

Annacliffe Ltd

# Annacliffe Residential Home

## Inspection report

Annacliffe Limited  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Annacliffe Residential Home provides accommodation for persons who require support with personal care. The care home accommodates up to 60 people in the main building and in the purpose build dementia unit. At the time of the inspection there were 55 people living at Annacliffe Residential Home.

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

We have made recommendations about documentation related to recruitment and personal emergency evacuation plans (PEEPs). We have made a recommendation about supporting people with meals. There were enough staff to meet people's needs and the provider ensured staff were of good character. Staff had received training to keep people safe and knew what action to take in response to any allegations of abuse. The premises were clean, tidy, and maintained, and there were no restrictions on family and friends visiting.

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.

The service was led by a registered manager who was described as approachable, supportive and caring. Staff understood their roles and responsibilities. The provider monitored the quality of the service using a range of systems. Staff had received appropriate training and people received good care that met their needs and improved their wellbeing. The staff team were dedicated and enthusiastic, and people said they were kind.

People, relatives, and staff spoke positively about the management of the service. The culture at the service was open and inclusive. The provider had governance processes in place to ensure regulatory compliance and drive improvement. Staff worked with as the local authority and healthcare professionals to meet people's health and social care needs.

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

The last rating for this service was good (published 24 January 2019).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Annacliffe Residential 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. We checked 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors and 1 Expert by Experience carried out the inspection.

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

Annacliffe Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Annacliffe Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people who used the service and 5 relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, deputy manager, provider, and owner. We also spoke with senior carers, carers, housekeeping and maintenance staff. We had a walk around the home to make sure it was homely, suitable, and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed multiple medicine administration records, medicines stocks and storage and observed medicines administration. We reviewed 6 people's care records and looked at 5 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency. Not all PEEPs reflected people's current needs. Not all PEEPs had accurate evacuation strategies for people to be supported to move away from any identified hazards or to leave the building.

We recommend the provider review all PEEPs and adopt good practice measures to ensure emergency evacuation plans are accurate.

- The registered manager and provider took immediate action and reviewed and amended all relevant documentation.
- Care plans were to ensure assessments were up to date and identified current health and behavioural risks. However, some plans did not have information to guide staff how to respond to people if they required support. These plans were updated by the deputy manager.
- The registered manager made unannounced night-time visits to monitor staff and ensure people's needs were being met.
- Environmental and equipment checks took place to ensure the home and was safe and people were suitably supported.

### Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. And the provider carried out checks to ensure prospective employees were suitable to work with people who may be vulnerable. Information was available to view; however not all recruitment files contained a detailed employment history and there was no documentation to show this had been explored.

We recommend the provider seeks and implements best practice information on the recording of information in relation to employment records.

- Records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Appropriate staffing arrangements were in place and staff were deployed effectively to meet the assessed needs of people in a person-centred way. One person told us, "Yes [there are enough staff] because for instance, if you were ill in the evening, you've got a call bell and staff are very, very good at getting to you."

One relative commented, "There's always someone [staff] on hand, and everyone is so helpful and amazing." However, staff support at lunchtime was not consistent. See the Effective domain for additional information.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe living at Annacliffe Residential Home. One person told us, "Yes definitely [I feel safe]; it's the staff mainly [who make me feel safe]." A second person commented, "There are no staff here that upset people; they're very good [and] it's a safe place." A relative said, "I do feel [my relative] is safe; I have no concerns about any of the carers." A second relative commented, "I walk away knowing [relative] is well looked after and safe."

Using medicines safely

- People received their medicines, as prescribed, from trained and competent staff. One person told us, "The carers tell me what medications I'm taking, every time they bring it."
- Staff administered medicines in a person centred manner. People received their medicine at a relaxed pace. Medicines were administered in the way and time people preferred. One relative told us, "If [my relative] refuses her meds, the staff go away and come back. After two attempts, they send someone else to try."
- Information to guide staff when to administer 'when required' medicines and the dose was included in medicine and care records.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home had received a food hygiene rating of 5 on 24 June 2022 from the food standards agency. This meant the hygiene standards were very good and fully complied with the law.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Relatives told us they felt welcomed into the home by staff and management.

Learning lessons when things go wrong

- Accidents and incidents were used as a learning opportunity. Staff recorded accidents and incidents which were reviewed by the registered manager and compliance manager. This allowed them to identify any trends, to act and make environmental changes or seek support from external agencies or where appropriate, to reduce the risk of similar incidents occurring.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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, and choices were assessed before receiving support. Information from the local authority, people and their relatives were used to develop care plans and risk assessments.
- Assessment and care planning documents were designed to be compliant with regulations and guidance.

