

St Anthony's Residential Home (Erdington) Limited

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Inspection report

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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



Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This visit was unannounced, which meant the provider and staff did not know we were coming. At the last inspection on 10 December 2013 we asked the provider to take action to make improvements to how staff were recruited and this action has been completed. We looked at staff recruitment and found that suitable checks were now carried out before staff started working in the home, to ensure that new staff were suitable to work with people who used the service.

Summary of findings

St Anthony's Residential Home is registered to provide accommodation and support for 34 older people who may also have a dementia related condition. On the day of our visit, there were 32 people living in the home. The home is located on the outskirts of Birmingham and has access to public transport and there are a range of shops within walking distance of the service.

In this report, the name of the registered manager, Miss Jennifer Elizabeth Mary Julia Smith appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still identified as the registered manager on our register at the time of our visit. The provider has recruited a new manager who started working in the service and had been in post for one week at the time of our visit. It is their intention to apply to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

We saw staff smiling and laughing with people and joining in activities in the home. People received visitors throughout the day and we saw they were welcomed and participated in daily events. People told us they could visit at any time and were always made to feel welcome. One visitor told us, "You're never left waiting at the door. You're greeted with a smile and always welcomed. We come every day and speak with everyone here. It's like one big family."

People were dressed in their own style and if they needed support, staff helped people to take a pride in their appearance and dress in their personal style. People were supported to have their personal care needs met. One

person told us, "I like to look nice. I never know when I'm going to have visitors. It's important to always look your best." The staff understood how people wanted to be supported and ensured people's privacy and dignity.

People could choose how to spend their day and they took part in activities in the home and the community. People were supported to participate in their hobbies and interests which included knitting, talking about news, attending religious services and shopping. People we spoke with told us they enjoyed the activities and one person told us, "It's good to be with friends and do things you like. Sometimes we just chat about the news and life. I like knitting. I'd forgotten how to do it, so it was good to pick it up again."

Staff received specific training to meet the needs of people using the service. Staff received support from the management team to develop their skills and use their knowledge to enhance the lives of people using the service. One person using the service told us, "They all know what they are doing. I've every confidence in them. I've no complaints."

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints. People we spoke with told us they were happy with the service provided and how staff provided their support. One person told us, "You can't keep quiet. If something's bothering you then you just say. The staff want to know about us and I know they always put things right."

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service is safe. Staff knew how to act to keep people safe and prevent further harm from occurring.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were not deprived of their liberty and there were no restrictions placed upon them. The staff were aware that, where people were restricted or deprived of their liberty, a Deprivation of Liberty Safeguard application would need to be made, to ensure this was in people's best interest and the least restrictive practice was used.

The staffing was organised to ensure people received appropriate support to meet their needs and to participate in activities of their choosing.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Good



Is the service effective?

This service is effective. Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drink. People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

Arrangements were in place to request health, social and medical support to help keep people well.

Good



Is the service caring?

This service is caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Good



Is the service responsive?

This service is responsive. People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed how they wanted to be supported and people told us they could choose how this support was provided.

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with people's preferences.

Family members and friends continued to play an important role and people spent time with them. Visitors could join people in activities in the home and the community.

Good



Summary of findings

People could raise any concern and felt confident that these would be addressed promptly.

Is the service well-led?

This service is well led. The registered manager no longer worked at the service. The provider had recruited a new manager who would be submitting an application to register with us.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

Good



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Detailed findings

Background to this inspection

This visit was unannounced, which meant the provider and staff did not know we were coming. The visit was undertaken by an inspector for adult social care 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.

As part of our inspection process, we asked the provider to complete a Provider Information Return (PIR). We did not receive the completed document until after our visit. From this information, following our visit, we telephoned two health care professionals to consult with them about their experiences of the service provided to people who used the service.

We spoke with inspectors who had carried out our previous inspection and we checked the information we held about the service and the provider. We saw that no concerns had been raised and we had received notifications as required, for example, where safeguarding referrals had been made to the local authority to investigate and for serious injuries.

We observed how the staff interacted with the people who used the service. We shared a meal with people and also observed how people were supported during their lunch and during individual tasks and activities.

