

Colleycare Limited

# St Andrews Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

St Andrews Care Home is a purpose-built residential care home providing personal care to 56 people at the time of the inspection. The service can support up to 70 people. The home has four units.

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

People told us the care they received met their needs. Most staff were kind, friendly and attentive to people's needs. However, we did find that this was not consistent across all units. On one unit we found some staff were more task led in some cases and not putting the person first. People told us there were not enough staff to meet their needs. Staff felt there was enough of them to meet people's needs. People had their needs met in a timely manner in most cases on the day of inspection. Staff were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety in many cases. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to. However, we saw that staff did not all work in accordance with their training. Medicines were managed safely.

There were governance systems in place and these were used effectively in most cases. However, we did identify some issues that had not been found through the quality assurance systems and incidences where staff were not working in a way which was expected. We were not confident that these issues would have been identified had an inspection not been carried out.

The environment was going through a refurbishment plan. The areas completed looked welcoming and homely. There was plenty of communal space for people to enjoy. People who were participating enjoyed the activities that were provided, however due to the ongoing recruitment of an activity's organiser, we were told that people in their rooms did not receive much in the way of stimulation.

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.

People gave mixed views about if they were involved in the planning of their care. This meant that care may not have been delivered in a person-centred way. However, staff knew people's needs and preferences when asked. People had end of life care plans in place. Complaints were responded to appropriately. Feedback was sought through meetings and surveys. There were mixed views about the effectiveness of the meetings for people.

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 and update

The last rating for this service was Requires Improvement (published 08 January 2019).

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. However, there continued to be a breach of regulation 17 and the overall rating has remained the same.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive 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 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.

#### Inspection team

The inspection was carried out by two inspectors, a pharmacy specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The chief inspector for adult care services observed the inspection.

#### Service and service type

St Andrews Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 who was 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

This inspection was unannounced.

#### What we did before the 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. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager and eight members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# 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

At our last inspection the provider had failed to ensure people's safety was promoted. This was a breach of regulation 12 (Safe care and treatment) 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.

- People had their individual risks assessed.
- Staff were aware of individual risks in most cases and we saw them working safely. However, two people were seen being pushed in a wheelchair with their feet were hanging over the front of the footplates. We raised this with the registered manager. Following the inspection, they told us that a cushion was now placed on the footplates with a risk assessment completed. They told us that a referral was made to the equipment specialists for extending footplates.
- Pressure care was delivered safely and equipment was checked.
- There were systems in place to manage fire safety. Fire drills were completed.

### Staffing and recruitment

- People's feedback about if there were enough staff to meet their needs was mixed. One person said, "Sometimes they come at a reasonable time but often you have to wait a long time, it's awful." Another person said, "There are not enough staff here, people have to wait long times for someone to come and help them, well over half an hour sometimes. I watched someone in the lounge yesterday, they asked to go back to their room and it was a programme and a half later when someone came, that means it was at least ¾ of an hour."
- The management team carried out call bell analysis and could review CCTV footage of corridors to check people were being responded to when needed. They used this to check people had their needs met in a timely way. The registered manager told us that there had only been one instance found where someone had a delay in receiving care.
- Staff told us they felt there were enough of them to meet people's needs in a person-centred way. They told us at times, in staff absence, they may find it busier.
- On the day of inspection, we saw that people had their needs met in a timely manner.
- The home used dependency tools but used the outcomes as a guide and factored in people's additional needs to ensure they had enough staff. We reviewed this record and it showed that staffing was above the

hours assessed as being needed.

We recommend that the provider completes a review of staffing levels and deployment based on people's experiences of waiting for support as their current analysis may not identify delays from communal areas when call bells have not been used.

- There were recruitment processes followed, and this helped the management team ensure those employed were suitable to work in a care setting. However, the management team were reminded to ensure all employment gaps were clearly explored and documented.

#### Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) 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

- People received their medicines when needed and in accordance with the prescriber's instructions.
- Records tallied with stock and temperatures were checked.
- Audits were completed regularly.

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

At our last inspection the provider had failed to ensure systems in place effectively managed the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) 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 13

- People told us they felt safe. One person said, "I am safer here than at home because I lose my balance sometimes so it's better to have people around." Relatives also told us that they felt people were safe.
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings.
- Information on reporting concerns was displayed in the home and concerns had been reported appropriately.

#### Preventing and controlling infection

- The home was clean and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice.
- People and their relatives told us the home was kept clean. The housekeeping team were busy all day and waited for people to come out of their rooms, wherever possible, before cleaning them.

#### Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates were needed, the registered manager shared this information with the staff team.



- Staff confirmed that they were kept informed of changes.

