

Franciscan Missionary Sisters

St Annes Residential Care Home

Inspection report

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Date of inspection visit:
05 July 2018
06 July 2018

Date of publication:
30 August 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection site visit took place on 5 and 6 July 2018 and was unannounced.

St Anne's Residential Care Home is registered to provide accommodation for persons who require nursing or personal care, for a maximum of 19 people. At the time of the inspection 17 people were living at St Anne's Residential Care Home, some of whom were living with dementia. The adapted building also accommodates a convent. There is a shared lounge and dining room as well as an activity lounge, chapel and kitchenette facilities. Accommodation is over two floors which are serviced by a lift.

St Anne's Residential 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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, staff were not always clear about who was able to give consent and documentation that recorded people's understanding of specific decisions did not reflect the person's views or those who knew them well.

Although there was a quality assurance system in place at the service, this had not supported the identification of all areas of inconsistency in documentation we found during the inspection.

Medicines were ordered, received and stored safely. There was a lack of documentation around "as required" medicines, and we have made a recommendation about this.

People told us they felt safe. There were robust systems in place to manage falls, accidents, incidents and safeguarding concerns. There was sufficient staff available to meet people's needs and plans in place in case of emergency.

The service worked well with other organisation to promote people's health and wellbeing. The provider sought, and responded to, the views of people, their relatives, staff and other professionals.

People were treated with kindness, respect and compassion with their independence promoted. Staff knew people and their interests well and had developed good relationships.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can

see what action we told the provider to take at the back of the full version of this report.

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 processes in place to manage medicines.

Assessment of individual risks had not always been reviewed and updated regularly.

People told us they felt safe. Accidents, incidents and safeguarding were well managed and there were plans in place in case of emergency.

Is the service effective?

Requires Improvement 

The service was not always effective.

The principles of the Mental Capacity Act were not always followed for those who may have lacked capacity to make decisions.

Information in people's care plans was not always consistent.

People had regular access to healthcare and other professionals.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, respect and compassion.

Staff knew people well and had good relationships with people.

People's independence was promoted.

Is the service responsive?

Good 

The service was responsive.

Staff knew people, their interests and life stories and were able to

tailor activities and interactions accordingly.

Concerns and complaints were monitored and complaints acted upon in a timely manner.

People's end of life wishes were considered and staff advocated on behalf of people to ensure their final wishes could be met.

Is the service well-led?

The service was not always well-led.

Systems of audit and quality assurance did not always identify all areas that required improvement.

People and staff spoke highly of the management team.

People, their relatives, staff and other professionals' views were canvassed and acted upon to improve the service.

Requires Improvement 

St Annes 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 5 and 6 July 2018 and was unannounced.

The inspection team included two inspectors 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.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke to 15 people, six relatives, two care staff, the deputy manager and the registered manager. We also observed a meal time and a scheduled activity.

We spent time looking at records, including eight people's care records, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for three people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

There was a variety of documentation supporting the administration of medicines. When there was an error in the administration of medicines, the service had a clear and comprehensive error report to complete. The service held homely remedies (medicines that are not prescribed but are bought over the counter) and had contacted people's GPs to ensure that these would be safe for people to take if needed. The service had a checking system which allowed management to support any staff who were not following the medicines policy. There was also a monthly medicine audit undertaken. There was no guidance available for staff to follow for 'as required' medicines. Most people at the service would be able to reliably communicate their feelings and any pain, however, this was not true for all people. Staff knew people well, and how they would communicate pain or discomfort and therefore we considered this to be low risk. We have considered this lack of documentation under the 'Well-led' section of the report.

Medicines were ordered, received and stored safely and only senior staff held the keys to access them. Staff told us that they had training about medicines and would then be watched giving medicines before being considered competent to administer medicines without observation. Some people managed their own medicines. There were lockable cupboards available in people's rooms for this purpose. Some people required their medicines at specific times outside of the usual medicine administration times, staff were aware of this and had systems in place to ensure that these medicines were given at the right time. People confirmed they received their medicines at the right time.

People's safety was assessed using risk assessments for falls, moving and handling and specific conditions. When people had fallen, the service had made referrals to specialist support or obtained aids to reduce falls, as appropriate. The registered manager oversaw falls, accidents and near misses to identify any emerging themes and trends. We did find a lack of recording for some risks, and this has been considered under the "Well-led" key question.

People told us they felt safe. The provider had safeguarding procedures in place. Staff had a good knowledge of how to safeguard people from abuse. When a person had sustained damage to their skin integrity whilst receiving support elsewhere, the registered manager had raised this as a safeguarding concern. Where another person had been deemed to lack capacity around their finances, the service had worked with the local authority to assess this and put in control measures to safeguard the person from possible abuse.

There were sufficient numbers of staff to support people and meet their needs. People told us the calls bells were answered quickly, and we saw that staff were able to respond to people promptly during the inspection. Recruitment procedures were in place to assess the suitability of prospective staff. These included completed application forms, references and evidence of being able to work in the UK. A Disclosure and Barring Service check had also been completed, which identified if they had a criminal record or were barred from working with children or adults. This meant that the provider had assessed the suitability of the staff they employed.

