Colleycare Limited

St Anns Care Home

Inspection report

12 The Crescent
Kettering
Northamptonshire
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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 Anns' in Kettering accommodates and provides care for up to 39 older people, most of whom have dementia care needs. There were 31 people in the home when we inspected, with three other people in hospital.

At the last inspection on 30 July 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post although we were informed they would be submitting an application to voluntarily cancel their registration. The provider was recruiting a new manager and the successful candidate will apply to register. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 safe. There were sufficient numbers of experienced and trained staff to safely meet people's assessed needs. There were appropriate recruitment procedures in place to protect people from receiving care from staff that were unsuited to the job.

People's needs had been assessed prior to admission and they each had an agreed care plan that was regularly reviewed to ensure they continued to receive the care and support they needed. People were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening. Risks to people's safety were reviewed as their needs and dependencies changed.

People were treated equally and shown respect as individuals with a range of needs that came together from diverse backgrounds. They received care and support from staff that knew what was expected of them and they carried out their duties effectively and with compassion. Care plans were personalised and reflected each person's individual needs and provided staff with the information and guidance they needed to manage risk and keep people safe.

People's capacity to make informed choices had been assessed and the provider and staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent when receiving care and support. People were encouraged and enabled to do things for themselves by friendly staff that were responsive and attentive. Their individual preferences for the way they liked to receive their care and support were respected. Staff had insight into people's capabilities and aspirations.

There were appropriate arrangements in place for people to have regular healthcare check-ups. People had access to community healthcare professionals and received timely medical attention when this was needed.

People who needed encouragement and support with eating a healthy diet received the help they required. They had enough to eat and drink.

Medicines were appropriately and safely managed and staff had received the training they needed in the safe administration of medicines. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People, and where appropriate, their family or other representatives were assured that if they were unhappy with the care provided they would be listened to and that appropriate action would be taken to resolve matters.

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 remained safe.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained caring.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

St Anns 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 checked 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 comprehensive inspection took place on 6 October 2017 and was unannounced. This inspection was undertaken by one inspector.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home as well as 'Healthwatch' in Northamptonshire which is an independent consumer champion for people who use health and social care services.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We spoke with three people using the service and four visitors. We also spoke with five staff individually, including a senior manager from the organisation, and a team leader. We undertook general observations throughout the home, including observing interactions between the staff and people in the communal areas. We looked at the communal facilities throughout the home as well as three bedrooms when we spoke with people in their own room.

We looked at four people's care records and records in relation to staff training and recruitment. We also looked at other records related to the day-to-day running of the home and the quality of the service provided. This included quality assurance audits, maintenance schedules, training information for staff, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety. All the people we spoke with said they felt safe in the home. One person said, "I am comfortable and very safe here." A relative said, "They [staff] are ever so attentive so I know [relative] is safe in their hands."

People were protected against the risk of being cared for by unsuitable staff. All staff had been checked for criminal convictions; references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. The provider had ensured that there were sufficient numbers of experienced and trained care staff on duty to safely provide people's care and support in a timely way.

Staff knew how the service was to be provided to each person they supported. People's care plans provided staff with guidance and information they needed to know about people's needs. Care plans were individualised and reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes to people's dependencies occurred. A range of risks were assessed for example, to guide staff on the safe management of medicines for people that required prompting and supervision when taking their medication.

People received their medicines in a timely way and as prescribed by their GP. All medicines were competently administered by staff that had received the necessary training. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy.

There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

Staff knew what to do in the event of a fire or emergency. The fire detection and alarm system had been appropriately serviced and staff carried out regular checks and fire drills throughout the year. All appropriate servicing of equipment used throughout the home had been carried out in accordance with prescribed maintenance schedules.

Good

Is the service effective?

Our findings

People were supported by staff that had the skills as well the training they needed to care for people with a range of needs. They had a good understanding of each person's diverse needs and the individual care and support they needed to enhance each person's quality of life. Staff received the regular refresher training they needed and they were supported to keep up-to-date with best practice.

