

Leonard Cheshire Disability

St Anthony's - Care Home with Nursing Physical Disabilities

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

About the service:

St Anthony's - Care Home with Nursing Physical Disabilities is registered to accommodate 26 people. The people living in the home have physical disabilities. At the time of our inspection 23 people were using the service. St Anthony's - Care Home with Nursing Physical Disabilities accommodates people in one building adapted building. There are various communal lounges and dining areas, a conservatory and a garden area that people can access.

People's experience of using this service:

The care people received was not always effective. People were not always supported to have maximum choice and control of their lives. Due to the recent history of non-compliance with the regulations and a history of repeated requires improvement and inadequate ratings, the provider needed further time to embed the improvements we have identified to ensure that they can be sustained in practice.

The care people received was safe. Individual risks were considered. Safeguarding procedures were in place. Medicines were managed in a safe way. There were enough staff available for people. Infection control procedures were implemented. Lessons were learnt when things went wrong in the home.

Staff received training that helped support people. People received support from health professionals when needed. People enjoyed the food and were offered a choice. The environment was adapted to meet people's needs.

People and relatives were happy with the staff and supported in a kind and caring way. People were offered choices, remained independent and their privacy and dignity was maintained.

People received care that was responsive to their needs. The care they received was individual and specific to their needs. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

There were systems in place to ensure the quality of the home was monitored. When areas of improvements were needed action was taken. Staff and people felt listened to and supported by the registered manager and had the opportunity to raise concerns.

We were notified of significant events that occurred within the home and the provider was displaying their previous rating in line with our requirements.

More information is in the full report.

Rating at last inspection:

Inadequate (Last report published 24 January 2019)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe
Details are in our Safe findings below

Good ●

Is the service effective?

The service was not always effective
Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well led
Details are in our well led findings below.

Requires Improvement ●

St Anthony's - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection visit took place on 30 April 2019 and was unannounced. The inspection visit was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

St Anthony's - Care Home with Nursing Physical Disabilities is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that, by law, the registered persons should tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the monthly action plans the provider had sent to us with as part of their registration with us. We also reviewed safe and well checks that had been carried out in the home by the local authority after our last inspection. We used all this information to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with three people who used the service, three relatives, four members of care staff, an agency staff member and two registered nurses. We also spoke with registered manager and the regional manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for seven people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicine records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection we found the service was not safe. Risks to people were not always managed in a safe way and safeguarding concerns were not always investigated or reported. There were not always enough staff available for people. Systems were not in place to ensure lessons were consistently learned when things went wrong. We found there was a breach of regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These relate to providing safe care and treatment and safeguarding people from abuse. We rated the key question of 'safe' as inadequate. At this inspection we have found significant improvements had been made and this key question was now rated as 'good'.

Assessing risk, safety monitoring and management

- Since our last inspection, the provider had introduced a more robust system to ensure incidents and accidents were investigated and reviewed.
- The provider had introduced a weekly meeting that was attended by various members of the staff team. During this meeting incidents and accidents were discussed, reviewed and recorded. As part of this process next steps were decided and if necessary incidents were raised with the local authority safeguarding team.
- Staff we spoke with were aware of the plans and the actions they needed to take to keep people safe. For example, when people demonstrated behaviours that may challenge or were at risk of developing sore skin staff were confident in the steps they should take to maintain people's safety. There was clear guidance in place for staff to follow, which was regularly reviewed. The provider had also sought advice from external professionals when needed.
- Documentation was reflective of people's needs for example, when people were at risk of falling. This meant staff had guidance to follow and knew how to keep people safe. Care plans and risks assessments had identified recent falls that had occurred, and the rating of the risk had been considered to reflect this.
- People told us they were safe living at St Anthony's - Care Home with Nursing Physical Disabilities. One person said, "Yes, absolutely 100% or I would not be here." Relatives confirmed they did not have any concerns with their relations safety. We saw when people needed specialist equipment it was provided for them and used in the correct way. For example, we saw when people needed alert sensors these were in place.

