Risk assessments highlighted people's individual needs, and professionals were referred to when staff needed input for people. Where things went wrong, this was shared with staff and lessons were learnt and changes implemented.

Medicines were given to people when they needed them, where discrepancies were identified these were actioned appropriately.

Infection prevention control measures were in place and staff were wearing appropriate personal protective equipment (PPE).

People felt they were able to express how they wanted to be supported and staff were skilled and knowledgeable about their role. Staff and relatives felt there had been an increase in the use of agency staff over the last year due to COVID-19. However, this had been resolved in the recent weeks. The provider ensured that staff went through a recruitment process and all relevant employment checks were completed.

People were supported with their dietary needs and this was closely monitored by the management. People were supported to make decisions about their preference for end of life care. Care plans reflected people's wishes and how they would like to be supported and what was important to them at this time.

People and relatives felt staff were kind and people were happy living at St Andrews Care Home. One person said, "I have been well looked after, they are friendly and have a joke with me. When I first came it was like one big happy family." People had the opportunity to shape the support they received through resident meetings and giving feedback. We observed people being treated with dignity and respect.

There were enough staff to support people at the time of the inspection. The service has recently undergone a change in management, the overall feedback was positive.

The registered manager had systems in place to manage complaints. People and relative said they felt listened to when they raise any concerns.

The registered manager had implemented a lot of changes since the last inspection which had been acknowledged by the staff team. Systems had started to be used in a robust way and there were clear outcomes from the quality assurance systems in place. However, at the time of the inspection the home was working on 50% occupancy. The registered manager understood the need to ensure the quality of care continued as they start to increase the occupancy of the service, and to ensure the systems and culture of

the service is sustained.

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.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 22 February 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 22 February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive 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 Andrews Care 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one 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.

Service and service type

St Andrews Care 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 unannounced.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with six people who used the service and eleven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, care workers and domestic staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who are regularly involved in the service.

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

At our last inspection the provider had failed to have systems in place which identified risks effectively. The provider had failed to ensure people were protected from the risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition, we found systems in place were not used effectively to protect people from harm and potential safeguarding incidents had not been reported to the local authority. The provider had failed to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Where safeguarding's had been raised the registered manager had systems in place to ensure these were investigated and dealt with in an open and transparent way. Safeguarding incidents were shared with the relevant professionals including CQC and the local authority.
- Incidents and accidents were reported and investigated. This information was collated and analysed. For example, falls had dropped 36% in one month and this was due to reviewing falls risk assessments as well as ensuring people had all the correct equipment in place.
- People and relatives spoke about how they and their family member, felt safe in the home and with the staff that supported them. One relative told us how their family member needed a lot of support and staff always responded quickly.
- Staff knew how to identify, and report concerns to management relating to abuse. They said they felt comfortable raising concerns and received support to do this. One staff member said, "I know how to raise a concern. I would firstly speak to senior member of staff if necessary, I would go up to the chain of management."

Assessing risk, safety monitoring and management

- Peoples risk assessments detailed their key support needs such as nutrition and hydration, skin integrity and manual handling. Where risks were identified these records detailed how staff should support the person safely.
- Staff were able to talk about peoples support needs and identify where someone may be at risk of falls or needed additional support in specific areas.
- When people put themselves at risk of harm, staff implemented changes to the persons care to make them feel safe. For example, one person did not want to wear shoes in the home and wanted to wear socks,

risk assessment detailed how to support this person, so they were not at risk of falls.

- One professional spoke about how staff were able to identify when people needed health professional intervention. They said, "Individualised care plans mean patients are treated as individuals in all aspects of care with their own specific needs being met on all levels. An example being turning charts. Some patients will be turned two hourly if they have pressure damage and others three-four hourly. As pressure damage improves or deteriorates care plans are changed to reflect this."
- Staff were clear about their responsibility in the event of a fire. People had a personal evacuation plan (PEEP). A PEEP detailed how someone would be supported to evacuate the building in the event of an emergency, such as a fire.

Using medicines safely

- Where medicine errors had occurred, these were investigated, and appropriate action taken.
- Staff had been trained to administer medicines and records supported this.

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.