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 be 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).

Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. They were able to explain their roles and responsibilities in relation to the MCA. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care.

People's care plans contained information about the way in which they preferred to receive their care and spend their time. They were enabled to join in with organised activities if they wanted to.

Staff acted in accordance with people's best interests. Timely action had been taken by staff whenever, for example, there were concerns about a person's health. Action taken was in keeping with the person's best interest, with the appropriate external healthcare professionals involved as necessary.

People said they enjoyed their meals, and had enough to eat and drink. One person said, "I like my food and the dinners are lovely." Their diet was varied and the choice of meals was appetising and catered for a wide range of tastes. People were able to choose menu alternatives if they wished to. There were drinks and snacks available throughout the day. People could choose where they ate their meals and staff supported those who needed some assistance. Where needed staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets. If a diet arising from cultural or religious needs was needed this would be highlighted when the person was admitted to the home.

People's physical health was promoted and there was timely healthcare support from the local GP surgery when required.

Good

Is the service caring?

Our findings

People's privacy was respected, with staff knocking on bedroom doors and pausing to be invited in. Staff were mindful and considerate of people's wishes when asking if they could come into their room. People's support was discreetly managed by staff so that people were treated with compassion and in a dignified way. Care staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. People were treated with kindness and staff provided their support in an unhurried manner so that people were enabled to do things for themselves without feeling 'rushed'.

Visitors to the home were made welcome and people were able to meet with them in private. People were supported to maintain links with family and friends. One visitor said, "I couldn't ask for a nicer welcome when I come here to see [relative]. They [staff] are all so friendly and kind."
People were enabled to personalise their bedrooms with their belongings and mementos they valued and had chosen to have around them. One visitor said, "It makes [relative] feel her room is like home."

Staff respected people's individuality. They used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support. Staff responded promptly when people needed assistance or reassurance. They took time to explain what they were doing to assist the person they were attending to without taking for granted that the person understood what was happening around them. People were supported to do things at their own pace.

People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. When talking with people staff presented as friendly and used words of encouragement that people responded to positively.

There were suitable arrangements in place for people that may require an advocacy service.

Good

Is the service responsive?

Our findings

People received personalised care and support. People's individual support needs had been assessed prior to their admission to the home. They received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time.

Care plans were regularly reviewed and updated information showed that people's individual needs and preferences had been taken into account and acted upon with the person's involvement. Care plans contained all the relevant information that was needed to provide staff with the guidance and insight they needed to enable them to consistently meet people's needs.

People that were still able to make decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives.

People were encouraged to make choices about their care and how they preferred to spend their time. All the people we spoke with felt they were treated as individuals by staff that knew and acted upon their likes and dislikes. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. Visitors said they would be happy to speak to any of the staff if they had a complaint because they felt confident something would be done about it.

Good

Is the service well-led?

Our findings

A registered manager was in post when we inspected. We were informed that the registered manager was going to apply to the Care Quality Commission (CQC) to voluntarily cancel her registration. A recruitment drive was underway to appoint and subsequently register a new manager for the home. Interviews for prospective candidates had already been arranged. Staff said there was always an 'open door' if they needed guidance from any of the senior staff. They said the registered manager had always been very supportive and approachable. Staff also confirmed that there was a positive culture that inspired teamwork, that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the provider.

People's care records were appropriately kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day running and maintenance of the home were reflective of the home being appropriately managed. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

People's experience of the service, including their relatives, was seen as being important to help drive the service forward and sustain a good quality of care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider. This included, for example, internal audits of people's care records for accuracy and information content and seeking and acting upon comments from people about the quality of their service. People were regularly asked about their experience of using the service and surveys were also used to supplement this information.

Staff had been provided with the information they needed about the whistleblowing procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or if they needed to make a referral to the Local Authority's adult safeguarding team.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.