Using medicines safely

- Since our last inspection the provider had changed the system they used for the management of medicines. A nurse told us it was a much-improved system. People could now be assured that their medicine would be managed safely.
- We observed staff administering medicines to people and they stayed with them ensuring they had taken them. One person told us, "Yes, I take all of my tablets."
- We saw staff checking with people if they required any pain relief and offering them their prescribed 'as required' medicines. When people received 'as required medicines' there was clear guidance in place for

staff to follow to ensure this was administered correctly.

- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Systems and processes to safeguard people from the risk of abuse

- The weekly meeting that the provider had introduced ensured that safeguarding concerns were reported to the local authority and investigated when needed. During our inspection we found concerns had been raised when needed.
- Staff knew how to recognise and report potential abuse and were confident concerns would be actioned by the home and the provider. One member of staff told us, "Abuse comes in many forms, including verbal and physical abuse. If I identify abuse, I would report to my line manager or to safeguarding. Leaflets are in the front of all the working folders, which have all the phone numbers you would need to report. I would be confident that any issues would be addressed by the manager, if not I would speak with someone more senior."
- There were procedures in place to ensure people were protected from potential harm.

Staffing and recruitment

- At our last inspection we received mixed views about staffing levels within the home. At this inspection the views we received were much more positive.
- There were enough staff available for people and they did not have to wait for support. When call bells were pressed we saw staff responded to them in a timely manner. Staff were available for people in communal areas and provided support without delay.
- People, relatives and staff confirmed there were enough staff in the home. One person said, "I have a call buzzer, staff would come quickly, if they don't come straight away they are getting someone up, longest I have waited is just under 10 minutes at a busy time. I only press when necessary. I went out in the garden and one of the wheels of my wheelchair got stuck I shouted for help and people came running from all directions." Relatives we spoke with were happy with the staffing levels within the home.
- There were systems in place to ensure pre-employment checks were completed before staff could start working in the home. This demonstrated the provider ensured staffs' suitability to work with people within the home.

Learning lessons when things go wrong

- There was a more robust system in place to demonstrate when things went wrong how lessons were learnt and actions taken to reduce the risk. The provider recorded when incidents had occurred in the home, the action they had taken and any learning from this. They also documented how this had been shared with staff and how it could be completed differently if this reoccurred.
- The provider had used findings from our last inspection to also demonstrate this and the improvements they had made.

Preventing and controlling infection

- There were infection control procedures in place and these were followed. The provider completed an audit in relation to infection control, the last audit completed in 2019 identified compliance in this area.
- We saw staff used personal protective equipment such as gloves and aprons when needed. Staff confirmed this was freely available to them.
- The environment was clean, maintained and free from infection.

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□

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the service was not always effective. There was no evidence decisions were made in people's best interests, however when needed people's capacity had been assessed. Not all staff had received appropriate training and improvements were needed so that staffs' knowledge and competency was checked.

At this inspection we found some improvements had been made, however further improvements were needed. The service remains rated as 'requires improvement' in effective

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found some improvements had been made around the use of the MCA however this was inconsistent, and documentation was sometimes unclear and contradictory.
- In some instances, people's capacity had been appropriately considered, assessed and decisions made in their best interests. However, in other cases people's capacity relating to specific decisions had not been considered and decisions were not made in their best interests. For example; one person had a chair sensor in use. The person was not able to consent and the use of the sensor had not been considered in line with the MCA.
- The provider had considered when people were being unlawfully restricted and DoLS application to the local authority had been made. When people were being restricted the provider had considered how people could be supported in the least restrictive way.
- Staff demonstrated an understanding of capacity and consent. One staff member said, "We go through mental capacity, assume they have capacity, consider the least restrictive option, help people to make

decisions in their best interests. If they haven't got capacity, we would apply for a DoLS."