# 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 Requires improvement. At this inspection this key question has improved to Good. 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 had their needs assessed prior to moving into the service to ensure their needs could be met.
- Staff were kept informed of expected standards by the management team and this was reiterated at meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- Staff had received training in subjects relevant to their role and they told us they felt equipped for their role. One staff member said, "I have done the champion training for [subjects]. I share this with staff groups and they come to me for advice in certain situations."
- Staff said they felt supported and had one to one supervision meetings.

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

- People enjoyed a varied and balanced diet. Staff were attentive and chatting with people.
- People were offered where to sit and choices of drinks. One unit missed the soup as a starter, the registered manager discussed this with staff and reminded them of the expectation to offer soup. People were not given a visual choice or a menu to view at meal service as they had been asked the previous day. Many people on this unit were living with dementia so this was an area for development to ensure people can make informed choices.
- People told us that they enjoyed the food and choices were available. One person said, "The food is edible and quite ok. There is plenty of it and it's always hot when it's supposed to be."
- Dietary needs were known by staff and communicated to the chef. Weights were monitored, and action taken if people were noted to be losing weight and at risk. One person said, "All the custard they serve is diabetic custard which is good and they also serve some cakes most days which are fine for diabetics as well so that's good."

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

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

- The building was set up in a way that allowed people to move around freely. There were ample communal areas for people to use. The home was undergoing a refurbishment plan with many rooms being

redecorated.

- There was an accessible garden which people told us they enjoyed in the nicer weather.
- Bedrooms were personalised, and bathrooms had equipment available for people to use the facilities. Some rooms now had en-suite showers which meant people could have more frequent showers if they wanted.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals.
- We saw that people were visited by the optician and chiropodist and, when needed, referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. A hairdresser was in the home on the day of inspection.
- However, one visitor told us they were waiting for a hearing aid referral for their relative. The management team were not aware of this request. They told us they would follow it up.

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 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 had their capacity assessed for relevant decisions, and best interest decisions were recorded. The team acted in the best interests of people and respected their choices.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.

# 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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave mixed views about the staff team. In general people told us that staff were very helpful but very busy. One person said, "The majority of staff here are helpful and pleasant. They could make a big improvement with more personalised care. More of the same carer would be much better and nice for us. At the moment, the carers just constantly change, you never know who you are getting." Another person said, "Oh you know what it's like in places like this, they are alright sometimes when it suits them."
- Interactions observed were positive in most cases. We heard and saw staff being attentive and reassuring to people. People felt staff moved around between units frequently which made it harder to get to know them.
- However, we saw one person in their room asleep with a just a sheet covering them. The room felt cold. We asked staff about this who told us the person wanted their quilt off at night. However, no quilt was in the room. The person was very deaf and a short while later was shouting for help. A staff member attended and told the person three times to stop shouting and they would get to them when they can. As the carer came out of the room they said, "Oh no, now my top is wet where I sat on their bed." and repeated this to other staff members as they walked away to do something else. It was 10am and the person was in a potentially wet bed.
- We checked back on this person later and they were in their chair. The room was very cold, and their hands felt cold. When asked if they were warm enough they told us they were, "frozen." We spoke to staff who told us they window was open to free the room of odours and the person liked their window open. However, no check back was done to ensure the person was warm and no blanket or hot drink was in situ. The person had a communication board which stated, 'Stop shouting.' They had no access to a call bell as it was tied up. Staff told us this was because they did not know how to use it and kept pulling it out of the ceiling. The person's relative told us that they were normally happy with the care and that the person was well looked after.
- We discussed this with the registered manager who told us they planned on having this person in a more visible room. Following the inspection, they told us that the staff on this unit had been spoken with about the concerns raised.
- Visitors could go to the home at any time.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. All doors were shut whilst personal care was happening, and staff knocked on all doors before entering. Some bedroom doors were left ajar, but staff still knocked before going in.

- Staff were discreet when speaking to people or about people's needs in most cases. However, we did observe a person be transferred with a hoist and staff did not promote their dignity. This was because the person was wearing a skirt and the use of the sling made the skirt ride up. We discussed this with the management team who told us that they expect staff to place a blanket on people's knees when assisted with the hoist.
- Following the inspection, the registered manager told us the staff involved had been spoken with, a blanket was placed on the person's chair and it was on the agenda for staff meetings.
- Records were held securely so to promote confidentiality.

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

- People and their relatives had signed care plans to demonstrate they were involved in planning and reviewing their care and the day to day decisions. However, one person said, "No one ever talks to me about what I need, they just do what they think I need, sometimes I tell them when it's important."
- Staff asked people before supporting them.
- One person told us that they were suffering very much with a health condition. Staff were unaware of this as they told us the person did not like to be a, 'nuisance'. However, we discussed with them that they needed to spend time checking with people as part of reviews or daily care as the person expressed their concern to us early into the conversation.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always being met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that the care they received met their needs. One person said, "I prefer a shower and I asked for that to happen three times a week and that is usually what happens, I have set days."
- Care plans gave a clear account of people's needs. They were easy to follow, and person centred, providing staff with detail about how people spent their days.