There were plans in place in case of emergency. People had detailed personal emergency evacuation plans, including information on their understanding and cooperation with evacuation. These included step by step instructions for each person about how they would evacuate. Staff had been trained on what to do in the event of a fire. There were regular checks of fire alarms, firefighting equipment and emergency lighting. Prior to the inspection the service had experienced an issue with their lift which had required evacuation of the service. Records of this incident showed the registered manager had recognised the strengths of the response and considered where improvements could be made.

People were protected by the prevention and control of infection. The building was very clean and staff were clearly proud of the cleanliness and hygiene. Staff wore personal protective equipment as appropriate and followed infection control procedures, such as the separation of laundry. The service had a building maintenance plan in place for the year and regular safety checks, such as on electrical equipment and gas safety, were completed. Regular health and safety audits were completed, with clear actions identified. We could see that work highlighted for completion was actioned, for example, the kitchen extractor.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. People who had capacity had their choices and views respected, staff told us they would, "Keep asking, they might change their mind." However, there was a lack of consistency in understanding about a person's perceived capacity, this documentation was corrected by the registered manager during the inspection. Those who may lack capacity did not always have assessments that met best practice guidance and principles of the act were not always followed. For example, for one person who may have lacked capacity in relation to a decision about having night checks, this had been signed by a person who did not have legal authority to make decisions on their behalf. Assessments did not include evidence of the conversation had with the person or views of the person and others relevant to the decision. This is an area that needs improvement.

People's care plans included their expectations of the care they would receive. The person was considered holistically; their physical and emotional needs and wishes were recorded. Documentation specified areas people could manage independently and where they needed staff support. People's long-term conditions were considered throughout their care planning. Where people were diagnosed with unusual conditions, additional information had been included for staff within their care plans. We did find the information in the documentation was sometimes inconsistent, and this has been considered under the "Well-led" key question.

Staff worked with other organisations to deliver effective care and support to people. Internally, they had handover sessions during shift changes to ensure that important information about people's health and wellbeing was shared. People were supported to access healthcare professionals on a regular basis to improve their quality of life. Clear records were kept of visits from other professionals, such as GPs, nurses and specialist therapists. Where people's needs required specialist support the service had made referrals for this. People told us they felt involved in their healthcare. A healthcare professional involved with the service said, "Staff are good at highlighting issues and the care they provide is very good. There is always someone available to discuss patients with."

Staff told us they were supported with an induction when they first started work. They were introduced to people and shadowed other staff members for two weeks. Staff told us that the provider was open to training that they felt would be beneficial to their roles. Some staff were undertaking qualifications, supported by the provider. The management team observed staff undertaking their role and fed back on their approach, including areas of strength and those for improvement.

People's nutritional needs were met. We saw that tables were laid for mealtimes and adapted crockery and other aids were available, as required. The menu was displayed on a blackboard in the dining room. People enjoyed their meals and told us that the cook regularly asked for suggestions to include on the menu. If people did not want the meals available that day and alternative could always be arranged. Most people ate lunch in the dining room and people told us, "This is a social occasion when we catch up with each other." Another person said, "It is good to socialise and see each other every day, even if just at lunchtime." People's allergy information was available in the kitchen and people had nutrition and hydration care plans. The provider had assessed people's risk of hydration and introduced fluid charts and diaries for people who were at risk. This was done in a considered way, whilst ensuring staff were aware of the risk and using containers with known volumes to monitor people's intake. One person told us, "We are always being encouraged to drink fluids by the staff."

People had been involved in the decoration of the premises. For example, the lounge had recently been redecorated to include a mural wall, the registered manager told us that people had been consulted about which mural to choose. Pictures of people enjoying outings and a summer tea party were also displayed within the home. People's bedrooms were personalised with their belongings. Equipment was available within the home to make the facilities accessible to people, such as hand rails.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People told us, "The staff are all very kind. This is a very nice home and I am blessed to be here." Relatives told us staff had caring natures, saying, "They're very good. Can't fault the place." People and their relatives told us that they were welcome at any time. Relatives told us that communication within the home was good, and they were informed when their relative had had a fall, for example. Staff had a good understanding of confidentiality and people's information was stored securely.

Staff knew people well and had developed positive relationships. One person told us, "I have everything I wish for here, it is my home and the residents and staff are my family." Regular meetings for people and their relatives were held, which were well attended and covered a variety of topics including surveys, changes in data protection and maintenance plans.

Staff responded to people's interests. For example, one person was interested in a sporting event happening at the time of the inspection. They had shared this with a member of staff, along with their disappointment that they did not have a flag to wave whilst watching the event. The member of staff sourced a flag for the person. The person told us, "I was very touched that she cared enough about me to bother."

We saw one person began to feel unwell during the lunch period, in the dining room. Staff supported the person in a considerate and caring way. They explained it might be the heat causing them to feel unwell, offered and encouraged them to have a drink and then helped the person to their bedroom to rest.