Staffing and recruitment

- We observed there being enough staff to support people. When speaking to people they said there were always staff around when they needed them. One person said, "Can't fault the staff, I press the bell and they come."
- The home had undergone recent changes to the management structure. The overall feedback from people and relatives was good. Staff felt there had been improvements in the morale of the team. A staff member said, "I definitely think we are starting to get better; the morale is getting better. I feel there has been improvements in a lot of areas."
- People were supported by staff who had been through a recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Learning lessons when things go wrong

- A number of examples were given where the staff at the home were open about mistakes, concerns and accidents. They told us how they would learn from these and how these were shared this with the staff team.
- Staff said they felt comfortable in speaking up when things may have gone wrong.

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 rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives felt they had choice and control of the support received. One person said, "I'm an independent person and I hate people do work for me, so I like to get my own drinks and speak to the kitchen if I want anything." Although there had been a recent change that some people were not happy with, they had been consulted with. People had been asked to move rooms whilst the occupancy of the home was low. This effected one person in particular. The registered manager was aware of this and once the occupancy increased the person would move straight back to their original room.
- People's needs were assessed before they began using the service. The registered manager spoke about how they completed assessments by contacting health professionals as well as gathering information from people to ensure they could meet their needs. This was implemented following lessons learnt from previous admissions within the home.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support for people.

Staff support: induction, training, skills and experience

- People and relatives felt the regular staff had the right mix of skill to support people. One relative said, "The staff are always having training."
- Staff said they felt they had the skills and knowledge to support people. Staff had training that was personalised to people's support needs. For example, dementia, pressure care and nutrition and fluids.
- Staff and relatives reflected there were times where a high number of agency staff were used, and this was difficult as the staff did not know the people being supported. Staff have said this was due to an outbreak of COVID-19 in the home, however this has now got better. One staff member said, "Staff levels were low but now they are better now we are not as pressured."
- Staff had competency assessments for areas such as food hygiene, health and safety, medicines and personal care.

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

- People's dietary needs were highlighted in their care plans and any risks of malnutrition managed, this was through using tools such as food and fluid charts, and weight charts. Staff also encouraged people to eat high calorie foods.
- At the time of the inspection people had choices and access to food and drink.
- The dining environment was pleasant, and people were not rushed whilst eating.

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

- People had access to health care services and the registered manager gave an example of where the occupational therapist worked with the staff to get a specialist chair for a person to use. This meant that the person was not restricted in their bed and was able to participate in activities around the home.
- People received care from health professionals and referrals for relevant professionals were completed. One professional said, "Any problems with skin tears, new pressure damage, traumatic wounds from falls or any concerns are promptly acted upon by staff and a district nurse visit requested."

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

- The home was maintained and decorated. There were different areas for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone. The service used equipment to meet people's care and support needs, such as hoists, and these were serviced regularly.

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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were given choice and control over their lives and staff made all attempts to support people in the least restrictive way. One person had requested that staff do not check on them during the night as this was unsettling them. The person said staff had listened to and followed their wishes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People felt staff were kind and they were happy living at St Andrews Care Home. One person said, "I have been well looked after, they are friendly and have a joke with me. When I first came it was like one big happy family." A relative said, "I am very happy. They all deserve a medal for what they have done". And "Yes, if you need a home, this is an excellent place."
- Staff showed commitment when speaking about the people they supported. There were a number of examples where staff had a great understanding of people's support needs, likes and dislikes.
- The staff encouraged and empowered people to become more independent. For example, a person came to live at St Andrews Care Home due to being homeless and in poor health. The person wanted to have support to get better and had a goal to be more independent and pick up a passion that was photography. With the support of the staff the person was able to purchase a camera and pursue their photography interest. In addition, the person volunteered in the home by helping with making breakfast for other people living there. The person said they enjoyed this, and it gave them a sense of purpose.
- People said they were treated with dignity and respect and staff promoted their independence. One relative said, "[Person] is the best I have seen her (I visited yesterday) completely independent, had a hip operation, but now makes her bed."

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

- People could express their views about the service they received, and we observed staff offering people choices.
- People told us they were involved in developing their care plans and making decisions about their care. Where people could not make decisions about their care, family members were involved. One relative said, "Yes, I do get involved, and we are also notified of any changes."

Is the service responsive?