Staff support: induction, training, skills and experience

- The provider had employed a training and quality manager. The provider told us the main aim of the role was, 'Focusing and supporting our training needs and driving our quality of service we offer.'
- Staff had skills and knowledge to carry out their roles effectively. An induction programme was provided to ensure staff understood what was required within their role.
- Training courses were available for staff to provide them with the skills and current knowledge required to meet people's need. One person told us, "They're very friendly people here. The staff seem to know what they're doing when they give me support." One staff member commented, "We always have updated training. It is good to have and refresh the memory."
- Staff told us they felt supported in their role. This was through training development, supervisions, appraisals, and ongoing informal support. One staff member said, "I have supervision with a senior [carer], but anyone will help if I have a problem."

Supporting people to eat and drink enough to maintain a balanced diet

- Most people received suitable and discreet support with their meals. However, due to completing other tasks staff did not provide timely support to everyone.

We recommend the provider reviews people's lunchtime experience.

- People were able to make choices about their diet. One person said, "I like the food, they have all different things. They show me [the food] and ask me what I want." Staff were aware of people's needs and preferences and we observed alternative food options were offered to people if required.
- People were complimentary about the quality of the food and the options available. A second person said, "The food is all home cooked, and we can choose what we want. They show us on plates so we can decide. We have tea and biscuits in the afternoon but if you wanted more, you would only have to ask, and someone [staff] would bring it to you."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies, such as GPs, community nurses, opticians, and specialist services to ensure people's physical and emotional needs were met.
- The service supported people to access healthcare services and followed guidance to support people with ongoing health conditions and ensure their healthcare needs were met. The registered manager told us, 'We have a GP ward round and multi-disciplinary team meeting every 4 weeks with GP, District Nurses, and Care coordinator [from the local surgery]. One staff member told us, "Any problems they [management] get nurses in." One relative commented, "[Relative] has been for a hearing test and seen the GP. [Relative] has come on leaps and bounds. She's our [family member] again."

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

- People's rooms were decorated to their choice with personal items to provide comfort and reassurance.
- The home was adapted to meet people's needs. There was specialist bath/shower rooms. Doorways and hall areas were wide enough for wheelchairs. Décor and signage were used to support people who may be living with dementia.
- The home had extensive secure gardens. People living with dementia were able to spend time walking the secure pathways or be supported to eat meals on the patio. There were raised flower beds offering people the opportunity to garden, and private areas where people could spend time with their visitors.

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans contained capacity assessments and consent agreements in relation to a range of aspects of care, which showed people and their legal representatives were involved in decisions made about the support they received.
- Staff demonstrated their knowledge of the main principles of the MCA, as well as their understanding of least restrictive interventions and practice. We observed people being offered choices and their decisions being respected. One person told us, "They [staff] always treat me like a human being, they don't treat me like I am stupid."
- People told us their consent was sought by staff before supported was provided. A second person commented, "I get up at [an early hour] by choice. The night staff bring me a cup of tea and get me dressed and up. Carers take me to the smoking area [for a cigarette] whenever I ask." Another person said, "Everything is straight and above board; I've never seen anybody made to do anything they didn't want to do."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People said they received person centred care and support. One person told us, "The carers are lovely, I'm very happy here. It's a good place." A second person commented, "When I first came, I didn't like my room. The manager listened to me and changed me to a much nicer room."
- Staff were consistently complimentary about the management team and their colleagues. One staff member said, "We all teamwork, laundry, kitchen, cleaners, we are one team. I love coming to work. My job means everything to me." A second staff member commented, "[Registered manager], I think she's brilliant. If you have got a problem, she will sort it out. She looks after people." Another staff member supported this view saying, "[Registered manager] she mentors everyone. She's been brill, she looks after me."
- Relatives told us they were happy with the care family members received. One relative said, "I'm happy – if we find anything not right, it gets put right. You never feel 'I daren't say that'. They're [Management] open and approachable." A second relative said, "Staff are wonderful. We feel [Mum] 100% is getting the best here."

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 and provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished and what improvements needed to take place.
- The registered manager encouraged candour through openness and frank discussions. All the management team were fully participated in the inspection process. The provider told us they felt they had learnt from recent local authority reviews of their processes and being open to the feedback, this had driven improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had systems to assess and monitor the service. Audits and checks were in place and were completed to identify issues and drive improvement, and improvements could be seen based on the analysis of information gathered. However, processes had not identified the concerns we noted. The provider and registered manager introduced additional safeguards to make governance systems more robust.
- There was a clear management and staffing structure. Each staff member had a clearly defined role and

responsibilities. This supported the effective delivery of timely support to people, as all staff knew what was expected of them.

- The management team were aware of their regulatory responsibilities. The registered manager and provider liaised with health and social care professionals, attended forums and social care meetings to learn and update their knowledge on current regulations and legislation.

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

- People told us they were formally and informally consulted on the support they received.
- Staff had the opportunity to formally share concerns through supervisions and appraisals. They received daily handovers between shifts, so they were kept up to date with people's needs to be able to provide effective care.
- Relatives told us they were consulted and updated on family member's care.

Continuous learning and improving care; Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required. This helped to ensure people's needs continued to be met and their wellbeing enhanced.
- The registered manager was responsive to issues raised during the inspection. Immediate action was taken, and issues were quickly resolved.