

Mrs Marie Rajendra

St Anthony's 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?

Good ●

Summary of findings

Overall summary

About the service:

St Anthony's is a residential care home providing personal care and support for up to five people who are living with a learning disability and/or with autism. At the time of the inspection there were four people living at the service.

People's experience of using this service:

People who lived at St Anthony's experienced a good quality of life. People were shown respect and treated very well with kindness and care. People were involved in decisions throughout the day. They were supported to be as independent as possible and staff invested time and patience to enable people to learn new skills. Families and friends were welcomed at the home and these important relationships were supported by staff.

People experienced safe and well managed care. People's individual needs and personalities were well understood by the staff. The staff were both competent and effective in anticipating people's needs and managing any risks. There were no recent accidents or incidents, although staff were aware of when to report concerns and a system was in place.

The home was a comfortable place to live and was kept very clean. People had access to a pleasant garden which they enjoyed. People were involved in meal planning and cooking and ate nutritional meals. Staff sought advice from healthcare professionals to ensure people's health and psychological concerns were always addressed.

People's privacy was respected and their consent was sought in the most appropriate way for each person. Staff supported people to manage their own care wherever possible and worked within the requirements of the law when acting in a person's best interests. People knew how to do complain and were provided with information about this.

People told us about activities they had enjoyed at home and in the community. We saw photos of holidays and outings which were a highlight for people. Staff made every effort to support people to live a full and interesting life and to achieve their potential. Individual communication needs were understood and any barriers were overcome.

There was stable and consistent leadership of the home and it was evident that staff enjoyed their role. The service was well organised with clear care records and the required checks in place. The home had a relaxed and inclusive culture where people and staff enjoyed time together and lived like a family. People were connected with the local community in a natural way that benefitted them and provided new experiences.

Rating at last inspection:

The last inspection report was published in September 2016 and the service was rated as Good.

Why we inspected:

We inspected the service as part of our scheduled plan of visiting services to check the safety and quality of care people received. This was an unannounced comprehensive inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our scheduling guidance.

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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

St Anthony's 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. 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:

As this was a small service, the inspection was carried out by one inspector.

Service and service type:

St Anthony's home provides accommodation and personal care for up to five people living with a learning disability and met the requirements of Registering the Right Support, a national standard for homes for people with learning difficulties.

The service had a responsible individual, who was also the manager, registered with the Care Quality Commission. This means that they were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 2 April 2019 and was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service such as notifications of events and feedback from the public. We had asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection we spent time observing interactions between the staff and people. We also spoke with two people who were able to verbally communicate their views. We met with four staff members including the registered person and team leader. We reviewed people's care and medicines records. We checked staff

recruitment, and records relating to the quality of service, the environment, staff training and the systems that demonstrated how the service was managed. After the inspection we received feedback from one health and social care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection, we rated this key question as good. At this inspection the service was consistently good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. One person said, "I'm safe here." A relative had told us, "He is very happy, content and most of all he feels safe." Staff spoke confidently about the actions they would take if they suspected abuse. One member of staff told us, "If I see any danger I would tell the manager. If it is safeguarding I know what to do, report it at once, to the manager or the proper authorities."
- There were clear safeguarding procedures visibly displayed which gave guidance to staff on the action to take and who to contact should they need to. The registered manager told us, and records confirmed, there had not been any safeguarding concerns raised.

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

- The risks people experienced were well managed to keep them safe from harm. One person regularly went out on their own but could become anxious at times when they did. Staff ensured the person had a 'safe place' card with them and they could ask for help if necessary.
- Assessments were regularly completed to identify risks related to people's moving and handling, any behaviours that may challenge and their road safety. These provided guidance to staff about the action to take to minimise the risks whilst supporting people.
- Staff were knowledgeable about reducing risks to people when giving care. One staff member told us, "[Person] can run off when outside, we need to be alert the whole time, and keep a close eye." Whilst another told us, "When [person] is swimming we always need 2 of us."
- Lessons were learned when things went wrong to reduce the risk of them re-occurring. There had been an incident when medicines had gone missing. This led to improved processes being introduced. Accident and incident reports were used when necessary. However, there had been no incidents since 2017. Staff told us, "People are safe, and we have no real problems, but we know what to do and report if something did occur."