Staff support: induction, training, skills and experience

- Staff were provided with the opportunity to attend training and spoke positively about the training they received. One staff member told us, "I have had lots of online training so keep up to date with that. I have also had the textured/modified diet training." At our last inspection we found not all staff had received this training. At this inspection all staff we spoke with confirmed they had now received this.
- Staff received competency checks in key areas such as the management of medicines. We saw these checks had been completed and staff confirmed this to us.
- When agency staff worked within the home they confirmed to us they had received an induction and knew where information was, so they could find out about people. One staff member said, "I had a very good induction. One of the team leaders showed me around, and told me about the home, they told me what to do if there was a fire and things like that. I have read people's files, but staff have been really good at telling me about people." The staff member went on to give us examples of how certain individuals were supported and action they would take if risks occurred.
- People and relatives felt staff had the skills needed to deliver effective care to them and their relations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice. Their care plans contained detailed information to support specific behaviours they may display and any health conditions.

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

- People enjoyed the food and were offered a choice. One person said, "Like living in a 5-star hotel, we are given a menu so we have a choice, more often can have what you want." The environment in the dining room had changed since our last inspection to improve people's experience at mealtimes. We saw tables were decorated with cloths and there were condiments on the tables for people to individually use. Mealtimes were much more inclusive, and people were encouraged to eat in the dining areas.
- At breakfast and lunchtime, we saw people had a variety of meals. If people did not like the options on the menu they were able to have a different meal.
- People were offered a choice of drinks with their meals and throughout the day snacks and drink were freely available for people to access.
- The provider's breakfast club was fully imbedded within the home and people had the opportunity to attend this. The purpose of the club was so people could make their breakfast independently and increase their personal living skills in this area.
- When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals. People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so that action could be taken if needed.

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- People had access to healthcare professionals and their health was monitored within the home.
- We saw recorded in people's files when they had been seen by the GP or other health professionals such as the dietician. When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed.
- Records we looked at included an assessment of people's health risks.

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

- The home was decorated in accordance with people's choices and needs. Since our last inspection improvements had been made to the home's environment. The communal lounge was much homelier and had separate areas that people could enjoy.
- People had their own belongings in their bedrooms. Communal areas were decorated to people's preferences.
- There was a garden area that people could access, and people told us they enjoyed using.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the service was not always caring. Staff did not always have time to spend with people to ensure they were supported in a kind and caring way. We rated the key question of 'caring' as requires improvement. At this inspection we have found improvements had been made and this key question was now rated as 'good'.

Ensuring people are well treated and supported

- People and relatives were happy with the staff and the care they received. One person told us, "Yes the carers are very good." A relative told us, "Very kind and caring, they [staff] are great could not have a better lot. Good sense of humour is part of the job."
- We saw staff chatting, laughing and interacting with people throughout our inspection. People were treated with respect and approached in a kind, caring way. For example, staff would stop as they passed people and talk with them about their interests and families. Staff understood what was important to people and ensured their needs were met. For example, some people liked to have personal items with them and staff ensured they had these.

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

- People were offered choices and made decisions about how they would like to spend their day.
- Throughout our inspection we saw staff asking people what they would like to do. This included where they would like to sit and if they wished to participate in activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted.
- We observed staff knocking on people's doors and offering support to people in a discreet way.
- People were encouraged to be independent. One person said, "I'm independent by the choices I make, I ask if I can have a go and they will help me. I make healthy food choices to keep me as independent as I can be, but I have a packet of crisps as a treat."
- We observed people were encouraged to be independent. For example, when someone needed supervision to eat they did this in a discreet way. The person told us, "They sit right by me but I am okay with that because I know the people so it's not oppressive." Staff were able to tell us how they encouraged people's independence and we saw care plans reflected the levels of support people needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

