Mr Richard Marchant

St Anne's Residential Care Home

Inspection report

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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

The inspection took place on 19 and 20 March 2017 and was unannounced on the first day.

St Anne's Residential Care Home (known as St Anne's), provides care and accommodation for up to 23 people. On the day of the inspection 17 people were using the service. St Anne's provides care for people who are elderly and frail and may have mild mental health and / or physical care needs. Five beds were "discharge to assess" (DTA) beds. These were for people transitioning from hospital to home and who required a short stay (up to 6 weeks) to support their recovery.

The service had 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.

The environment was mostly free from obstacles to enable people to move freely around the home and equipment was well maintained. However, we found the home was not well maintained in all areas. Some carpets looked extremely worn and were very stained and threadbare, some people's rooms were in a poor state of repair with wall paper falling off and broken flooring. Staff told us this had been raised with the provider and registered manager repeatedly. The provider and registered manager shared with us the maintenance which had been undertaken in the past year but the service remained in need of updating to meet the needs of people with dementia.

There were effective quality assurance systems in place but staff feedback was not always acted upon especially in relation to the environment. Incidents were appropriately recorded and analysed from trends. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service. Inspection feedback was listened too to further enhance quality of care.

On the day of the inspection staff within the service were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People were comfortable with staff and we observed positive interactions between people and staff. Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People, or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

Staff exhibited a kind and compassionate attitude towards people. Good relationships had been developed and practice was focused on the person and not task led. Staff had appreciation of how to respect people's

individual needs around their privacy and dignity.

People's risks were managed well and monitored. People's independence was encouraged and people were free to make choices regarding their care and positive risks. People were promoted to live full and active lives and enjoyed friendships within the service.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, district nurses and social workers.

People we observed were safe and they told us they felt safe and well-cared for by staff.

All staff had undertaken training on safeguarding vulnerable adults from abuse. They displayed good knowledge of how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005). This ensured people were involved in decisions about their care and their human and legal rights were respected. Families were involved in decision making where necessary. The service followed the processes in place which protected people's human rights and liberty.

People were supported by staff teams that had received a comprehensive induction programme, tailored training and ongoing support that reflected people's needs.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints. People told us they had no complaints and felt confident approaching staff to discuss any minor concerns they might have.

Staff and relatives all described the management to be supportive and approachable. The registered manager had recently appointed a manager to take over the day to day running of the service. They were supported by the provider in their responsibilities to manage the service. The manager was supported by the deputy manager. Staff talked positively about their jobs.

There were effective quality assurance systems in place but staff feedback was not always acted upon especially in relation to the environment. Incidents were appropriately recorded and analysed from trends. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service. Inspection feedback was listened too to further enhance quality of care.

We found one breach related to the environment. You can see what action we told the provider to take at the back of the full version of the 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 remains Good.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not cared for in an environment which was well-maintained and in line with current guidance related to dementia friendly environments.

People were cared for by staff who had received training to meet their needs. People were supported by staff who received a good induction and supervision.

People told us staff always asked for their consent and respected their response. Staff understood the requirements of the Mental Capacity Act 2005.

People were positive about the food and those at risk of poor nutrition were monitored closely by staff.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was an open culture. Staff felt able to speak freely but their concerns were not always acted upon.

Quality assurance systems drove improvements and raised standards of care but neglected to maintain the environment to an acceptable level.

The management team were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care for people.

Good communication was encouraged. People, relatives and staff were enabled to make suggestions about what mattered to them.

St Anne's Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care 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. The inspection took place on the 19 and 20 April 2017.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the inspection.

During the inspection we spoke with the provider and registered manager. We spoke to the newly appointed manager, deputy manager and two care staff. We spoke with eight people. We received feedback from the local authority and the local safeguarding team prior to the inspection.

We looked at three records related to people's individual care needs and discussed the care and support other people at the service received. These included support plans, risk assessments and daily monitoring records. We also looked at records related to the administration of medicine and records associated with the management of the service, including quality audits, resident meeting minutes and feedback from people's questionnaire.

Good

Is the service safe?

Our findings

People were kept safe by staff who understood how to support people to remain safe at St Anne's. People told us, "The staff are always calling into my room to make sure I'm ok"; "They always come quick when I use my call bell"; "I feel safe here because not only are the staff nice, but the people living here are nice as well."

Staff had completed training in safeguarding adults from abuse and knew signs to look for and how to report any concerns. Further refresher training was arranged between April and June 2017. One staff member said, "I look out for bruises, behavioural changes, I know possible signs" and another told us, "We've had safeguarding training and discuss this in staff supervisions and with people – we discuss people's safety, what constitutes abuse for example rough handling or someone being nasty."

People were supported by suitable staff. New staff told us they had been through a thorough recruitment process, interviews and had references checked prior to starting employment at the service. These processes help to keep people safe.

