

Ascot Care (St Anne's) Ltd

# St Annes Care Home

## Inspection report

1-4 Rockcliffe  
Whitley Bay  
Tyne And Wear  
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Tel: 01912529172

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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

About the service:

St Annes is a residential care home providing accommodation and personal care for up to 40 older people. At the time of this inspection 35 people were using the service, some of whom had dementia related conditions.

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

People were kept safe. Risks were identified and minimised. People were encouraged to maintain independence and take positive risks to enhance their quality of life.

Staff assessed people's health and social care needs, and relevant care plans were put in place. Medicines were safely administered. We have made a recommendation about record keeping related to 'as required' medicines.

The staffing levels were appropriate to meet people's needs. Staff recruitment was safe, and training was regularly updated. Checks were carried out on staff to ensure they remained competent.

The environment was safe and clean. Accidents and incidents were recorded, investigated and reported. Any lessons learned were shared with staff.

Staff displayed caring values and knew people well. They promoted privacy and dignity and respected people's wishes. People were involved in making decisions about their care.

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.

Activities were organised which involved people and encouraged socialisation. People also enjoyed time with staff individually. Visitors received a warm welcome.

The management team supported staff to provide good quality, person-centred care. A good quality assurance process was embedded throughout the service. Provider representatives carried out monthly checks of the service to monitor the quality and safety. The provider had invested in the home to make continuous improvements.

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 good (published 2 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about St Annes until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Annes 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. This inspection was planned to check 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 conducted by an inspector 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.

#### Service and service type

St Annes is a 'care home'. People in care homes receive accommodation and 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 registered with the Care Quality Commission. This means that they 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about St Annes since the last inspection. We contacted the local authority and other professionals who worked with the service for information. We used this to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who lived at St Annes and two relatives about their experiences of the care provided. We spoke with staff, including care staff, the activities coordinator, the assistant manager and the registered manager.

We reviewed three people's care records. We looked at the information kept regarding the management of the service. This included two staff files and records related to the quality and safety of the service.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were good systems in place to help staff protect people from the risk of abuse.
- The management team investigated concerns and reported to external agencies as necessary.
- People felt safe living at St Annes. People's comments included, "It's safe - I've never felt unsafe" and "I do feel safe. It's home from home, really." A relative said, "(Person) is very safe here - very well looked after. It's much better than when (person) was at home with carers visiting."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were good assessments in place which identified the risks people faced. The assessments included guidelines for staff to reduce risks and avoid incidents.
- The home was safe. Testing and servicing of equipment were regularly carried out.
- The management team investigated and recorded accidents and incidents. They ensured action was taken to prevent a repeated event.
- Learning from incidents was shared with staff to promote a safer way of working.

Staffing and recruitment

- There were enough staff on duty to safely meet people's needs. People's comments included, "I think there is more than enough staff here" and, "Always people around when you need them."
- Staff recruitment was safe. Pre-employment checks were carried out.

Preventing and controlling infection

- Staff used personal protective equipment such as disposable aprons, gloves and hand gel when delivering personal care to reduce the risk of spreading infections.
- Staff were trained in infection control and prevention.
- The home was clean and tidy. Regular domestic audits were undertaken.

Using medicines safely

- Medicines were administered safely. There was a process in place to ensure medicines were ordered, stored, administered and disposed of properly.
- The management team conducted regular checks on medicine records to ensure people were given their medicines as prescribed.
- The recording of 'as required' medicines was not entirely in line with best practice. Staff did not record the reasons why people took or refused medicines such as pain relief on every occasion. The information about why people may ask for 'as required' medicines or when it should be given (for those unable to

communicate their needs) was not kept with the medicine administration records.

Whilst we did not identify any impact on people because of this shortfall, we recommend the provider reviews their medicines policy to include best practice guidance in relation to recording 'as required' medicines.



# 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 good. At this inspection this key question has remained the same. 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's needs were carefully assessed, and care plans were put in place.
- Care plans included people's wishes and choices. Staff helped people to achieve positive outcomes. One relative told us, "Staff are very effective. They help (person) with his routine and prompt him to do things like shaving." Another relative said, "(Person) is very well looked after - the best she's looked for years. She gets up with support and is always dressed nicely and looks so much better."
- Staff provided support which was in line with relevant standards.

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's consent to the support they received was obtained in line with the law. The management team ensured any restrictions placed on people remained lawful.
- Staff were trained in the MCA and DoLS. Staff upheld people's legal and human rights by applying the principles of the Act to the care they provided.
- As necessary, best interest decisions were made on behalf of people which included whenever possible, their own wishes. Staff ensured relatives and external professionals were involved.

Staff support: induction, training, skills and experience

- A suitable induction was included in the staff probationary period, which involved new staff shadowing existing staff.
- Staff received good training and support which helped them to deliver effective care. There was a good mix of skills, knowledge and experience amongst the staff team.
- The management team supported staff through supervision sessions, appraisals and daily observations.