Staffing and recruitment

- People were kept safe by sufficient numbers of suitable staff. There was a minimum of two care staff as well as a manager on duty, which was the usual staffing levels. When needed, additional staff were used to ensure people's needs were met.
- On the day of the inspection, staff had time to spend with people. We observed staff taking people out and spending time talking at home. One member of staff told us, "We go out with them every day, we don't stop doing things, they like being active."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Using medicines safely

- There were good systems in place to ensure people's medicines were stored and administered safely. Two people proudly told us they self-administered their medicines. One person said, " They helped me to learn, I can do it all now myself."
- People's medicines were accurately recorded in medicines administration charts (MAR) which were easy to read. There were medicines prescribed on 'as required' (PRN) basis and these had protocols in place for their use. One person took a specific medicine for agitation and restlessness. There was a detailed record to guide staff about when it should be given and how to first look at other ways to manage and support the person's behaviour.

Preventing and controlling infection

- People were kept safe from the risk of infection. The service was very clean and well maintained. Staff cleaned the home daily and people were supported to help them do this. Staff understood what they needed to do to ensure people were protected from the risk of infection. Staff wore gloves and aprons when necessary.
- There were regular audits on cleanliness which covered all areas of the home. Staff signed daily cleaning schedules to show when this had been completed.

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 our last inspection, we rated this key question as good. At this inspection, 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 had lived at the service for 15 years or more so the information obtained about their needs before they moved in was not available. There were, however, good up to date records of people's needs which were reviewed regularly.
- Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, there was a tool to assess whether people were nutritionally at risk and information about the range of foods people needed was displayed.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a full induction before they started in role. There was a probation period and staff did not work alone with people until they had six months experience. Staff also completed the Care Certificate, which is a nationally identified standard for health and social care workers. Staff training was well organised, and it was specific to their role including training in autism, safeguarding and moving and handling.
- A senior member of staff undertook monthly supervision and a three monthly competency review with staff to identify any training needs. Outcomes from these meetings were recorded. One member of staff said, "I had supervision about a week ago. It takes place monthly. Support with training is very good." One health care professional said, "They [staff] are always willing to learn and have been grateful for training we have provided in the past."

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

- People were provided with a choice of nutritious food and drink that met their needs. One person told us, "I can choose my food, I like cornflakes at breakfast." There was a meal planner in place, which everyone helped with. There were photos of meals to enable those who were non-verbal to communicate their choice.
- Each person had a mealtime support plan in place and their weight was monitored regularly. One person's care plan stated that they required one to one support from staff during meals. A Speech and Language Therapist (SaLT) had provided advice for staff to follow, ensuring that food was cut up small and that the right amount was placed in the person's mouth. We saw that this was happening.

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

- People were supported by staff who were communicating with each other. Staff had a handover at the beginning of each shift to discuss people's needs. Staff used a daily planning book which detailed the duties

that staff needed to complete and the care they needed to provide for each person.

- Staff worked alongside healthcare professionals and other organisations to meet people's needs. One member of staff told us, "We make referrals and they review if we ask. We have worked with the SaLT [speech and language therapist] and OT [occupational therapist] and the dietitian regarding [person]. We helped him reduce his blood pressure." One health care professional said, "Staff always refer to our team to check if there is any more support they could be giving to their clients."
- Each person had medical notes recorded in their care plans that showed they had access to healthcare professionals. These included GP, podiatrist, dentist and opticians. One person was supported with their mental health by a health care professional who advised that the person was provided with reflexology and sensory sessions. We saw that these were taking place.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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 particular 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people's capacity was in doubt mental capacity assessments were completed and these were specific to the decisions that needed to be made. For example, in relation to receiving care, and whether a person was suitable to undertake volunteer work. We also saw applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted. These were kept under review.
- Staff were aware of the principles of MCA, the need to support people to decide and to act in the least restrictive way in people's best interests. One member of staff said, "We only assess when we've tried to help them decide first." In one example of a best interests' decision, it was recorded that, "Attempts have been made to explain the need for medication and reasons for taking it."

