

Complete Care Group Limited

St Anne's Residential Care Home

Inspection report

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Eastbourne
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 1 & 5 June 2015 and was unannounced. St Anne's Residential Care Home provides accommodation and personal care for up to six people with a learning disability.

The home had 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.

Essential maintenance had not been completed around the home. This included gas, electrical and fire systems

Summary of findings

safety. Certificates were out of date and the provider had not identified this until the inspection. They took immediate action and appropriate safety certificates were obtained.

The provider did not have a robust quality monitoring system in place. Areas for improvement such as maintenance and training had not been identified. Where other areas had been identified, action was not always taken.

While care workers demonstrated they had the skills to meet people's needs effectively, staff were not well supported with training, supervision and appraisal. Most training needed refreshing and supervision and appraisals had not been completed regularly. The provider did not have a schedule in place for when this should happen.

There were some minor gaps in pre-employment checks, such as full employment history, but disclosure and barring service checks were completed for all staff before they began work. There were enough staff to keep people safe and meet their needs and people's medicines were managed safely.

Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. Incidents and accidents were well managed and staff understood the importance of learning from incidents so they could make sure they did not re-occur.

The registered manager and staff had a good understanding of the Mental Capacity Act (2015) and gained consent from people in line with legislation. Deprivation of Liberty Safeguards referrals had been made to the appropriate authorities.

People were well supported to eat and drink enough. Food was homemade and nutritious and people were involved in making decisions about menus. People were supported with healthy eating and to maintain a healthy weight. Everyone was supported to maintain good health and all of the appropriate referrals were made to health care professionals when required.

Staff were caring and ensured they treated people with dignity and respect. They had a good understanding of the care and support needs of every person living in the home. People had developed positive relationships with staff and there was a friendly and relaxed atmosphere in the home. People were well supported to do the things that were important to them, such as going to college or church. People's social and spiritual needs were met.

The provider asked for feedback about the service from people, relatives and staff. Any feedback received was acted on where possible. There was a complaints procedure in place and the registered manager and staff knew what they should do if anyone made a complaint.

There was an open culture in the home, and the registered manager was described as "dedicated". Staff felt confident to discuss any concerns they might have and said the registered manager would act on them. Staff said they were well supported and were well motivated to provide good care. The registered manager knew all of the people who lived in the home very well and ensured care was person centred.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Required maintenance had not been completed, staff did not receive appropriate training, supervision and appraisal and a robust quality monitoring system was not in place. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. Required maintenance for gas, electrical and fire systems had not been completed and a legionella risk assessment was not in place. Not all of the required recruitment checks were completed before staff began work.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe. Risks to individuals were well managed and incidents and accidents were well reported, investigated and managed.

There were enough staff to meet people's needs and medicines were managed safely.

Requires improvement



Is the service effective?

The service was not always effective. Staff were not fully supported with training, supervision and appraisal.

The registered manager and staff understood their responsibilities under the Mental Capacity Act (2005) and people were asked for their consent in line with legislation.

People were well supported to have enough to eat and drink maintain good health.

Requires improvement



Is the service caring?

The service was caring. People were treated with kindness and compassion and staff were respectful and caring.

People were supported to make decisions about their care and had their privacy and dignity protected. People's needs were understood by staff and they were met in a caring way.

Good



Is the service responsive?

The service was not always responsive. People's care plans did not clearly demonstrate how they were involved in the assessment and planning of their care.

People were supported to do the things that were important to them and to maintain relationships with their family and friends.

Feedback about the service was sought from people, relatives and staff and this was acted on. There was an appropriate system in place to manage complaints.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well led. The provider did not have robust quality monitoring process in place. Areas for improvement were not always identified.

There was a positive culture at the service and the registered manager was well regarded. The registered manager had an understanding of their role and responsibilities and ensured that staff understood what was expected of them.

All of the registration requirements were met.

Requires improvement



St Anne's Residential 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 was planned to check 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.

This inspection took place on 1 & 5 June 2015 and was unannounced. The inspection team consisted of one inspector. Prior to our inspection we looked at and reviewed all the current information we held about the

service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. We also spoke with one local authority who commissions services from the provider.