This helped them to address any areas for improvement.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff worked alongside external professionals to sustain people's health and well-being. When people's needs changed staff made timely referrals to other services. One person said, "I have a sore neck and mentioned it to (staff member). She's going to sort it out for me and get some help."
- Staff promoted and encouraged people to follow a healthy lifestyle. Staff had training on specific health needs such as oral healthcare to increase their knowledge.
- People's nutrition and hydration needs were met, including any special dietary requirements.
- Staff followed guidance from external professionals to ensure people's safety whilst eating and drinking. A relative said, "(Person) has a soft diet because he can't chew very well. This is done well."

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

- The home was suitably adapted and designed to meet people's needs. Individual bedrooms were personalised.
- There was a programme of refurbishment underway.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well supported by very caring and respectful staff.
- An equality and diversity policy was in place which supported staff to ensure people were treated with respect regardless of their age, gender, disability or beliefs.
- People and relatives spoke positively about the staff. People's comments included, "Staff are very kind and caring, very natural"; "I couldn't fault the carers. Very good" and, "Staff are very respectful." A relative added, "Staff are kind, helpful and treat (person) with respect and as an individual."

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's privacy and dignity. They recognised signs of discomfort and acted promptly to assist people discreetly. One person said, "Staff do personal care for me. They always make me feel at ease and do it well."
- Staff supported people to maintain or regain independence.
- People were very well known by staff who were aware of individual needs and wishes.

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

- People were supported to convey their views and were involved in making decisions about their care. Staff valued people's opinions. One person said, "When I arrived, we sat down and talked about what staff would be doing for me. It was very relaxed."
- Staff assisted people to obtain independent advice which may be beneficial to their care and support.

# Is the service responsive?

## Our findings

Responsive – this means that 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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care records were personalised and clear about how people wanted to be supported.
- Relatives and external professionals had been involved in developing care plans with people.
- Staff carried out regular reviews of people's needs and wishes. An external professional said, "I find staff very accommodating, they are always available when completing reviews and seem to know all the residents well."

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

- Staff followed social care plans to understand people's social needs, their interests and what was important to them.
- Staff welcomed visitors into the home and supported people to maintain relationships with family and friends. A church minister visited during our inspection. People were well engaged and enjoyed singing hymns during the visit.
- An activities coordinator promoted and involved people in meaningful activities which interested them and enriched their lives. This included arts and crafts, exercise sessions, parties and entertainers. Staff also spent time with people on an individual basis.
- A reminiscence interactive therapy activity (RITA) scheme had been introduced. Staff used RITA software on an iPad or computer to engage with people. RITA had produced some successful outcomes such as a reduction of agitation and a reduction of falls in people with dementia related conditions. In one case, it had helped to make the time a relative spent with their parent more valuable. An external professional said, "(The management team) were very enthusiastic about continuing the use RITA and the benefits it allowed their residents."
- People enjoyed the activities available. One person said, "I like doing activities here. Exercises, colouring in, crafts, and I sit with (staff member) and we do it together."

End of life care and support

- People were supported with dignity and compassion at the end of their lives.
- Staff received specific training to help them provide sensitive end of life care. Care plans included people's religious, cultural and spiritual preferences. Where people had chosen not shared their views, staff thoughtfully sought out other ways of addressing the subject.
- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.

#### Improving care quality in response to complaints or concerns

- There was a minimal amount of complaints made about the service. However, the management team shared any learning from complaints with staff to improve the quality of care.
- The management team fully investigated complaints and provided an explanation to complainants, in line with company policy.
- Information about how to make a complaint was displayed around the home. The management team were available to speak with people and relatives about concerns they had. One person said, "Up to now, everything has been good. If I did need to complain, I would go to the bosses."

#### 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 had assessed people's communication needs, and care plans included details about people's communication abilities.
- Information was on display around the home in various formats to assist people's understanding.

# 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 good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team encouraged a person-centred culture. This helped staff to deliver a good service and helped people achieve positive outcomes. One person said, "I would give this place full marks."
- People, relatives, staff and external professionals said the service was well-led. They spoke highly of the management team. People's comments included, "I know who the manager is and she's around all the time"; "The manager is very amenable" and, "The manager is lovely."

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

- People and relatives were fully involved in the service. This included 'residents and relatives' meetings.
- Annual surveys were used to gather feedback about the quality of care and improve any areas of development.
- The management team shared information with staff through team meetings. This gave staff an opportunity to share their views and be involved in how the service was operated.

Working in partnership with others

- The provider was involved in local initiatives being trialled by local commissioners. The projects encouraged closer partnership working with other services to provide high-quality care.
- Relatives felt assured staff worked in partnership with them to keep their family members safe.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were aware of their roles and responsibilities. The management team complied with their regulatory requirements.
- A good quality assurance process was in place to monitor the quality and safety of the service.
- Any lessons learned throughout the company were shared with staff to improve care.

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 registered manager understood their obligations under the duty of candour. There had been no serious incidents that required them to act on this duty.

- The management team demonstrated an open and honest attitude when dealing with any issues raised and had developed a trusting relationship with people, relatives and staff. There was great confidence in them to act in a responsible manner if something did go wrong.