

Mr & Mrs B J Wise

St Andrew's Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 and 2 November 2016. A breach of legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation the breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 19, Fit and proper persons employed. This was because recruitment processes had not been followed.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Andrews Care Home on our website at www.cqc.org.uk. At this inspection, we found that the service had improved and now met the relevant legal requirements.

St Andrew's Care Home is registered to provide accommodation for 23 people who require personal care, some of whom are living with dementia. At the time of the inspection there were 20 people living at the service. There was a registered manager. 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.

People living at the service said they felt safe and appeared relaxed and happy.

All staff had received training in how to protect people from avoidable harm and abuse and knew what to do in the event of a concern. This training was regularly updated and monitored by the registered manager.

Risks to people were assessed and action taken to ensure they were kept to the minimum level so that people's freedom was respected and not restricted. Suitable measures were in place to mitigate the risk of pressure sore damage, such as use of specialist mattresses. Equipment was serviced regularly; premises were risk assessed with audits undertaken at suitable intervals. Personal emergency and evacuation plans (PEEPS) were in place for everyone living at the service.

Recruitment procedures had been improved and now ensured that suitably qualified and experienced staff were appointed in order to keep people safe. There were sufficient numbers of staff on duty. Staffing levels had been increased recently and were reviewed regularly in response to people's needs, with adjustments made. The registered manager monitored staff working hours to ensure they were kept at a reasonable level so as not to compromise safety. Call bells were answered promptly.

Medicines were audited on a weekly basis with errors investigated and learning disseminated. The storage

and administration of medicines was carried out safely.

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.

Staff were recruited appropriately and in the right numbers to keep people safe.

Staff knew how to identify and respond to different types of abuse.

They received regular training in safeguarding.

Risk assessments were used to identify potential risks to people. Plans were in place to ensure risks were minimised.

Accidents and incidents were monitored and reviewed to keep people safe

Regular audits were undertaken on premises, equipment and facilities to ensure all remained safe.

People received their medicines in a safe way. Medicines were stored safely and the administration of medicines was undertaken safely.

St Andrew's Care 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 checked 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.

We undertook an unannounced focused inspection of St Andrew's Care Home on 26 April. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 1 and 2 November 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one adult social care inspector.

Before this inspection, we reviewed the information we held about the service which included the previous inspection report and the provider's action plan. We also looked at statutory notifications we had received from the service. A notification is information about important events which the service is required to send us by law.

We met the registered manager and spoke with four members of care and ancillary staff, two visitors and four people living at the service. We contacted three health and social care professionals and received feedback from one. We had a tour of the building and observed a medicine administration round. We looked at a range of other documents, including two electronic care records with associated individual risk assessments, three staff recruitment files and staff training records. We also looked at records relating to the management of the service, including staff duty schedules, audits of premises and equipment and the collated results of a questionnaire on the theme "Safe".

Is the service safe?

Our findings

At the last inspection of St Andrew's Care Home in December 2016, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to recruitment. The provider sent us an action plan detailing the actions they would take to ensure improvements were made. At this inspection, we found improvements had been made and legal requirements now met.

All staff recruitment files contained the necessary information to ensure that potential staff were suitable to work at the service. Records showed that application forms had been amended and improved to show dates of previous employment. Two references had been requested and obtained, proof of qualifications gained and the Disclosure and Barring Service (DBS) checks were cleared before new staff had commenced employment. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with people who use care and support services. This meant that only people who were suitable to work in care were now employed.

There were sufficient numbers of staff on duty to keep people safe. The registered manager said numbers on the daytime shift varied from between four to five care staff, depending on people's needs. The registered manager said, "I have to adjust (numbers) according to my resident's needs." Care staff were supported by the registered manager and ancillary staff, such as a cook. There were two waking staff on night duty. Rotas confirmed that recommended staffing levels were maintained. Some additional staff had been taken on in February 2017 such as one extra cleaner and one extra cook.

As some staff preferred to work 12-hour shifts, the registered manager also monitored staff shift patterns to ensure they did not exceed 40 hours per week and those working long shifts had a two to three day interval between. This was confirmed by looking at the rotas. In addition, the manager offered an additional paid extended break of 20 minutes "to ensure staff get good rest time". Minutes of a staff meeting confirmed that staff had been involved in this discussion and had agreed they would take a 20 minute break every six hours "otherwise everyone gets tired and mistakes can happen." This showed that the registered manager was seeking to minimise risk to people of being cared for by overtired staff.