Our findings

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

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's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. People's care plans and records used respectful language.
- People had support with social engagement and were encouraged to maintain hobbies and interests. For example, one person enjoyed gardening and spent time outside helping maintain the homes grounds.
- People and their family were able to maintain relationships, although the year had been difficult due to the COVID-19 and the lock down. The registered manager at the home had introduced named relatives and friends visits into the home again. A relative said, "I am very happy with the COVID-19 entry system and it is very well organised."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people needed to have additional resources to help them understand and communicate their wishes the staff ensured this was in place.
- Staff had lanyards with pictures and words to help people communicate. Another example of this was a person was deaf and did not want to wear any hearing aid. The staff walked around with the person and a white board so they could write down sentences for the person to read.

Improving care quality in response to complaints or concerns

- People told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with.
- A complaints policy and procedure were in place which was shared with people. The registered manager reviewed all complaints to spot ongoing concerns and put actions in place to resolve these.
- The complaints record which showed any concerns that had been raised had been responded to appropriately detailing actions and outcomes.

End of life care and support

- Peoples were supported to make decisions about their preference for end of life care. Care plans reflected

peoples wishes and how they would like to be supported and what was important to them at this time.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to ensure that systems in place identified and address shortfalls. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

- The provider and registered manager were continuing to drive improvements in the home and were aware that they were still in the initial stages of their action plan. For example, there were discrepancies in how medicines were managed between the different parts of the home. Daily counts of medicines were not being done across the home. The management team had acknowledged this and were going to ensure there was consistency across the home going forward.
- At the time of the inspection the home was working on 50% occupancy. It was acknowledged that the registered manager needed to ensure that the quality of care given continued as they started to expand the occupancy of the home.
- From the last inspection there had been a change in management. Staff had acknowledged the failings found in the last inspection was not based solely on the previous management and that all staff had a role to play. They confirmed that they were now confident in the improvements that had been made since then.
- The registered manager could show they had oversight of the home and the service provided by staff. This was through audits, spot checks, walk arounds and regular communication through team meetings.
- The registered manager gathered information from care plans, recordings and feedback from staff to inform their quality assurance. This then fed into overall analysis and lessons learnt. In particular with nutrition and hydration, weight management and unexplained bruising.
- Staff told us, and we also saw, that the registered manager was visible in the home and was available if anyone needed to speak with them. One staff member said, "Staff support is good. [Registered Manager] is supportive she is new so still getting to know people, but there are no problems."

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; Continuous learning and improving care

- Relatives felt the registered manager and management team was able to effectively manage the home

and felt they could approach them if needed. One relative said, "My mother is not eating, but the staff are really trying to work out a solution for her. Whilst the (registered) manager is good, I am very impressed with team leader and the deputy manager. They are working hard at trying to help mum." Another relative said, "Very good. The communications are excellent". And, "I rate [registered manager] very highly!"

- The registered manager showed several examples of where they had identified concerns that they felt needed to be addressed and this was done through sharing the lessons learnt. One example, during COVID-19 where people had fallen ill, people had lost weight. Nutrition and hydration plans were updated, health professionals were involved. There was also regular communication between the kitchen staff to ensure people had the support they needed. With this involvement, 60% of peoples weight increased and 18% of people maintained their weight.
- The provider carried out regular quality checks. Both the registered manager and provider had an open and honest relationship, which meant that the service received the dedication from all involved.
- Following on from the last inspection rating, the provider shared the rating and apologised for the care people had received. As part of their strive for improvements they had been open with regular communication with people and their family members about what they were doing.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager recognised that there had been a number of changes within the home and that there was a way to go to develop the culture of the service. Although they have made positive steps with the improvements there was still a need to embed these changes and new culture, so it became a consistent and sustained way of working.
- People were able to share their views and thoughts to improve the service by resident meetings and surveys. The registered manager had shown that they listened to these suggestions and the suggestions were implemented where possible. During COVID-19 it was important to people to maintain their wellbeing, so they formed friendship bubbles in the home, so they were able to have quizzes and socialise.

Working in partnership with others

- The registered manager told us they had regular communication with health professionals and had close links with the GP. A relative said, "The staff called the Doctor quickly to my relative. The home has a good relationship between the local Doctor and residents."
- One professional said, "The new manager is very involved in all aspects of care within the home engaging well with staff, relatives and health care professionals. Each visit I make to the home I report back to her and she always makes time for me and is very interested in what I have to report back."