

St Andrew's House

# St Andrews House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

St Andrews House is a care home providing personal care to a maximum of 35 older people. At the time of our visit, 23 people lived at the home and one person was in hospital. Accommodation is provided across four floors in an adapted building. The provider is a registered charity run by a board of volunteers. The home works within a Christian ethos.

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

People felt safe, but the provider remained unable to demonstrate environmental risks, including fire safety were well managed. Responsive action was taken by the provider to mitigate risks to people.

Staff knew how to manage risks, but guidance was not always in place to help them provide safe care. This shortfall had already been identified by the management team.

Safeguarding procedures were in place to protect people. The manager understood their responsibilities to keep people safe and knew when to share information with the local authority and CQC.

People received their medicines when they needed them, but the management of some medicines continued to require improvement.

Staff had been recruited safely and enough staff were on duty to meet people's needs in a timely way. People were happy with the cleanliness of their home and staff practiced good infection prevention and control.

Some action had been taken to strengthen quality monitoring processes to improve outcomes for people, but the provider's quality assurance systems required further improvement. This demonstrated a failure to make and sustain improvements to benefit people.

People felt listened to and spoke positively about the management team, but further improvement was required to demonstrate feedback was consistently gathered and used to drive forward improvement.

Most relatives felt the service provided to their family members had improved. Overall, staff felt supported and enjoyed working at the home.

The management team welcomed our inspection feedback. They understood their responsibility to be open and honest when things had gone wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (report published 12 February 2020). We identified four breaches of the regulations. Conditions were imposed on the provider's registration which required them to provide us with monthly reports on how they were meeting the regulations. At this inspection not enough improvement had been made. The imposed conditions remain in place and the provider continues to be in breach of two regulations.

#### Why we inspected

The inspection was prompted by the failure of the provider and manager to provide CQC with assurance that timely action had been taken address the regulatory breaches and make required improvements which posed a risk to people. As a result, a decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

#### 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 continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two continued breaches in relation to the safety of people's care and governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well-led

Details are in our Well-led findings below.

**Requires Improvement** ●

# St Andrews House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and one assistant inspector. One inspector and the assistant inspector visited the home. The other inspector gathered information from the manager via the telephone.

#### Service and service type

St Andrews House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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

Our inspection visit took place on 30 July 2020. We gave the service one hour's notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the home's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people and one person's relative who lived at the home about their experiences of the care provided. We spoke with the manager, one deputy manager, two senior care assistants, one care assistant and the administrator.

We observed the care people received in communal areas. We reviewed a sample of people's care records and multiple people's medicine records. We looked at a sample of records relating to the management of the service including training data, improvement action plans, policies and procedures and a sample of completed audits and checks. We also reviewed three staff personnel files to check staff had been recruited safely.

#### After the inspection

We spoke with three people's relatives and three staff members via the telephone.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure environmental risks, including fire safety were well managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 12.

- The provider remained unable to demonstrate fire risks were sufficiently mitigated. Previously, information about people staff and the emergency services needed to evacuate the building safely in the event of a fire was incorrect. During this inspection the information was, again, incorrect. This showed lessons had not been learnt and placed people at risk. We discussed this with the manager. They told us the information had not been updated because the staff member responsible was on maternity leave.
- Fire drills had not taken place in line with the provider's policy to ensure staff knew what action to take in the event of a fire to keep people safe.
- The provider had not ensured signage to alert people to the risk of falling down a staircase was sufficient.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following our inspection visit, the manager informed us of the actions taken to improve risk management. This included fire drills having been completed with staff.
- Staff knew how to manage individual risks. They told us they read people's care records and they explained if people were at risk of falls, equipment, such as crash mats, were put in place to mitigate that risk. One staff member said, "We also look at their shoes and make sure slippers aren't too heavy or flimsy. We use instinct and common sense."
- Some risk management plans did not contain the detailed information staff needed to provide safe care. This had already been identified by the management team who had started to take action to address the shortfall.
- The provider's business continuity plan had been improved since our last inspection. Information contained within the plan informed staff who to contact if an unexpected event such as a power failure

occurred.

- Accidents and incidents were recorded and analysed to identify patterns and trends to minimise the risks of a reoccurrence. Action had been taken to manage risk, including making referrals to health professionals to seek specialist advice.

#### Using medicines safely

- The management of people's medicine remained unsafe. Enough action had not been taken to address the concerns we identified at our last inspection.
- Some people received their medicine through a patch applied directly to their skin. Records were still not maintained by staff to show where on the body the patches had been applied. Accurate completion of these records is extremely important to ensure application sites are rotated in line with manufacturer's guidelines to prevent harm.
- The date of opening was still not recorded on prescribed creams in use for people. This meant the provider remained unable to demonstrate creams were being used within recommended timescales.
- Completed medicine audits had not identified the shortfalls we found. Also, the audit tool used was not fit for purpose as it did not prompt staff to check the management of patch medicines or creams. Following our visit, the manager assured us actions had been taken to improve the management of medicines.
- Despite our findings, records confirmed people received their medicines when they needed them. One person said, "I get my medicines okay."
- A staff member safely administered people's medicines during our visit.
- Medicines were ordered, received, stored, and disposed of safely.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I feel safe. Carers [staff] help me if I need them."
- A relative commented, "Mum is safe and well looked after. She has a phone in her bedroom, and I speak to her every day."
- Safeguarding procedures were in place to protect people. Staff confirmed they understood the different types of abuse people might experience and their responsibilities to keep people safe.
- The manager understood their legal responsibilities to keep people safe and knew when to share information with the local authority and CQC when required.