People were supported by sufficient numbers of staff to keep them safe. The registered manager regularly reviewed the staffing levels against people's needs, so people received reliable and consistent care. Agency use at the service was minimal. Staff told us, "We occasionally use agency staff but try to make sure they have worked here before, they are always paired up with regular staff to support them." Senior staff advised the staff worked as a team at times of sickness so people knew staff caring for them. During the inspection we observed staff responding promptly to people's needs and people confirmed this.

People were supported by staff that understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk. People's independence was maintained and positively managed, for example those who liked to use the stairs rather than the stair lift were supported to do this in as safe a way as possible. Staff ensured the environment was safe to enable people's independence and regular checks were undertaken on equipment such as wheelchairs. Regular health and safety checks were completed frequently for example on window restrictors, the beds, and the fire system and call bells. Fire "grab" bags with essential information in them were being put together by the service and in the event of an emergency at the service a contingency plan was in place with a nearby service. These checks and plans helped maintain people's safety.

Risk assessments highlighted where people were at risk of falls, skin damage or weight loss. Staff knew the plans in place for each person to mitigate these risks and when to involve the district nurse or people's doctor for advice.

Medicines were administered consistently and safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People's medicine charts and care records included information about people's medical history, known allergies and how they chose and preferred to be supported with medicines. Thorough medicine checks were undertaken each day to ensure people had received their medicines.

Infection control policies were followed by staff for example staff had received online training in infection control, protective equipment such as aprons and gloves were worn by staff to reduce the likelihood of cross infection. Systems were in place to manage and monitor infection control for example clinical waste bags and a colour coded laundry system. Staff knew which bags to use for soiled laundry and to ensure these items were washed at the correct temperature. Staff told us the precautions they would take in the event of an infection outbreak such as vomiting; barrier nursing would be put in place. Barrier nursing is a set of stringent infection control techniques which includes wearing protective clothing such as gloves and aprons. Handwashing facilities were available for people and staff including hand wash and paper towels and during the inspection new lidded waste pins were bought for people's rooms and the bathrooms. Cleaning checklists were in use. At the time of the inspection staff and the owners were doing the cleaning due to sickness. The kitchen was clean and had a Food Hygiene rating of 5. The staff told us visiting district nurse's shared latest advice and the service had bought in a quality assurance system with robust policies and checklists related to the Department of Health infection control guidance. Daily, monthly and seasonal cleaning activities and checklists were completed and action taken where needed. There were systems in place for contaminated waste. Where people had the potential for specific infection control risks for example a catheter in situ, staff understood the importance of robust cleanliness procedures. Checks were in place to monitor the water temperature was below 44 degrees to ensure people could not be scalded and bath thermometers used. Vaccinations such as annual flu jabs were offered to people to help reduce the likelihood of these infections within the service. Staff understood how to manage people's continence needs and assessments and processes were in place to support people with particular needs which impacted on their ability to maintain their personal care needs. Referrals had been made to specialists to support some people's complex needs in this area.

Requires Improvement

Is the service effective?

Our findings

We looked at the majority of areas of the home, including the communal dining room, lounge, kitchen, single and shared bedrooms, bathrooms, kitchen and garden area. The home was not well maintained and there was an overpowering smell of urine in three of the bedrooms we looked at. The décor was tired and not all areas were suitable for people living with dementia. Some areas, particularly toilets looked dirty with old toilet leak stains on the floor and mould on the bathroom windows. There was a general air of neglect of the environment. For example, we found one radiator cover falling off and one of the stair lifts did not work. These were fixed by the provider when we brought this to their attention. One bedroom had a piece of the tile flooring missing; this person required a hoist which meant each time they were moved it would be a bumpy, uneven transfer. This shared room also had wall paper peeling off the walls and a shower curtain was being used to divide the room. Other bedrooms had the curtains falling off the hooks and one room had a sink and mirror light but with no bulbs. The carpet leading to the top floor (4th floor) was frayed, torn, stained and looked dirty. Bedroom furnishings were sparse and did not reflect people's age or gender for example a young man with flowered wall paper. The top floor bathroom had three sheets of wall paper peeling off the ceiling. Staff had repainted the dining area to make it a nice room to eat in and regularly raised the décor with the provider and registered manager. Staff had purchased and brought in their own items to make the service feel more homely for people.

We asked the registered provider about the arrangements for maintaining the environment. They told us they had spent a large amount of money on the environment over the past year and records showed this had been spent on essential maintenance and repairs. Following inspection feedback we were given an improvement plan for the areas identified in the inspection. This work was due to be completed by June 2017.