We spoke with 14 people who used the service and three visitors. We also spoke with the provider, the manager and four members of care staff.

We looked at three people's care records to see if their records were accurate and up to date. We looked at two staff recruitment files and records relating to the management of the service including quality audits.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Is the service safe?

Our findings

The manager told us that some people may not have the mental capacity to consent to specific decisions relating to their care. The Mental Capacity Act 2005 sets out how to act to support people who do not have capacity to make a specific decision.

We saw that a mental capacity assessment was completed for one person to determine whether they could consent to receiving their medication. The capacity assessment, carried out by a health care professional, determined the person had the capacity to consent and knew the consequences of refusing their medicines. We saw where medicines were refused this was recorded and reviewed with a medical practitioner to ensure the person remained well. We spoke with one person who used assistive equipment to alert the staff if they fell out of bed. They told us, "We talked about what could be done to keep me safe and I liked this idea. I fell at home and it was awful. They explained everything and I was asked if I wanted this equipment. I am very happy with how it all works."

We saw one care record included a Do Not Attempt Resuscitation record (DNAR) and a family member had a Lasting Power of Attorney (LPA), and decisions were being made in the person's best interests. The provider obtained evidence of any LPA, which ensured that the provider acted in accordance with legal guidelines and decisions were only made by those who had authority to do so.

The manager knew how to make an application for consideration to deprive a person of their liberty (DoLS). There were no people who used the service who were deprived of their liberty. Discussions took place with the manager regarding how the recent judgement by the Supreme Court, could impact on the provider's responsibility to ensure Deprivation of Liberty Safeguards (DoLS) are in place for people who used the service.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices. They told us they had also received training to recognise harm or abuse and felt they would be supported by the management team in raising any safeguarding concerns. One member of staff told us, "If I see something that's not right, I'd report it. I have every confidence that something would be done. Everyone here means so much to us, and it's up to us to make sure everybody is okay."

We looked at the staff roster and saw that systems were in place to manage and monitor how the staffing was provided to ensure people received the agreed level of support. The staff we spoke with told us there was generally enough staff on duty to meet people's needs. One member of staff told us, "We cover everything in the team. If we used agency staff then they wouldn't know people. It just wouldn't be right for people." People we spoke with told us that staff were always available and they never had to wait long if they needed any support. One person told us, "The staff here are fantastic and very attentive. Some days it seems like we get asked how we are or whether we want a drink every 10 minutes. Who could complain at that service? Marvellous."

We saw that the necessary recruitment and selection processes were in place. We looked at the files for two of the newest staff to be employed and found that appropriate checks were undertaken before they had begun work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had been obtained, to ensure staff were suitable to work with people who used the service.

Is the service effective?

Our findings

New staff had been provided with induction training so they knew what was expected of them and to have the necessary skills to carry out their role. We spoke with three members of staff who told us they had received a variety of training including safeguarding, mental capacity and dementia care. Staff we spoke with were able to tell us how they applied the training they had received in people's day to day care. One member of staff told us, "When we learn new things we can talk about it in supervision and meetings so things get better here. The managers and staff listen to what you have to say. They don't just send us on training because they have to. They want this home to be the best and keep improving."

The care records showed that, when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw that their doctor had been called and treatment had been given. One person told us, "They don't mess about here. If you need the doctor, they call them. It wouldn't do if they made us wait." People told us they were visited by other health care professionals such as opticians and a dentist. One person told us, "We can see the dentist that comes here but I like to go to my own dentist. I've used them most of my life and I wouldn't want to stop. It's not a problem and I go with my daughter. I like it better this way."

We saw that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded. Some people needed a specialist diet to support them to manage diabetes and the staff we spoke with understood people's dietary requirements and how to support them to stay healthy. Two people needed a thickening agent added to their drinks due to difficulties swallowing. One member of staff told us, "It says on the tin how much we need to add. Everyone is different, so we always follow the instructions on the prescription label." This meant the drinks were made to the assessed needs of people who needed this.