#### Staffing and recruitment

- Staff had been recruited safely.
- People confirmed staff were available when they needed them, and enough staff were on duty during our visit to meet people's needs in a timely way. This showed some improvement had been made since our last inspection.
- Some new staff had been recruited and the use of agency staff had reduced which meant people received their care from familiar staff.
- Staff confirmed staffing levels were safe.

#### Preventing and controlling infection

- People were happy with the cleanliness of their home.
- The environment was clean and tidy. However, people's toiletries including a bar of used soap were located on a shelf in a communal toilet. The manager acknowledged this increased the risk of cross infection and immediately removed the items when we brought this to their attention.
- Most staff had completed infection prevention training and followed good infection control practice during our visit. Staff had access to, and were seen to use, protective equipment such as disposable masks and gloves in line with current guidance.



# 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 this key question was rated as inadequate. At this inspection the rating has 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.

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

At our last inspection the provider did not have effective systems in place to monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

- Information received prior to our visit indicated timely action had not been taken to make the required improvements. For example, the provider's improvement action plan did not demonstrate how they planned to achieve compliance with all of the regulations.
- The provider continued to lack the service oversight needed to assure themselves people received the care and support needed to promote their wellbeing and protect them from harm. The manager told us provider visits and checks were planned but had been delayed due to the Covid-19 pandemic. However, no visits or checks had taken place between our last inspection and the start of the Coronavirus pandemic.
- The provider had purchased an up to date quality management system which demonstrated commitment to drive forward improvement. However, the system was not effective because some policies and procedures were not being followed. The manager told us there were so many policies and procedures it was impossible to read them all.
- A schedule was not in place to help the management team know when to complete audits and checks in lines with the provider's expectations. The manager said, "We are working hard, but we are not where we need to be yet. We are moving in the right direction. We need another six months to get everything into place."
- Checks to ensure equipment was safe for people to use did not always take place. For example, we saw one person used an unsafe Zimmer frame when they walked around. The manager acknowledged this risk and assured us checks would be implemented following our visit.
- Some completed audits and checks were not effective because they had not identified the shortfalls we found, for example the safe management and administration of medicine.
- Fire safety management continued to require improvement. We identified similar shortfalls at our last inspection. This demonstrated a failure to make and sustain improvements to benefit people.
- The manager had not ensured all staff had completed the training they needed to provide high quality,

safe care including infection prevention training. When we asked the manager why they said, "That's a very good question. I have not taken any a particular action to chase [training], but I have asked supervisors to pick this up."

We found no evidence that people had been harmed however, the provider's quality assurance systems and processes were still not as effective as they needed to be. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and a deputy manager told us they wanted to provide high quality care and they took some responsive action during and following our visit in response to our inspection findings.
- The management team had been strengthened since our last inspection. The manager had started work at the service in January 2020 and they had applied to register with us. They were supported by two deputy managers and an administrator.

At our last inspection the provider had failed to appoint a nominated individual to supervise the management of the service on their behalf as required.

This was a breach of regulation 6 (Requirement where the service provider is a body other than a partnership) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection because a nominated individual had been appointed. The provider was no longer in breach of regulation 6.

At our three previous inspections the provider was not working in line with the requirements of the Mental Capacity Act (2005).

This was a breach of regulation 11 (Need for consent) 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 11.

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

- Further improvement was required to demonstrate people's feedback was gathered and used to drive forward improvement. The manager told us they planned to send a questionnaire to gather people's feedback in August 2020.
- Regular residents' meetings did not take place, but people did feel listened to. One person explained this was because staff had promptly changed their duvet on their request.
- People spoke positively about the management team and described the manager as 'approachable' and 'kind'. One person said, "If I had a problem, I am confident it would be sorted out."
- Most relatives felt the service provided had improved. One said, "The manager has worked incredibly hard. Your last inspection didn't go well, and the managers have really put lots of effort in to getting things right." Another told us, "Things are getting better but communication still isn't quite right but that's probably down to Covid."
- Overall, staff felt supported and enjoyed working at the home. One said, "It's a nice working environment with nice residents, nice managers and a nice team." However, another commented, "Staff meetings are very few and far between and we don't see the trustees unless they have a meeting and pop their head

round the door to the lounge."

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; Working in partnership with others

- The management team understood their responsibility to be open and honest when things went wrong.
- The management team worked in partnership with another care home to share ideas and best practice.
- The manager kept themselves up to date with legislative changes and current best practice guidelines through meetings led by the local authority. They were also a member of a national organisation who offered support to managers to drive forward improvement.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured care and treatment was consistently provided in a safe way.</p> <p>The provider had not ensured risk associated with people's care and the environment was identified and assessed.</p> <p>The provider had not ensured timely action was taken and risk reduction measures introduced to minimise known risk.</p>

### The enforcement action we took:

Continued imposed positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, check, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured they had effective systems in place to identify and assess risks to the health and safety and/or welfare of people who use the service.</p> <p>The provider had not ensured people's feedback was analysed and suggested improvements made</p>

### The enforcement action we took:

Continue imposed positive condition