This was a breach of Regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014

People were supported by well trained staff who effectively met their needs. The provider (Richard Marchant) had essential online training new staff were required to complete, followed by practical skills and observation of their care. Additional training was provided for staff for example dementia care and catheter care. Staff were aware of how the environment impacted upon people with dementia. The registered manager, manager and deputy of the service monitored staff training closely. The management team also told us they were committed to developing staff and encouraging further health and social care qualifications to ensure staff had the skills and knowledge required to care for people effectively. Staff told us this gave them confidence in their role.

Staff received a thorough induction programme, which included shadowing experiences when they started with the provider. The management team monitored staff progress through competency reviews to ensure they were confident in their role. Newly appointed staff, where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings.

Formal and informal staff supervision took place. Staff confirmed they felt supervision was beneficial, provided a platform for them to discuss good practice alongside areas of concern, and motivated them to continually improve. The manager and deputy manager received support from the registered manager and provider on a regular basis.

Many people we met at St Anne's had the capacity to make their own decisions. Some people had mild cognitive impairment and the management team and staff understood when appropriate, to assess them in line with the Mental Capacity Act 2005 (MCA). The 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice. Staff told us "We assume people have capacity." Care records evidenced people's consent had been sought for all aspects of care.

People can only be deprived of their liberty so 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). Applications had been submitted for people who did not have capacity and may be deprived of their liberty. This ensured people's human and legal rights were respected.

People where appropriate, were supported to have sufficient amounts to eat and drink. Staff shared how they monitored people's food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet. People's weight was monitored closely and GP advice sought if staff were concerned by weight loss or gain. People who were unwell and at risk of not having sufficient food or drink had recording charts in place to monitor this aspect of their health. People who had diabetes were known and their diets monitored. Kitchen staff had the information they required about people's nutritional needs for example those who required a soft diet or their food cut up to reduce the likelihood of choking. Staff did "dining room experience tours" to ensure the meal time experience remained positive and relaxed.

People told us the food was good and varied. Comments included, ""The chef hasn't been here long, but she knows how to cook"; "I always have plenty of drinks at hand" and "The food is delicious, and you get plenty of it too."

People were offered three lunchtime choices, a light evening meal and a later snack was offered by night staff. Taster days to experience other types of meals were also offered for example, fish and chips, stir fry and curries. The new cook was working alongside people to develop a new menu with more variety following feedback in the residents' meeting. Comments from people included,

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted. During the morning handover we attended staff discussed people's care and where there was concern we heard staff contacting the doctor to visit. Staff told us they had a good relationship with visiting health professionals.

Good

Is the service caring?

Our findings

People confirmed throughout the inspection they were well cared for. Comments included, "The staff are lovely and very very kind"; "The staff have a lot of patience with me"; "They seem to know enough about me to care for me well, no complaint"; "The general atmosphere around the place is very friendly"; "I have been in the home for a week on respite and all they've shown me is care,care,care"; "The staff and managers take notice of what we say" and "I wasn't very well before I came here, but the care has been fantastic. I'm feeling a lot better now."

Staff had genuine concern for people's wellbeing; they worked as a team to ensure people received the best quality of life possible. Staff commented they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. Staff told us people at the service were like their extended family. A new member of staff said, "People are really at home here, you can see they are happy, they have relationships and friendships." People confirmed this telling us, ""Just look at us all, we are all happy."

Staff took time to get to know people by reading their care records, talking to their family and discussing people with the team.

People were involved in their care as much or as little as they wished. They felt listened to and the aspects of their care they felt were important were delivered by the service.

People's privacy and dignity was respected and their independence was valued and encouraged. One person was given a plate guard at lunch to help them maintain their independence eating in a dignified way. Staff knew to knock on people's doors, close curtains and cover people up when providing personal care. We observed people in bed who were unwell, were well cared for and checked on frequently. They looked comfortable and peaceful. Those who had continence needs were discreetly supported to meet their hygiene needs in a sensitive way.

People who liked to have a more active role within the home enjoyed helping lay the tables and folding laundry. People told us their relatives were welcomed at any time of day and always made to feel welcomed.

People's confidential information was kept secure and staff understood the need to respect people's private information. Conversations about people's care were undertaken in private.

The provider and registered manager were looking to improve people's end of life experience. Staff were due to undertake additional end of life training and all people were having their end of life care needs considered and encouraged to care plan their wishes.

Good

Is the service responsive?

Our findings

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person and their family to be actively involved in the whole process. Further personalised care plans were developed as staff got to know them.

People and their families where possible were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Reviews noted how people felt about their care and whether any changes were needed.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. People's preferences were respected regarding what time they liked to wake and rise and how they liked to be addressed. Staff told us they knew people well so knew the little things that made people feel special. Staff knew people who liked large portions of foods and people's favourite foods; they knew who liked two pillows at night and who preferred their door closed.