As part of our visit, we carried out an observation over the lunch time period and we also shared a meal with the people who used the service. We saw people were provided with protective clothing and there were condiments on the table for people to use. The lunchtime was relaxed and people were considerably supported to move to the dining areas or could choose to eat in their bedroom. People were independent throughout the meal and staff were available if people wanted support, extra food or drinks. We saw people ate at their own pace and were not rushed to finish their meal. Some people stayed at the tables and talked with others, enjoying the company and conversation.

The menu was displayed in each lounge area and was showing the options available that day. People we spoke with could read the information and also told us the staff asked them what they wanted to choose each day. Everybody we asked was aware of the menu choices available. The staff we spoke with knew individual likes and preferences and offered alternatives. One person told us, "We had belly pork today with swede and mash potatoes and, because the cook knows I like parsnips, she did some for me".

People we spoke with were complimentary about the meals served and one person told us, "There's always plenty to eat and there's a lot of choice. If you don't want one thing, they will get you something else." Another person told us, "I like to have peanut butter on toast for my breakfast and I like de-cafeinated coffee and a particular brand of lemonade, and they get it for me. I don't have to pay any extra for that, it's all part of the service".

During our visit we saw people were offered drinks and snacks throughout the day. People told us they could have a drink at any time and staff always made them a drink on request. One person told us, "You can't grumble about the food, there's plenty and you get plenty of hot drinks in the day; a cup of tea before breakfast when you get up, another mid morning with a biscuit, then a drink with lunch, then again in the afternoon and at tea-time. Some people have coffee and I think you can ask for hot chocolate."

Is the service caring?

Our findings

We saw that people were supported with kindness and compassion. People spoke positively about the care and support they received. One person told us, "If I could give them all a medal, I would. Every single one as they are all great. You can't fault them in any way." Other people told us, "They are always cheerful and friendly. They're always like that, always smiling." "They are very caring. They organise what you need, I wouldn't change anything at all here." One person told us they had been ill and said, "The new manager is very caring and very approachable. I've just come out of hospital and she's kept an eye on me. She's been in here about four times this morning, making sure I'm ok. I need to keep my legs moving and the staff take me for short walks up the corridor to keep me moving."

We also saw staff treating people with dignity and respect. When they provided personal care, people were discreetly asked if they wanted to use the toilet or to have a bath or shower. People were spoken with while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. We saw one person had a towel near to their foot stool. We spoke with the person and they told us, "The staff treat you with respect and they are very kind. I have this leg rest so I can put my feet up and because they are swollen. This towel is left for me so I can put it over my feet because I don't like people looking at my swollen feet." One member of staff told us, "It's not always about the big things. The little things count for people and are just as important. If it's important for that person, then we need to make sure we do it and they're happy."

During our observations we saw lots of positive interaction between staff and people who used the service. There was

friendly banter and we heard a lot of laughter during the day. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

The manager and staff told us people using the service were generally able to make daily decisions about their own care and, during our observation, we saw that people chose how to spend their time. People we spoke with told us they were able to choose what time to get up and how to spend their day. One person told us, "They always listen to what we say. They ask us what we want and what we want to do. The staff are first class here." Another person told us, "No one wants to lose their independence and leave their own home, but if you are going to have to give up your home, then this is the place to come to."

People told us the staff and provider consulted with them about the care they received and what they wanted to do. One person told us, "We have meetings about what happens here and they listen to what we say. If we want something done, it's arranged. There's no messing." Another person told us, "The owner comes here all the time. He knows all our names and always comes to speak to us. He's not aloof and is always interested in what's happening and what we want. A true gentleman."

A visitor told us about a special event which had been arranged for one person. They told us the provider had arranged for a special 'ballroom dancing party' in the home as this had been one person's main interest. A party was arranged and the mayor was invited to the celebration. The person was able to wear their ballroom gown and danced in the home. People spoke enthusiastically about the event and how much they had enjoyed themselves. One person told us, "It just goes to show you how much they care here. All the staff give everything of themselves. They want to know we are happy and do special things for us."

Is the service responsive?

Our findings

There was a calendar of activities displayed in several parts of the home and people had a copy of the timetable in their bedrooms. People told us about recent activities, which have included bingo, skittles and a 'pampering afternoon'. People we spoke with told us they were happy with the activities that were provided. One person told us, "We never have time to get bored. There's something happening every day and if we want to go out shopping, the staff will take us; we don't have to wait for family."

