

St Ann's Limited

# St Ann's Lodge 1

## Inspection report

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Date of inspection visit:  
06 December 2022

Date of publication:  
20 January 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

St Ann's Lodge 1 is a residential care home providing personal care to up to 6 people. The service provides support to people with mild to severe learning disabilities or autistic spectrum disorder. At the time of our inspection there were 6 people using the service. The care home accommodates people in one adapted building in the borough of Kingston Upon Thames.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support

People's medicines were not always managed safely. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. People received supported from staff to make their own decisions about medicines wherever possible.

### Right Care

Staff supported people to express their views using their preferred method of communication. People had the opportunity to try new experiences, develop new skills and gain independence.

### Right Culture

The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

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.

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 22 November 2017).

## Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Ann's Lodge 1 on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We have identified breaches in relation to medicines management at this inspection. We have also made a recommendation in relation to records management, specifically incident and accident recording and auditing systems.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Ann's Lodge 1

## 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

The inspection was carried out by two inspectors.

#### Service and service type

St Ann's Lodge 1 is a care home. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. St Ann's Lodge 1 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

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with three people who use the service and made contact with one healthcare professional. We also spoke with six staff members including care workers, the deputy manager, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 3 care files and 3 staff recruitment files. We looked at incidents and accidents, medicines records and records relating to quality assurance. After the inspection the deputy manager sent us policies, quality assurance questionnaires and other records in relation to the management of the service.



# 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. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People did not always receive their medicines safely. We identified that where people were prescribed 'as needed' (PRN) medicines, suitable protocols were not always in place to ensure staff were clear on when to administer them.
- People were given medicines that were not always recorded on a medicines administration record (MAR). Records showed that one person was recorded as being given PRN diazepam, but this was not recorded on the MAR. Another person had 2 PRN medicines that were not recorded on a MAR. We were not assured that people were always being given their medicines when they needed them. Nor did the provider always ensure medicines administration was recorded.
- This meant people were at risk of not receiving their medicines as intended by the prescribing GP.

Failure to deliver a safe service is a breach of Regulation 12 – Safe Care and Treatment – of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We shared our concerns with the registered manager who after the inspection confirmed action had been taken to address our concerns and MARs reviewed and updated.
- Despite the above, people confirmed staff supported them with their medicines administration. One person commented, "Yes, I take tablets, to make me better. I can ask the staff and they'll give me tablets."
- We will continue to monitor the provider's progress with medicines management at the next inspection.

### Assessing risk, safety monitoring and management

- Not all incidents and accidents were clearly recorded on the appropriate recording systems. Whilst Antecedent Behaviour Consequence (ABC) charts were completed, these were not always recorded on incident forms. For example, one ABC chart indicated there had been an altercation whereby someone had been verbally and physically aggressive towards a peer and staff, however this had not been documented in the incident form.
- We shared our concerns with the deputy manager who told us they would ensure this was done. We will continue to monitor their progress at the next inspection.

We recommend the service review their recording systems in line with good practice and update their systems.

- Notwithstanding the above, the provider worked in partnership with the local authority learning disability team and behaviour analyst to continually monitor people's presentation and monitor behaviours to reduce

incidents where possible.

- People continued to receive support from staff that knew them well and how to safely respond to them when they engaged in behaviours that demonstrated they were dissatisfied, overwhelmed and anxious. Staff had a clear understanding of what could cause people to become agitated and confirmed the least restrictive de-escalation techniques were used to ensure people were supported to remain safe during times of heightened anxiety.
- Risks to people were effectively managed to ensure people were safe. Risk assessments detailed presenting risks to people and the action staff needed to take to support people. Where one person's risk assessment would have benefitted from more specific detail, the deputy manager was prompt to update this.
- Where people needed support in the community, risk assessments clearly recorded each potential risk. This included areas such as risk from others, public transport, health needs and possible behavioural triggers.

Learning lessons when things go wrong

- At the time of the inspection there was insufficient evidence to indicate lessons were learned when things went wrong. Notwithstanding the above, the deputy manager immediately sent us records to demonstrate action had been taken to address the concerns found during this inspection.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse.
- People told us they felt safe living at St Ann's Lodge 1 and throughout the inspection we observed people seeking guidance and support from staff which was readily given.
- Staff had a clear understanding of how to identify, respond to, report and escalate suspected abuse. Staff told us they were confident the registered manager would take action in response to alleged abuse, however were aware of the external agencies they could contact should insufficient action be taken.
- We reviewed the training matrix and identified whilst staff had received safeguarding training, this was due to be refreshed to ensure staff had the most up to date guidance in relation to safeguarding people from abuse. We will monitor the provider's progress at the next inspection.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff had a comprehensive understanding of their role and responsibilities in line with legislation.

Staffing and recruitment□

- People continued to receive care and support from suitable numbers of staff to keep them safe.
- Throughout the inspection we identified people received support from staff almost immediately, as there were sufficient numbers of staff deployed to meet their needs,



- People and staff confirmed staffing levels were sufficient to ensure people could receive care and support when they wanted.
- The provider undertook pre-employment checks to ensure only suitable staff were recruited. We reviewed the staff recruitment files and found these contained a completed application form, satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- 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 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Visiting in care homes

- The home ensured that current government guidance and best practice was adhered to; to ensure people visiting the home did so safely.

# 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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People did not always receive a service that was well-led.
- During the inspection we identified issues in relation to medicines management and accidents and incident recording. We also identified the registered manager's auditing systems had failed to identify issues found during this inspection.
- Systems and processes in place meant the registered manager had some oversight of the service. However, auditing systems were not as robust as they could be.
- We reviewed the audits and identified these were not as robust as they could be. Records showed although audits were undertaken, it was unclear which care plans and staff files had been reviewed.
- We also identified audits were simplistic with generic yes and no answers.

We recommend the provider review their auditing systems and update them accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a service that placed people at the centre of the service and sought positive outcomes for them.
- The service had a positive and inclusive culture where staff had developed positive working relationships with people and knew them well. People were encouraged to be as independent as possible and to reach their potential.
- Staff spoke highly about the people they supported and confirmed the management team were supportive. Comments included, "[Registered manager] listens, she wants to hear from you. She can emphasise with you, they [the management team] understand the staff very well."

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

- People continued to benefit from a service that had a clear management structure. Staff were aware of who they should report matters to and confirmed they were comfortable in doing so.
- The registered manager understood their responsibility to notify the Care Quality Commission of reportable incidents.
- The registered manager had a clear understanding of the duty of candour and their responsibilities in line with legislation.

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

- People, their relatives and staff's views were regularly sought to drive improvements.
- Staff confirmed the management team were keen to ensure they contributed to the development of the service and could share their ideas and plans to improve the care provision.
- One person told us, "We have lots of meetings [at St Anne's Lodge 1]. "
- People and staff views were captured through annual quality assurance questionnaires and frequent staff meetings. We reviewed the 2022 survey results and feedback received from people was positive. The survey focused on food, daily living, care and support and management.
- Staff confirmed they received regular team meetings and found these beneficial. We reviewed the most recent staff meeting minutes and found these were well attended by staff. Meetings covered a wide range of topics, including, behavioural management, record keeping, medicines recording procedures and activities.

Working in partnership with others; Continuous learning and improving care

- The provider encouraged partnership working with external services to drive improvements. Records showed guidance and support provided was then implemented into the care delivery.
- The service placed importance on improving the care provided.
- After this inspection the deputy manager sent us updated records to demonstrate issues found during this inspection were being actioned and the service improved.
- We will continue to monitor their progress at the next 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure medicines were managed safely.</p> <p>Regulation 12 (2) - Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>