People's independence was promoted. For example, there was a kitchenette on each floor so that those who were able, could make their own drinks as they wished. One person's needs had increased and staff had discussed the risks of accessing the garden with them, agreeing that the person would do so with staff support. A healthcare professional told us, "The manager and deputy had a good knowledge of the residents' care needs and wishes whilst still promoting independence."

The home is run by a catholic order and twice weekly catholic services are run in the chapel on site. People of other faiths and cultures were also supported by the home, and told us that their differing faith was "not an issue." Staff told us that their religion and cultural backgrounds were also respected. Staff told us about a person who had told them about a preferred place to eat. When this person became unwell and they had a poor appetite staff got food from this location delivered to the home.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People's interests were considered on admission. For example, one person used to keep animals, and this was considered to help the person settle into the home. Care plans included information about people's usual routines and what they liked to do. There was detailed information included in some people's life story information. The registered manager explained that this was work in progress, and not yet in place for all people.

There was an art class taking place during inspection. We saw work from previous classes displayed within the home. People also spent time in the garden, playing cards and games and with their visitors. The service has a therapist visiting weekly, and information about treatments available was displayed on a notice board.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People's communication methods were considered within their care planning. The service had information such as minutes of meetings available to people in larger font and had some surveys which were available in an easy read format.

The service had a clear complaints policy and complaints responses were considered, respectful and timely. There were a number of compliments that the service had received, including from a relative following a person's birthday, the relative said, "Your kindness and commitment to St Anne's is outstanding and it's important for you to know that we don't take it for granted." People told us they would raise any concerns with the registered manager or deputy manager, but had not had cause to do so. A relative told us, "If I have any concerns, I will speak to the manager who is very approachable."

People's end of life wishes had been considered and discussed with them. Staff told us about a person who had died recently, and their wish to remain at the home. Staff told us they worked with professionals from the hospice to provide the right support to the person. Staff had been able to advocate for this person, about their wish to remain at the home when paramedics advised hospital admission, and so ensure that their wishes were fulfilled.

Is the service well-led?

Our findings

At the previous inspection, on 20 January 2016, we recommended that the provider sought guidance around methods for assuring the quality of the service provision and supervision methods for supporting the registered manager. At this inspection, the registered manager told us that the support she received from the provider was good and that they visited monthly. We saw that the provider completed their own quality assurance checks bimonthly which included discussions with people and staff and checking some documentation.

We found the service were using a number of audit tools, however, some gaps and inconsistencies in documentation would suggest these were not always effective. For example, in staff files there was missing information and some incomplete documentation. The registered manager told us that she was planning to implement an audit around staff files. People were prescribed topical creams, but staff had not always signed the MAR to show that the creams had been applied. This had been identified in the medicines audit and the service were working on how to improve this. The service's policy specified that guidance documents for staff were required for 'as required' medicines, however, these were not in place. The registered manager showed us a template for implementation and told us she would do so following the inspection.

The registered manager and deputy manager completed monthly manager's reports within each person's file, which included an overview of things which had happened during the month. However, this had not allowed the identification of all areas for improvement within the files which we found. For example, information about specific risks was not always reviewed and updated as regularly as expected. A person who was being cared for in bed had not had an assessment on the risks of skin breakdown completed in June. Staff had not been able to ascertain this person's weight during the person's time in bed, and had not used alternative methods to ascertain their Body Mass Index (BMI) to be able to assess the person's risk of malnutrition. Another person had moisture damage to their skin but did not have a skin integrity plan in place. The staff had recognised the moisture damage and made referrals to appropriate healthcare professionals, however documentation was not in place. Another person's plan advised they were using a catheter in some documents yet in others there was information showing that the catheter had been recently removed. A different person's risk of falls was noted as moderate in one assessment, and as high in their falls assessment. This meant that there was not an accurate, complete and contemporaneous record in place for all people.

The provider had not ensured good governance had been maintained. Therefore, the above areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, staff and healthcare professionals spoke highly of the management team. A health care professional told us, "The manager was always welcoming and friendly. They have responded to information shared and given ideas for future care home forum topics. This has shown that they are responding to the needs of the home and residents." Staff and the management team shared a culture that was centred around the people living at the service. People told us that the registered manager visited them daily to make sure they were

alright. Staff told us, "Whatever residents want will happen." Staff told us that the management team listened to them about any changes and that they felt supported. The registered manager met regularly with staff.

The provider sought regular feedback from people, visitors, staff and other professionals. They had analysed this feedback, taken actions and communicated this to people. For example, they received feedback from visitors about the cleanliness of the service, and we saw that this had been discussed with people and their relatives at a meeting. The registered manager had changed the cleaning schedules within the service and we saw during the inspection that cleanliness had improved.

The service worked with other agencies. For example, the registered manager compiled quarterly reports for people's GPs which detailed all falls, healthcare support and hospital admissions the person had received. The registered manager was also taking part in a project with Skills for Care, to identify useful support and learning to assist registered managers around the key question of Well Led.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured good governance had been maintained. Appropriate systems and processes were not in place to fully assess, monitor and improve the quality and safety of the service provided.</p> <p>(1) (2a) (2c)</p>