On the day of our visit, a religious service was conducted. The service was attended by many people and they told us that it was important to them to continue to practice their faith. One person told us, "We have these services once a month but I also go to my church. Being part of a church group is part of your identity and I still see everyone and that's important to me." People also told us they could attend a communion service each week and felt that the current arrangements were suitable. The staff we spoke with confirmed that this currently met the diverse needs of people who used the service.

We saw that visitors were welcomed throughout our visit. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. One person told us, "We have always been greeted at the door with a smile. We never have to wait long for the door to be answered. We can visit in their bedroom or in one of the lounges. We like speaking with everyone here. It's our extended family and the staff know how important it is for people to visit."

People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "The owner comes around all the time and the staff are always asking if everything is

okay. They want to know if we're not happy and I would tell them." We saw there had been two complaints made and there was a copy of how they had been investigated. Letters had been sent to the complainants detailing any action demonstrating how changes had been made and how the provider had responded. The manager told us, "A complaint is not something negative. If we don't know we can't change things for the better."

All of the care records we looked at showed that people's needs were assessed before they had moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. One person told us, "The staff have talked with me about how I want things to be done. I'm not really bothered in looking at the records. I know they listened because they do things the way I want them to. I'm happy with that."

The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life story with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "It's fascinating. We love hearing about people's lives and if we write it down, it means we can help people remember and talk about what was important to them." Another member of staff told us, "It helps us to plan activities and what we do and chat. I always say to people, 'You only can't do the things you used to do because you haven't done them for a while.' We have an excellent knitting club now because this is what people wanted to do."

Is the service well-led?

Our findings

Three staff we spoke with told us they were informed of any changes occurring within the home through staff meetings, which meant they received up to date information and were kept well informed. One member of staff told us, “We’ve just had a meeting. There’s been changes in the management, so we all know what’s happening. It’s good that we know and everybody gets to hear the same thing.”

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider’s whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy. One member of staff told us, “There would be no hesitation. The manager and provider would want to know if anything wasn’t right. We come to work to make sure people are cared for and are happy not to close our eyes.” Another member of staff told us, “The provider is caring and very approachable. He’s very keen that we treat people here the same way you would want your mum or dad treated, and that’s what we do.”

We saw that incidents and accidents were reviewed to ensure risks to people were reduced and falls were investigated. One member of staff told us, “We are always told to write it down. If everybody knows what’s been happening, we can do something about it. There’s no point keeping things to yourself.” One person we spoke with told us, “I had a fall and they got me a new walking frame. I feel safer now and wouldn’t go anywhere without it.”

We reviewed systems in place to monitor how medication was managed, accidents and incidents were reviewed and monthly checks were completed. This included fire equipment testing and safe fire evacuation, emergency pull cord tests and water temperatures. We saw there were processes in place to monitor the quality of the care provided. These audits were evaluated and, where

required, action plans were in place to drive improvements. We saw where any deficiency or improvement was required, prompt action was taken. This demonstrated that the provider had suitable systems to assess and monitor the service provided.

The registered manager no longer worked within the service and the provider had recruited a new manager. We spoke with the new manager who had worked in the service for one week. They told us they intended to apply to become the new registered manager.

We had been informed of reportable incidents as required under the Health and Social Care Act 2008 and the new manager demonstrated they were aware of when we should be made aware of events and the responsibilities of being a registered manager. We spoke with the provider who confirmed they were committed to supporting the new manager and it was the new manager’s intention to submit an application to us.

The provider sought feedback from the staff and people who used the service through questionnaires. People we spoke with and their relatives confirmed they had been consulted about the quality of service provision. One person told us, “They ask us about whether we are happy with how things are here and then we talk about it and at our residents meetings.” Another person told us, “If anything needs changing they don’t just wait they do it. They ask us at our meetings if things need to improve and what we want.” A relative confirmed to us that they completed a questionnaire about the service and could provide this information anonymously if they wished to. They told us, “It’s good they want to know what we think. We think it’s marvellous here.” The manager confirmed that, where any concerns were identified, this was discussed with people who used the service and improvements made.