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

- The premises were adapted to meet the needs of people. When one person became unwell and the provider had adapted their room for them with an accessible shower and profile bed. In the lounge, sensory lights have been added to help people relax.
- People's rooms were homely and they were able to personalise them with the things that were important to them. The garden was accessible and had an aviary in it that had been created with staff and people working together

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 our last inspection, we rated this key question as good. At this inspection the service remained good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff always treated people well. One person said, "People [staff] are very friendly here." One health care professional told us, "St Anthony's have staff members who appear to be very caring towards their clients." One relative fed back, "I want you to know how good the home is and how dedicated the staff are." Another said, "The staff are very caring."
- We saw kind interactions between staff and people and you could see that relationships had developed. One member of staff said, "When they [people] go swimming or cycling the staff always join in. We do it together, we don't sit and watch. They like our company and we theirs." There was a family approach in the home. During lunch staff sat with people at the table and ate their meals with them. Staff and people chatted and laughed and joked together.
- People were also supported to have and maintain relationships that were important to them, and to express their sexuality.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain independent. One person has been supported to learn how to cook a meal, going through each step from shopping for the food to serving the meal to others. Staff had created a video and a booklet of their achievement. The person said, "It means a lot to me that I can do it on my own now." Their relative fed back to the service, "Thank you for the lovely video. It was really good to see."
- People were supported by staff to carry out their personal care tasks as much as possible themselves. Where people were learning tasks, or needing a verbal prompt only, there was a record made to show their progress.
- People were treated in a respectful and dignified way. Staff were thoughtful about things people wanted and what benefitted them. One relative fed back, "The staff have managed to teach [the person] new life skills."

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

- People and their representatives were involved in the care planning. People were asked what their preferences were and how they would prefer to spend their day. One member of staff said, "We ask them what they want to do and when they want to eat. It's on their terms. They choose." One person looked after their own care records and had been supported to write and sign their own consent form.
- Care plans contained people's preferred communication methods, including photos and sign language. We saw staff communicating with people in different ways. Staff spoke slowly and gave people the opportunity and time to respond. One person had a detailed communication plan which enabled staff to understand them well and include them in decision making. This meant the service was meeting the

national Accessible Information Standard (AIS) which organisations that provide adult social care are legally required to follow.

Is the service responsive?

Our findings

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

At our last inspection, we rated this key question as good. At this inspection, people's needs continued to be met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported in a personalised way. There were easy to follow, person-centred care plans that outlined the care and support they received. These included information in respect of all areas of their lives such as medical history, communication and behaviour. There was detailed information about people's background, the things they enjoyed, what mattered most to them, their interests, likes and dislikes and their achievements.
- People were able to participate in activities they enjoyed and were meaningful to them. Daily activity plans were in place which set out what activities they would be doing and when. This was individual to each person. Some people visited a sensory centre during the week where they received art and sensory therapy. Staff told us "They love to go there." Another person talked about when they chose the birds for the aviary from the pet shop. There was a photo record made of this activity, which showed how much it meant to those involved.
- People were supported to practice their faith regularly and attend the local church if they chose. During the summer, people had invited their friends from their local church to their home for a garden party. Staff had helped people to prepare the garden and to decide what they wanted to do by looking at pictures together. They had gone to the garden centre to choose the plants they wanted and created some distinctive arrangements.
- People had opportunities for holidays and day trips out. A holiday had taken place last year and people enjoyed looking at and showing us the photos taken. On the day of inspection, a group meal out was planned with one person's relative who was visiting. One member of staff said, "They get out and about a lot. They have always got something going on." Another said, "There are loads of things for people to do. There is always something planned."
- People benefitted from the use of technology in the home. For example, staff had set up a web-cam in the aviary and the nesting box so that people could watch the activity of the birds from the safety and comfort of their lounge. One person told us how much they all loved this. They said, "I helped choose the bird camera. It's so exciting watching the chicks hatch out." Other people were supported to use skype technology to communicate with relatives who lived abroad.