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.

- Staff took time to communicate with people who had impaired communication in most cases.
- Care plans set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people.
- Some people had communication boards. However, these were not always being used effectively. One person who was prone to calling out had a note saying, 'stop shouting' and another had boards that were dirty with no pens visible for staff or visitors to use. We raised this with the management team.
- Staff needed to remember to put hearing aids in for people who needed them. Some people did not have them in even though they needed them and had asked staff for them.
- Following the inspection, the registered manager told us that replacement communication boards had been bought and staff were spoken with about the importance of hearing aids. This has also been added as an agenda item at meetings.

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 who were involved in the group activities were enjoying the activities provided. One person said, "We have seated exercise, I like that, but there isn't a lot going on. They should have something every day, but they don't because there aren't enough staff." Another person said, "About four of us go out, usually once a week, to a little preschool group. I love it, I expect lots of other people here would like to go too. It's my favourite day of the week. Occasionally we play 'Bananas' (a word game) I like things like that. I sit in my room too much and I wouldn't if there were things going on but there aren't."
- The group activity in the morning in the activity room where people were using a table top projector for games, drawing and chatting. In the afternoon some people were playing scrabble. There was a

visiting pet therapy dog and the hairdresser was in during the day. There was a cinema room which one person told us they really enjoyed as they were a 'cinema buff'.

- Some people stayed in their rooms and activity records showed that there was limited interaction, stimulation and social occasions for them. Staff told us that, as they were short of an activity organiser, people in their rooms did not have as much interaction as those able to be in communal areas.
- The registered manager told us that they tried to ensure people who were cared for in bed, or stayed in their rooms, had a room on the busy parts of the corridor. This was so they could see people and staff could pop in and out. They told us that recruitment for a suitable additional activity organiser was ongoing.

Improving care quality in response to complaints or concerns

- People and relatives told us that they felt confident to raise an issue if one arose.
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends.

End of life care and support

- End of life care was provided at the service. The staff worked with people to help ensure they were supported in a dignified and pain-free way.
- Care plans were in place for people stating what their wishes were, including if a person wished to be resuscitated and the relevant documentation was in place. However, more development of these plans would be beneficial to support staff to provide a person-centred approach.
- The staff team were booked on training with the local hospice to help further develop their skills when supporting someone at the end of their life.

# 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 Requires Improvement. At this inspection this key question has remained the same. 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.

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

At our last inspection the provider had failed to ensure that systems in place identified and addressed shortfalls. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was still in breach of regulations.

- The management team carried out checks and audits to help satisfy themselves that standards were to that expected and regulations were met. The registered manager carried out checks in the units daily. One staff member said, "[Registered manager] is around a lot, she is nice."
- Where these checks had identified shortfalls, action plans were implemented to address the areas. The management team had taken feedback from the last inspection and ensured all staff were aware of the shortfalls and the plan to make the improvements.
- Accidents and incidents were reviewed to ensure there were no themes and trends. Also, to check all needed action had been taken. Staff were made aware of what was required.
- However, we identified areas during the inspection that had not been identified by the quality systems and found staff were not always working in accordance with the management teams' expectations. This related to the use of communication aids, some staff not being consistently caring and some staff not consistently promoting people's safety. There were also concerns relating to people's feedback about staffing and the management team were not aware of this feedback until we shared it.

Although the concerns found were not widespread around the home, they had not been identified by the current monitoring systems and therefore the concerns may have continued if they had not been identified on inspection. Therefore, this was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives gave mixed views about the running of the home. People told us they would speak to a relative or a senior member of staff if they had any worries.
- Staff told us that often they found that the registered manager was approachable and always around checking on things. Staff told us they were given guidance and had the importance of it explained.



- There was information displayed in the home about how to approach the management team if there was anything people, relatives or staff wanted to discuss.

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

- The management team were responsive to all feedback on the day of inspection, taking prompt action to review issues.
- Meeting notes showed that safeguarding issues were discussed. Changes to practice that were needed to keep up to date and provide the appropriate care were also discussed.

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

- There were regular meetings for people. The meeting notes included actions and feedback for people. However, three people told us that meeting notes often did not capture the full content of the meetings and therefore felt that points raised were not always listened to.
- Staff also told us that there were regular meetings and opportunities to speak with a member of the management team.
- Surveys were completed, and the feedback was mainly positive. The results were displayed on a notice board near reception.

Continuous learning and improving care

- Incidents, complaints and events were reviewed, and meetings discussed any learning as a result. A lessons learned record was completed.
- The service had a development plan in place to help drive any improvements forward and develop the quality of the service delivered.

Working in partnership with others

- The management team worked with the local authority to address areas they found as needing development. This included the MCA process.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's systems had not identified the concerns found as part of the inspection.