Call bells were responded to promptly. People, their relatives and professionals confirmed there were enough staff on duty each shift. One member of staff said, "We're doing really well now ... We've employed extra carers so our levels have gone up ... Overall, safety is very good here."

People living at the service looked relaxed and happy and said they felt safe. One person said, "They're (staff) very kind to me here... I feel quite safe." Another person said, "I'm very happy to be here". One visitor said, "the staff are really careful and caring ... I've watched them lifting and helping people ... They're very good."

People were protected from avoidable harm and potential abuse by staff who received training in how to safeguard adults, with regular refresher courses. A training matrix showed when training needed to be updated for each staff member. The provider had safeguarding and whistle blowing policies so that staff were clear how to report concerns, who to contact and what to do if they suspected or witnessed abuse or

poor practice. All staff confirmed that they knew what to look for and would report any concerns to the registered manager. One said, "We keep an eye on one another." All staff were confident the manager would deal with any issues promptly and appropriately. The registered manager had informed the local authority safeguarding team and CQC about potential safeguarding concerns. Where safeguarding investigations had been undertaken by the local authority, the registered manager and provider had worked in partnership with them to resolve issues.

Risks to people's personal safety had been assessed and were updated in response to accidents and incidents. The service was in the process of moving to an electronic care record system. This used a flagging system to alert the registered manager to significant changes requiring action, such as unexpected weight loss. People who were at risk of developing pressure damage had equipment such as mattresses and cushions put in place. Records of staff meetings showed that the importance of checking that pressure mattresses were kept at the correct setting for weight had been discussed with staff. Healthcare professionals confirmed there was no one living at the service who was at serious risk of pressure damage.

There were effective systems in place to ensure equipment at the service was safe and in good working order. For example, fire safety equipment was checked and serviced regularly. Staff confirmed that they had received fire training. Hoists were serviced regularly, as was the passenger lift. Gas and electrical checks were carried out at the required intervals. Thermostatically controlled valves had been fitted on hot water taps and covers onto radiators. This protected people from the risk of accidental burns. People living at the service all had a personal evacuation and emergency plan (PEEP) stored on the electronic records system. This gave information about what support was needed to evacuate the building, such as in the event of a fire.

Accidents and incidents were recorded and reviewed monthly by the registered manager to look for reasons and identify patterns emerging. A minor accident had taken place. This involved a person who had slipped from a dining chair with no armrests. The risk assessment was promptly updated to replace the chair with one with arms.

This was done in consultation with the person and their relative, who confirmed the objective was to manage risks whilst maintaining the individual's freedom. The family member said, "(name) is very independent and it's very difficult to help (name). (Staff) like them to be as independent for as long as they can. For instance, I think (name) needs help to undress, but (name) won't accept it. (Name) has a stick but (name) just won't use it."

Staff confirmed that they were undertaking the process of risk assessment "every day". For example, they described how they were aware of potential hazards whilst moving and handling. They said they always checked the sling and batteries on hoists before using them to support people. One member of staff said, "I think we are doing everything we can to minimise risks. Changes are brought in quickly after something has happened."

One healthcare professional confirmed this with the following comments. "They look after their clients extremely well... Everything is monitored very closely." And "I'm very confident in their ability to assess and report any deterioration. I have no concerns about safety here at all."

People received their medicines from staff who had been trained and assessed to ensure they had the correct skills and knowledge to administer medicines in the correct way. The service stored and disposed of medicines safely. Medicines administration records (MAR) were completed accurately using appropriate codes. MAR sheets and medicine stocks were audited regularly by the registered manager. Action was

promptly taken to follow up any omissions, with learning being discussed in staff meetings in order to improve safe administration of medicines. People took their medicines safely. For example, one person who had been assessed as having some difficulty swallowing was helped to take their medicines. Skin creams were applied safely using body charts to indicate correct location. One person had a prescribed skin cream which was out of date. It was confirmed that it was not being used and it was immediately removed from the person's room and disposed of safely.