End of life care and support

- People had end of life care plans in place. These had been discussed with people, and those close to them when appropriate, which were written in plain English, so they were easily understood.
- One person had died in the last year. The staff had supported the person to stay at the home for as long as possible. They had sought the advice of healthcare professionals to make the adjustments needed in the home and to support and care for the person. Meetings were held with the person's relatives and professionals to identify and agree their end of life wishes. People were supported to say their goodbyes to

their friend in way that suited them.

- Staff supported people in bereavement and provided appropriate opportunities to remember the good times with their friend and with relatives who had died. Information and professional support had been researched and provided for one person who had recently been bereaved.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. This was available in people's rooms and communal areas of the home. This was in an easy read format for those that needed this. One person told us, "I know what to do if upset." There had not been any recent complaints.

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 as good. At this inspection, the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; duty of candour; continuous learning and improving care

- The vision for St Anthony's, outlined in the provider's information return (PIR), was to provide a, "Professional, ethical, high quality, individualised service with challenging goals." We were able to see that people did receive such a service and they lived positive and meaningful lives.
- Staff were motivated to give the best support they could, and they felt valued. One staff member told us, "I wouldn't want to be anywhere else. People are happy here and so are we."
- The manager was proud of their achievements, especially helping people to develop and learn new skills and become more confident. They said, "I set challenges for the service, for myself and for people. Team building is an area we could improve as well as new activities and outings for people." They had kept a record of innovations made at the home. For example, the use of technology and the hard work to develop the garden. People had been actively involved in these improvements.
- There were open relationships with people's relatives and the manager and senior staff understood the need for duty of candour in a situation where an incident or injury to a person may occur.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were robust systems in place to ensure that the service was safe, and standards were maintained. Health and safety, buildings and fire safety checks were all completed within the required timeframes and there was good monitoring of these statutory requirements. Staff were aware they should inform the CQC of significant events including deaths and safeguarding concerns.
- The manager had a monthly quality assurance process in place, for example medicines audit, a cleanliness review, a review of people's care plans and their essential health and wellbeing checks. The provider arranged a yearly external audit through the Surrey Care Association to ensure they were meeting care standards and to advise on any changes they should consider.
- People's money was managed and accounted for safely. There were clear records of all expenditure recorded daily and an audit was undertaken every month. People's relatives were involved in decision making for people who lacked the mental capacity.
- There was a succession plan in place to develop staff who could take on more management tasks. This was also evident with senior staff taking a lead role at the inspection and demonstrating good knowledge of service governance and performance.

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

- People were given a chance to be involved in the running of the home. People's relatives also had close contact with the service. Whole house meetings took place each month. Notes were made of the meeting and these had been signed by those who could do so. The notes included what each person said or any non-verbal communication and showed there was meaningful interaction and involvement. Topics discussed were people's birthdays, events, food and the next holiday.
- There were staff meetings held monthly. The manager told us, "Motivation of our staff is a key driver. We discuss training and their ideas for taking people out." The notes of the last meeting demonstrated a strong focus on meeting the individual needs of people.
- Staff retention was good at the service and they were encouraged and helped to develop themselves. The provider had paid for a staff member to attend a course to improve their English. Another staff member was going to undertake a management course.

Working in partnership with others

- The provider was a founder member of Surrey Care Association and maintained regular contact with other providers through this network. The manager said, "This keeps us up to date with any changes in policy and we can attend social care training. As a standalone home we depend on them for this." The service had also linked up with local training bodies and received and sent information to Skills for Care, a national care improvement organisation.
- People benefitted from the good relationships in their community, such as with the local school, church and social clubs aimed at people with a learning disability. There were photos up in the home of people at the garden centre and in cafes and restaurants. The home was open and accessible to visitors and people enjoyed these social occasions.