We spoke with all six people who use the service who had complex communication needs and could not always express their views to us. We observed staff supporting people who use the service. We spoke with four members of staff, the registered manager, the nominated individual and a relative by telephone. We reviewed the care records and risk assessments for three people who use the service, recruitment records for five staff, and the training and supervision records for all staff currently employed at the service. We reviewed quality monitoring records, policies and other records relating to the management of the service.

Is the service safe?

Our findings

The safety of the premises and some equipment was not always safely managed. On day one of the inspection we found portable appliance testing (PAT) certificates were out of date on equipment such as fridge freezers and electrical extension sockets. The gas safety certificate was three months out of date and the fire alarm system had not been tested since March 2014. There was no evidence that electrical systems had been tested and a legionella risk assessment had not been completed. The garden was poorly maintained and hazards included a significant amount of dog faeces, an over ground swimming pool that was in a poor state of repair and building materials being stored behind a hoarding. It is important that people have access to safe and well maintained indoor and outdoor areas, and equipment. A lack of routine maintenance and testing places people at risk of injury and can impact on their quality of life. These were breaches of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

When we returned for day two of the inspection we found that gas, electrical and fire systems had been checked and new safety certificates issued. PAT testing was in the process of being completed. The provider sent us a certificate after the inspection to show the PAT testing had been completed satisfactorily. The provider had also booked a legionella risk assessment to be completed within the following 10 days. The garden area had been cleared and safety risks identified removed.

Not all of the appropriate pre-employment checks were completed before staff started working for the provider. All of the records contained evidence of a disclosure and barring service (DBS) check. This is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. There were minor omissions in some of recruitment checks. One staff record showed gaps in employment history and four of them did not show evidence of any health conditions which may have been relevant to the staff member's ability to carry out their role.

The registered manager was able to give verbal explanations for these gaps in the records and said they would take action to ensure all of the relevant information was included in writing.

People were protected from potential abuse. Staff were knowledgeable about safeguarding people from abuse and knew what action to take if they were concerned a person was at risk. When describing keeping people safe one member of staff said: "that's in every element of the support I give". Staff knew how to raise concerns with the registered manager and they were confident that any issues they raised would be dealt with appropriately. The provider had appropriate safeguarding policies in place for staff to refer to if they needed to.

Risks to individuals were well managed. There were risk management plans in place which allowed people to stay safe while minimising risks to their freedom. The registered manager explained: "we are not frightened of taking risks, but we plan and manage well". Staff knew what they should do to keep people safe when supporting people both in and out of the home, for example when going to the shops or college.

Incidents and accidents were well reported and the registered manager conducted a thorough investigation of each incident. Trends were monitored to ensure any themes were identified and action was taken to prevent any recurrence. The registered manager and staff understood the importance of learning from incidents so they could make improvements.

People had their needs met and were kept safe because there were enough suitable staff. Staff had the right skills mix and the registered manager ensured there was always a member of staff on duty who was trained in medicines administration.

People's medicines were managed so they received them safely. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff could not administer medicines unless they had been trained and there was a policy in place to support staff to safely administer medicines. There was a safe procedure for storing, handling and disposing of medicines.

Is the service effective?

Our findings

While we observed care workers had the skills and experience to meet people's needs the provider had not ensured that all appropriate training, supervision and appraisals were up to date. The registered manager told us mandatory training in areas such as safeguarding adults, infection prevention and control and medicines administration should be completed annually. Records showed the majority of staff had not received refresher training in these mandatory subjects within the required time frame. There was no schedule in place for when this training would be completed.

We asked to see evidence that care workers had their competency to administer medicines regularly assessed. The registered manager said they did this on an informal basis and observations were not recorded. The registered manager had not had training in medicines administration since 2009 so there was a risk they were not competent to assess others administering medicines. The chef and the registered manager had also not completed food hygiene training. The registered manager took action when this was discussed and booked appropriate medicines administration training for themselves and food hygiene training for the chef. Continuous staff development is not only a requirement for meeting fundamental standards, it is also a vital element in ensuring that people receive the best care and support.