At our last inspection the service was not always responsive. Records did not always reflect the care people received. Improvements were needed to ensure people were supported to communicate in their preferred way. We rated the key question of 'responsive' as requires improvement. At this inspection we found improvements had been made and responsive is now rated as 'good'.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were happy with their care. One person said, "This is the best option after home" All the relatives we spoke with felt the staff knew their relation well and were happy with the levels of support they received.
- People we spoke with told us they were involved in the development of their care and support plans. People had the opportunity to attend meeting and reviews and were actively involved. The involvement of friends or families was also encouraged.
- The provider ensured people's needs could be met in a way they liked. Care and support plans were written with clear guidance for staff to help ensure they delivered care in a way that met people's needs, took account of their preferences and was safe.
- Since our last inspection we saw improvements had been made relating to documentation in the home. For example, when people required a change of position or a daily recommended amount of fluids, this was clearly recorded. We reviewed records for three people and these showed us they were receiving a change of position as required. This was now also audited so that any concerns could be identified and rectified.
- Staff had the opportunity to attend meetings and a handover at each shift change where they could share information and changes about people.
- People's communication preferences had been assessed and there were plans to guide staff. An interactive board was used within the home so that people could communicate in their preferred way or preferred language. There were also more visual aids for people within the home including menus being both written and pictorial. This showed us that the provider had complied with the Accessible Information Standard. This was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand. Information was available for people in different formats when needed.
- The provider was supporting people with their cultural needs and this was fully considered and understood by staff.
- People had the opportunity to participate in activities they enjoyed. During the morning of our inspection we saw various activities were taking place. People also had the opportunity to attend activities outside of the home including theatre trips, swimming clubs and they had the opportunity to go on holidays. One person said, "Lots of choice, there is a quiz at 11:30am I go to that."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People and relatives knew how to complain. When complaints had been made the provider had ensured their own procedures were followed and action taken to resolve the complaints or concerns.

End of life care and support

- At this time, the provider was not supporting people with end of life care. However, we saw there were 'Planning for the Future' documents in place which stated what would be important to people at this time.
- There was evidence that when people's health deteriorated action had been taken and referrals to the relevant professionals had been made.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found the service was not well led. The providers had not made the necessary improvements in response to our previous inspections and had not sustained the improvements they had made. We had not been notified about all significant events within the home. Audits were not driving improvements and not identifying concerns within the home. We had found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the governance of the service. We rated the key question of 'well-led' as inadequate.

At this inspection we found significant improvements had been made. However, owing to the recent history of non-compliance with the regulations and repeated history of requires improvement and inadequate ratings we needed to assure ourselves that the changes made could be sustained over time. At this inspection we have also identified further improvements were needed to ensure MCA was met. Therefore, we have rated this key question as 'Requires Improvement.'

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- At our last inspection the home was rated as inadequate and placed back into special measures. We also took further enforcement action and placed a condition on the providers registration. Although we note significant improvements at this inspection, since the providers first comprehensive inspection on 25 April 2016 they have either been rated as 'requires improvement' or 'inadequate'. The provider has a history of not sustaining improvements and during time have been inconsistent with driving improvement to the home.
- At our last inspection quality monitoring systems were in place however the audits were not always identifying area of improvements. At this inspection we found there was a more robust audit system in place. The area manager also completed audits and held a much more comprehensive oversight of the service.
- Quality checks were completed within the home. These included monitoring of medicines, care plans, call bell monitoring and infection control.
- We saw when areas of improvement had been identified, the necessary action had been taken. For example, we saw an audit had been completed on mealtimes experience. It had been identified that people should be offered both hot and cold drinks at mealtimes and we saw this actioned during our inspection.
- The provider had introduced a service improvement plan that identified areas of improvement that were needed within the home. They continued to work through this plan ensuring each action was fully imbedded within the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- People, relatives and staff spoke positively about the management team and the support they received.
- One person said, "Changes are for the better. Now everyone has their own opinions, pictures, paintings and we had made a board with Welcome to St Anthony's."

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

- Staff felt supported and listened to by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home in line with our requirements.

Engaging and involving people using the service, the public and staff

- At our last inspection feedback was sought from people and relatives, however this was not always used to bring about changes. During this inspection we found the provider had made the necessary improvements.
- The provider sought the opinions of people who lived in the home and their relatives. This was through meetings and satisfaction surveys.
- People and relatives had the opportunity to attend meetings to discuss and share any concerns.
- The provider had introduced a 'you said' 'we did' to show action they had taken when areas of improvement had been identified.

Working in partnership with others

- There were good relationships with local health and social care professionals, community centres and social groups.
- A visiting health professional confirmed the home worked jointly with them to deliver effective care to people.