People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals, as required. Review plans were then put into practice by staff and regularly monitored. Regular staff handovers and staff meetings shared important changes to people's care. This meant staff knew what had changed and how to care for people as they required, for example if someone had recently been in hospital.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who mattered to them. People were enabled to take part in activities within the service such as musical activities and games such as bingo. The service had started to support people to enjoy their local community more, for example going for a coffee or to the shops. The activities and hobbies people enjoyed were also known by staff, for example those who liked to listen to particular music, watch soaps on TV, use their PlayStation or who enjoyed gardening and flowers. This stimulation helped reduce people's cognitive decline and social isolation. Comments from people about the activities programme included, "I look forward to going out with my daughter every week for a coffee"; "I'm not bothered about joining in activities, I like to sit in my room and read"; "There could be more to do, it gets boring sometimes"; "One of the staff came into town with myself, and a friend from the home, for a cup of coffee." People had also given mixed feedback regarding the level of activity in the service at a residents' meeting. These comments were being considered and changes made in response to people's views.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and relatives all told us they would talk to the staff if they had any concerns. There had been some recent issues regarding the discharge to admission beds and the management team were liaising with commissioners to improve people's experience.

Requires Improvement

Is the service well-led?

Our findings

The systems and processes in place to ensure all areas of the service were well maintained at all times were not sufficient. Audits and staff had identified the shortfalls within the environment but action had not been taken in a timely manner to address the issues we found during the inspection for example the floor tiling in one bedroom, curtains hanging off rails, a shower curtain used to maintain people's privacy in a shared room and the areas we found where wallpaper was falling off ceilings and walls. The service required substantial investment to improve many areas to help ensure the environment in which care was delivered had a positive impact upon people's well-being and cognitive development.

People and relatives, without exception, all described the management of the home to be good. Comments included, "The manager has just booked an appointment for me at the Dentist"; "I've just come from the hospital for respite and I was immediately made to feel welcome"; "I mean this, all the staff and the owners are brilliant" and "The owner looks after us so well, we don't have any problems."

Since the previous inspection, the provider and registered manager had employed a manager. This manager was going to register as the new registered manager in the future. They would be supported by the provider, the current registered manager who was one of the owners, and the deputy manager who had worked at the service for many years.

There was a positive culture within the service. St Anne's was a family business and the provider, current registered manager, manager and deputy manager had a vision of how they wanted care at the service to be. All were committed to providing a high quality caring service where people felt valued and care was individualised. Staff told us, "They (the management team) are helpful, interactive. The owners ask how we are getting on, open to anything; when the cook left "X" (the registered manager) did a lot of the cooking until the new cook arrived. Very hands on." However, although staff felt supported in their care roles; staff we spoke with told us they had frequently raised their views about the décor and areas of the home requiring refurbishment to the provider and registered manager. Staff told us this was people's home and they wanted a more "homely", welcoming environment for them but they also did 12 hour shifts and wanted a more pleasant environment to work in. Other staff told us they had brought in furnishings to make the environment more pleasant for people. We spoke to the provider and registered manager who assured us and showed us significant money had been spent on maintenance, new furniture and updating the service in the past year. We were given an action plan of the concerns we raised in relation to the environment on the second day of the inspection.

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. Improvements were acted upon and people given feedback about their suggestions. For example, we noticed a few people had commented about the food and activities and these were being changed and improved. The new chef was seeking people's views and staff were thinking more creatively about activities which could be offered.

The registered manager told us they and the staff were continually looking to find creative ways to enhance the service they provided. Staff meetings were held where staff were updated on information within the house such as maintenance, repair and decoration. This meant information was clearly communicated across the staff team.

The service was signed up to relevant best practice websites to ensure evidence based practice was maintained. The registered manager had also recently undertaken the local authority leadership course which they had found beneficial. They told us the networking and meeting other registered managers across the city had allowed sharing of ideas.

The service worked in partnership with key organisations to support care provision particularly primary care services and the local authority. Good working relationships had been fostered with local doctors and the district nurses. At the time of this inspection the service were working collaboratively with local commissioners to support people's rehabilitation and enable them to be discharged from hospital quickly.

The management team created an open, honest culture. They were aware of what they could and could not do, where improvement was needed and learned from errors highlighted through audits. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The management team encouraged staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. The deputy manager and senior care staff were well respected amongst the staff team. They regularly worked alongside staff encouraging good practice and highlighting where improvements could be made. All staff said they found the owners approachable, visible and at the end of the phone if they were not on site. People we spoke with reiterated staff comments.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The management team were responsive to inspection feedback particularly in relation to how the environment could be improved and provided the Commission with a plan to address areas of concern on the second day of the inspection.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 (1) (a) (e) Premises and equipment Areas of the home were not visibly clean. Some bedrooms were not free from odours. Carpets and some people's bedrooms and the shared bathrooms were poorly maintained.