In the staff files we reviewed, we saw only one person who was required to have completed an appraisal, but not since April 2012. Only one person had completed a supervision session in the last six months. At the time of the inspection, the provider did not have a schedule in place to ensure appraisals and supervisions were completed. It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables staff to ensure they provide effective care to people who use the service. The above were breaches of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

All staff had completed training in Non Abusive Psychological and Physical Intervention (NAAPI) which is accredited by the British Institute for Learning Disabilities.

NAAPI training enables staff to support people who may have behaviour that can challenge themselves and others. It was clear the training had been effective and staff were able to discuss individual's behavioural needs and how to manage them properly. We also observed staff putting this knowledge into practice while we were in the home. People's behavioural triggers were well identified and we saw action taken to prevent any escalation in anxiety.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff explained the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. The registered manager was able to explain when a DoLS referral would be necessary and all appropriate DoLS referrals had been made to the relevant authorities.

People were asked for their consent by staff. Staff gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication. Staff knew when people were giving their consent or not, either verbally or by the body language and gestures they were using.

People were well supported to have enough to eat and drink and to maintain a balanced diet. Food was homemade and nutritious and people were encouraged to plan their meals. We observed staff supporting people to make menu choices in a respectful and supportive way. People were encouraged to make healthy choices and were helped to maintain a healthy weight. Staff ensured people had access to drinks throughout the day and food and fluid intake was well monitored.

All of the people using the service were supported to maintain good health and had access to healthcare services. People had regular health checks with health professionals such as the GP or dentist. Staff knew what to do if a person's health needs changed and referrals were made to the appropriate people.

Is the service caring?

Our findings

There was a welcoming and friendly atmosphere in the home and people were happy and relaxed. People who use the service were treated with kindness by all members of staff. People's needs were understood by staff and they were met in a caring way. Staff listened to people and spoke to them in an appropriate way that they could understand. Staff showed a genuine concern for people's wellbeing and made sure the care and support they provided met people's needs. It was clear that people had developed positive relationships with staff. People were pleased to see staff when they arrived for work. One person said "I enjoy living here".

People's personal histories were well known and understood by staff. This ensured that staff could take into account people's past life experiences and how this might impact on their current support needs. Care workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed several occasions where care workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated.

People were actively involved in making day to day decisions, and were given choice and supported to be as independent as possible. People chose to go to college, walk to town or undertake activities at home. Relatives and friends were welcome to visit at any time and people were well supported to maintain contact with the people that were important to them.

People had their privacy and dignity protected. They were treated with respect and listened to. When talking about people who use the service staff spoke in a very respectful way. Staff described and we observed how they respected people's choices and aimed to support people to be as independent as possible. Care workers understood and promoted respectful and compassionate behaviour within the staff team. People had the privacy they needed and were able to spend time alone in their own rooms if they chose to.

Staff spoke about the people they supported in a caring way. They were enthusiastic and motivated when discussing the support they provided to people. It was clear that staff wanted to help people achieve the best quality of life possible. One member of staff said "we really go the extra mile".

Is the service responsive?

Our findings

Although the registered manager and care staff were able to describe how to meet people's care needs in detail, people's care plans did not clearly demonstrate how they were involved in the assessment and planning of their care. Some of the records included in the care plans were out of date or had not been dated so it was difficult to know when they were written or if they were current. One person's care plan had been reviewed in January 2015, but updated guidelines had not been put into the care record. The care plan could have been confusing for staff and they might not have access to the most up to date information about the persons care needs.

People had regular meetings with their key workers to discuss their care and support needs. However, the records of these meetings did not include enough detail about what people's opinions were. When a person had asked about undertaking a particular activity over several meetings, there was no information about what action was being taken to support the person in this activity.

If a person's support needs changed a meeting was organised for all staff to discuss what they needed to do to ensure the persons changing needs were met. For example, one person had experienced a significant change in their behaviour which had caused them to become more anxious. The cause was identified and a detailed plan was put in place to help support the person. All of the staff were made aware of the plan and put it into action. This led to a significant improvement in the person's anxiety levels.

