St. Anthony's Residential Home Limited

St Anthony's Residential Home Limited

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

St Anthony's residential home provides care for primarily older people, some of whom have a form of dementia. The service can accommodate up to a maximum of 16 people. On the day of the inspection 14 people were living at the service.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this inspection on 4 and 6 April 2017. At this comprehensive inspection we checked to see if the service had made the required improvements identified at the inspection on 19 October 2015. In October 2015 the service did not have robust recruitment processes. There were two new members of staff, who were providing personal care for people, without the appropriate pre-employment checks in place.

At this inspection we found improvements had been made to the recruitment processes and robust systems were now in place. Recruitment files we looked at contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Before the inspection concerns were raised with us that some staff were rude and shouted at people living in the service. There were also concerns raised about the staffing level at night and the inappropriate use of continence pads due to insufficient numbers of night staff on duty. At this inspection we did not find any evidence to substantiate these concerns.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and relatives included, "It's lovely here", "I am very happy living here", "Can't fault it" and "No complaints."
Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Comments from people and relatives included, "Staff are very good, all you have to do is ask and they will help", "They [staff] have been very good to me", "Staff are very attentive to Mum's needs" and "Staff talk to me fine."

People were able to take part in a range of activities of their choice. Where people stayed in their rooms,

either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff knew how to recognise and report the signs of abuse. Staff received appropriate training and supervision. New employees completed a thorough induction and had the opportunity to attain a Diploma in Health and Social Care. However, the induction was not in line with the care certificate, which is an industry recognised induction that replaced the Common Induction Standards in April 2015. The provider assured us that all staff, who were new to the care industry, would complete the care certificate.

People had access to healthcare services such as occupational therapists, GPs, community nurses and chiropodists. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Where people did not have the capacity to make certain decisions the management and staff acted in accordance with legal requirements under the MCA. Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity.

People and their families were given information about how to complain. There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Staff told us they felt supported by the management commenting, "I get on well with the owners", "I think the home is well managed" and "You can always get hold of management when you need them."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Management worked alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at St Anthony's.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with appropriate leadership and support. There was a positive culture within the staff team and with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

St Anthony's Residential Home Limited

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 unannounced inspection took place on 4 and 6 April 2017. The inspection was conducted by one adult social care inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on the day of our visit. We spoke with the two owners, one of whom was the registered manager, the deputy manager and four care staff.

We looked at three records relating to people's individual care. We also looked at four staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service. After the inspection we spoke with two relatives and one healthcare professional.

Good

Is the service safe?

Our findings

At the inspection in October 2015 we found the service did not have robust recruitment processes. There were two new members of staff, who were providing personal care for people, without the appropriate pre-employment checks in place. There were no Disclosure and Barring Service (DBS) checks in place for either member of staff and one file did not contain references from previous employers.

At this inspection we found improvements had been made to the recruitment processes and robust systems were now in place. Recruitment files we looked at contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including DBS checks. The registered manager rang each referee prior to sending a reference request. This was to check the authenticity of the referee and also meant a verbal reference was obtained if the written reference was not returned. We found that references for one new member of staff had not been returned and we were advised that this was not uncommon. We discussed with the registered manager and provider that it would be good practice to record the details obtained from the verbal reference. This would provide evidence that an applicant's conduct in previous employment had been sought, if it was not possible to obtain a written reference.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and relatives included, "It's lovely here", "I am very happy living here", "Can't fault it" and "No complaints."

Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

Care plans included details of any identified risks and the control measures in place to minimise risk. These covered issues such as risk of falls, use of bedrails, poor nutrition and hydration, skin integrity and mobility. Care plans gave staff guidance and direction about how to support people safely when assisting them to mobilise. We observed staff assisting people to move from one area of the home to another safely. Staff carried out the correct handling techniques and used equipment such as walking frames or wheelchairs as appropriate to the individual person.

Incidents and accidents were recorded in the service. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from these events. Events were audited by the management to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff on duty to meet the needs of people who lived at St Anthony's. Two care staff were on duty each day in the morning and afternoon. A senior care worker administered people's medicines and the registered manager and deputy manager provided care for people most days. People told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People had a call bell in their rooms to call staff if they required any assistance. We saw people received care and support in a timely manner.

Management told us they monitored people's needs daily and made any adjustments to staffing levels as required. It was clear they knew everyone well and because they worked alongside staff they were aware of people's changing needs. Staff told us they would always update the management if an individual's needs changed, including contacting them when they were not on duty.

During the night there was one night staff on duty as the owners, who lived on the premises, were available if needed. At the time of this inspection there was no one living in the service who required two members of staff to assist them, so the owners were only called in an emergency. Before the inspection we received a concern that one night staff on duty was not sufficient to meet people's needs. We found no evidence to substantiate this concern.

Medicines were managed safely at St Anthony's. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. Staff had received appropriate training in administrating and managing medicines and weekly audits were completed the deputy manager.

The environment was clean and well maintained. Some areas of the premises were in need of decorating and carpets changed. However, we were advised that there were plans in place to carry out this work. Records showed that manual handling equipment, such as the stair lift and bath seats, had been serviced. There was a system of health and safety risk assessment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. There was a record of regular fire drills.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training to meet the specific needs of people living at the service such as dementia awareness.

Staff told us they felt supported by managers and they received regular informal supervision. Not all staff had met with the management for a supervision but they thought these were booked to take place soon. However, staff told us the registered manager and deputy manager worked alongside them most days and they were very approachable. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service. At the time of the inspection the deputy manager was in the progress of setting up a programme for staff to have regular formal one-to-one supervisions.

New staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. However, this induction was not in line with the care certificate, which is an industry recognised induction that replaced the Common Induction Standards in April 2015. The provider assured us that all staff, who were new to the care industry, would complete the care certificate.

People had access to healthcare services such as occupational therapists, GPs, community nurses and chiropodists. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made. A healthcare professional told us, "The home are always very prompt in informing us of any concerns they have."

The service monitored people's weight in line with their nutritional assessment. Where people had unintended weight loss this was investigated. Staff monitored people's food and fluid intake whenever there were concerns about an individual's weight or appetite. People were provided with drinks throughout the day of the inspection and at the lunch tables. We observed people who stayed in their bedrooms all had access to drinks.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Staff were aware of people's likes and dislikes. Where people needed assistance with eating and drinking staff provided support appropriate to each individual person's assessed needs. We observed the support people

received during the lunchtime period. There was an unrushed and relaxed atmosphere and where people needed support to eat their meal staff provided the appropriate level of help.

We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Care records detailed whether or not people had the capacity to make specific decisions about their care. For example, one person's care plan stated, "[Person's name] is able to make simple choices and decisions and express their own preferences and wishes."

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Where decisions had been made on a person's behalf, the decision had been made in their best interest at a meeting involving key professionals and family where possible.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there was a stair lift to gain access to the first floor, where some bedrooms were located.

Good

Is the service caring?

Our findings

Before the inspection concerns were raised with us that some staff were rude and shouted at people living in the service. Concerns were also raised that, due to low numbers of staff on duty at night, staff used two continence pads for some people to avoid having to change their pads during the night. At this inspection we did not find any evidence to substantiate any of these concerns.

The relative of one person told us there had been a member of staff who had been rude to the person living at the service. This had been reported to management, by the relative, and they believed that appropriate action had been taken as the member of staff no longer worked at the service.

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Comments from people and relatives included, "Staff are very good, all you have to do is ask and they will help", "They [staff] have been very good to me", "Staff are very attentive to Mum's needs" and "Staff talk to me fine."

The staff team had developed kind and supportive relationships with people using the service. There were plenty of friendly and respectful conversations between people and with staff. People and staff laughed and joked with each other and people's behaviour and body language showed that they felt really cared for and that they mattered. However, staff respected that this was peoples' home and maintained appropriate professional boundaries.

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff assisting one person to move from their wheelchair into an armchair using a frame. Staff were kind and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

People were able to make choices about their daily lives and Staff involved people in making their own decisions. For example, staff supported one person, who was visually impaired, with their correspondence. Their care plan stated, "Staff to take post to [Person's name] and read it to her as she is unable to. Do not open the post until you are in the presence of [Person's name] and she has agreed to you reading it."

People's care plans recorded their choices and preferred routines. For example what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in the lounge or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at St Anthony's had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. Relatives told us, because the owners and management were so visible in the service, they spoke with them regularly and were kept informed of any developments in the service.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the communal areas or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable.

Good

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The management were knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at St Anthony's.

A basic care plan was written from the initial assessment of the person's needs. Within a week or two of moving into the service the deputy manager developed a full care plan with the person and their family. Some people told us they knew about their care plans and management would regularly talk to them about their care.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at St Anthony's. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described how staff should assist the person with their personal care including what they were able to do for themselves. Their care plan stated, "[Person's name] sometimes finds it difficult to put on certain items of clothing and to reach some areas. Offer assistance when they ask for it."

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers.

Some people living at the service could display behaviour that was challenging for staff to manage, especially if they became anxious. Staff were provided with information on how to support people to manage any changes in their behaviour and understand what might trigger their anxiety. For example, the care plan for one person stated, "[Person's name] does not like people talking loudly and this unsettles them. Staff should support them to their room so they can sit calmly until they feel less anxious."

People were able to take part in activities of their choice. Staff facilitated a different activity each afternoon such as singing, craft work and chatting together. External entertainers provided regular exercise sessions and music and singing sessions. Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be

comfortable doing so. However, relatives told us when they had raised a concern this had been dealt with appropriately.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The service was jointly owned by two people, one of whom was the registered manager, and they were visible in the service most days as they lived on the premises. The registered manager provided hands on care and support for people. They were supported by a deputy manager and senior care staff.

There was a positive culture within the staff team and it was clear they all worked well together. Staff told us the service was well-led and staff were highly motivated and keen to ensure the care needs of people they were supporting were met. Staff told us they felt supported by the management commenting, "I get on well with the owners", "I think the home is well managed" and "You can always get hold of management when you need them."

Relatives described the management of the service as open and approachable and thought people received a good service. Relatives told us, "I would recommend the home to anyone" and "I think people are well cared for and you can speak to the owners at anytime."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager and deputy manager carried out audits of falls, medicines, and care plans. Management worked alongside staff, regularly providing care for people and this enabled them to check if people were happy and safe living at St Anthony's. By actively working in the service management were able to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings and regular staff meetings.

People and their families were involved in decisions about the running of the service as well as their care. Where suggestions for improvements to the service had been made the registered manager and provider had taken these comments on board and made the appropriate changes. For example, the provider had taken appropriate disciplinary action with a member of staff when a relative had raised concerns about the staff member's attitude and conduct.

Details of the rating awarded at the inspection in October 2015 was not displayed either in the service or on the provider's website. Since April 2016 it has been a requirement that ratings are displayed in the service and on a providers' website within 21 days of the publication of the inspection report. Not doing so may result in a fine and may impact on future inspection ratings. We discussed this with the provider and registered manager and they assured us that when the report from this inspection is published it will be displayed in the service and on their website. In a few weeks time we will check the St Anthony's website to see if this has been actioned.