Communication between the manager, staff and team was good. Detailed daily records were kept and included information about individuals daily routine, activities they had taken part in, and any changes in behaviour. This

information was handed over between staff shifts and enabled staff to monitor people's behaviour to ensure they continued to provide the most appropriate support at the right time.

People were supported to do the things that were important to them. This included getting support to meet their spiritual and social needs. People were supported by staff to take part in activities and hobbies that were important to them, as well as going on holiday. People's participation in their individual interests, activities and education were well promoted by staff. People told us about the activities they enjoyed including going to college, learning to cook and listening to music. When describing an activity they liked to do one person said "I really like that, it's important to me".

The provider completed an annual survey about the quality of the service with relatives and others that were important to people who use the service. Feedback provided was positive. Where relatives had suggested areas for improvement, these had been acted on where possible. People were able to give feedback during regular house meetings and in their key worker meetings, but were not given the opportunity to be involved in the annual survey.

Staff had regular meetings with the registered manager and told us they were given the opportunity to provide any feedback about the service or if they thought there were any areas that could be improved. Staff confirmed feedback they gave was acted on.

The provider had a complaints procedure in place which staff were aware of and knew how to use. The registered manager knew what they should do to support a person who uses the service to make a complaint and how manage a complaint properly. The service had not received any recent complaints.

Is the service well-led?

Our findings

Although people, relatives and staff were asked for their feedback about the quality of the service, the provider did not carry out other regular audits to make sure they were continuously improving. The provider did not have an appropriate schedule in place to ensure essential maintenance was completed, such as gas safety and PAT testing. Suitable quality monitoring processes were not in place so these failings were not identified until the time of the inspection. Health and safety weekly checks were completed, but these were not always appropriate. Failings in areas were repeated over several of the checks and there was no evidence that action had been taken. For example, on the last five checks it was noted the conservatory ‘needs attention’. There were no details about what needed attention or what plans were in place to make the improvements.

An independent audit of the quality and safety of care had been completed in February 2015. This audit also highlighted areas for improvement including the introduction of a system of regular audits and a cleaning schedule. However, these recommendations had not been acted on. Areas of poor practice can be reduced by using effective audits. Audits are also an educational activity, which can promote high-quality care and should be carried out regularly. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. Although the provider was aiming to provide a high quality service there was a risk areas for improvement would not be identified and appropriate action taken. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records were kept confidentially but were not always signed or dated, so it was difficult to assess if some

documents were up to date or who had completed them. Clear records help to prevent errors. Everyone involved in looking after people are responsible for keeping good records. This is an area of practice that requires improvement.

Staff said the registered manager was accessible, helpful and supportive. They were able to discuss good and poor practice during regular meetings. There was an open culture which encouraged staff to make suggestions as to how the service could be improved. Staff told us when they gave feedback it was acknowledged and acted on. All of the staff gave complimentary feedback about the registered manager. Staff said when the manager provided feedback about their performance, it was constructive, and helped them to improve their skills. People who use the service were involved in the recruitment of new staff. They were able to give feedback about potential new staff after meeting them before job offers were made.

The registered manager led by example and spent a lot of time supporting people who use the service. They knew the people who used the service very well, and were able to discuss individual's care needs in detail. They ensured care was person centred and met individual's needs. They said they “look at the individual and not just their diagnosis”.

The registered manager was aware of the culture of the home and the attitudes and values of staff. The registered manager had an understanding of their role and responsibilities and ensured that staff understood what was expected of them. One person described the registered manager as “dedicated”. They dealt with any concerns in an open and objective way and were keen to participate fully in the inspection process. Staff were very motivated to provide good care and gave very positive feedback about the way the service was run.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People who use services, and others, were not protected against the risks associated with unsafe or unsuitable premises and equipment, because of inadequate maintenance. Regulation 15(1)(e).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(2)(a).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff did not receive appropriate training, supervision and appraisal. Regulation 18(2)(a).