

Complete Care Group Limited

# St Anne's Residential Care Home

## Inspection report

St Annes  
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Eastbourne  
East Sussex  
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Tel: 01323728349

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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 ●

# Summary of findings

## Overall summary

About the service:

St Anne's Residential Care Home is a residential care home that was providing personal care for up to nine people with learning difficulties, mental health, autism and other complex needs. At the time of the inspection nine people were living at the service. Some people had limited verbal communication, so we captured their experience through observations.

People's experience of using this service:

People told us they were happy living at the home and they felt safe. All people were comfortable in the presence of staff. Medicines were administered safely. The management were already aware of improvements which could be made with the management of medicines to make sure it reflected current best practice. Most risks had been identified with ways to mitigate them. Records and processes around the management of behaviours which could challenge were continuously being developed.

The provider and management had completed a range of audits to identify concerns and issues at the service. They strove to be open and constantly develop and improve the support people were received. When systems had identified issues, actions were being taken to rectify them. The registered manager was aware of their responsibility to notify the Care Quality Commission of certain events in line with their statutory obligations.

When a person had fluctuating capacity to make specific decisions records did not always reflected the knowledge, understanding and actions staff had taken. When people were deprived of their liberty systems were in place to ensure it was lawful. Any person living at the home was involved in making choices about their day to day care and these were respected by staff.

People and staff felt there were enough staff. During the inspection people were able to participate in a range of activities due to positive staffing levels. Staff had received a range of training considered mandatory by the provider. Plans were in place to further develop more senior staff to specialise in specific areas.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals which was important due to the complex needs of anyone living at the home. However, some information sharing was not always in a timely manner.

Staff were kind and caring and knew the people living at the home incredibly well. Staff respected privacy and dignity throughout the inspection. Strong links had been developed with the community which had a positive impact for people.

More information about the detailed findings can be found below.

Rating at last inspection:

At the last inspection the home was rated good. It was published on 23 May 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# St Anne's Residential Care 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. 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 was carried out by one inspector.

Service and service type:

St Anne's Residential Care Home is a 'care home' for people with learning disabilities, mental health, autism and other complex related issues. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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. At the time of the inspection, due to unforeseen circumstances, the registered manager was only available for part of the inspection. The inspector liaised with the registered manager over the telephone during the inspection and corresponded with them following the inspection when they were not present. Prior to the inspection the registered manager had been absent from the home due to the same circumstances.

#### Notice of inspection:

This inspection took place on 2 and 3 May 2019 and was unannounced.

#### What we did:

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service and provider before the inspection visit. We also contacted health and social care professionals who were in regular contact with the service.

We spoke with five people who used the service. We also had informal interactions with people living at the home and carried out observations. We spoke with the registered manager on the telephone and in person. We also spoke with one of the providers and five members of staff. Following the inspection, we liaised with one health and social care professional.

We looked at three people's care records in various detail. We observed care and support in communal areas. We looked at three staff files. We looked at information received in relation to the general running of the home including medication records, auditing systems and environmental files.

During the inspection we asked for further information including quality assurance documents. The provider and registered manager also sent additional information in relation to their service. All the information was provided in the time scales given and the information has been included in this report.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in the presence of staff who were working with them. One person told us, "They [meaning the staff] keep me safe here". Another person told us staff helped them feel safe and described how the staff did this.
- Staff were aware of how to identify when people were at risk of potential abuse and how to report it. All staff agreed the management would act upon their concerns.

Assessing risk, safety monitoring and management

- Systems were in place to support people who could display behaviours which challenged themselves or others to keep everyone safe. One person described how staff supported them when they became anxious. The person said, "They [meaning staff] calm me down". Another person told us, "They talk to us and calm us down".
- Staff could recognise when people were becoming distressed. They tried to act proactively to prevent any escalations in behaviour. For example, one person lost an object important to them. Staff recognised this immediately and acted swiftly to rectify the situation. The person remained calm throughout.
- All staff were aware of their legal obligations with the use of restraints for the minimum amount of time possible and as a last resort. Records showed the need for restraint decreased the longer a person had lived at the home. People were happy with how restraints were used and agreed that staff helped them that way. However, some of the records were not as clear as they could be about the accepted methods which could be used. The member of staff responsible for positive behaviour intervention and registered manager were aware of this and working on making care plans clearer. Following the inspection, the provider told us they had a range of methods to support the staff after an incident.
- Other risks to people had been identified and ways to mitigate them found. For example, accessing the community, eating and drinking and support with intimate care. Staff were aware of this guidance.
- One person had a specific risk identified and a special assessment had been put in place to manage it and mitigate the dangers.

Staffing and recruitment

- People were supported by enough staff to meet their needs and keep them safe. One person told us about the numbers of staff who worked at the service. They said, "That is enough". During the inspection all people's needs and wishes were met.
- Staff were able to help people access the community regularly and this was seen whilst we were visiting. One member of staff told us, "There are enough staff" and explained how any changes were covered.

- Staff were recruited safely. Any new staff went through a robust system of checking they were suitable to work with vulnerable adults. References from previous employers were sought and checks with the police.
- Recently people had started to contribute to the recruitment process by writing their own set of questions for potential new staff.

#### Using medicines safely

- Medicine was administered safely by staff to people during the inspection in line with the person's preference. There were protocols for 'As required' medicines in place and medicines were stored securely.
- However, systems to manage medicines were not always in line with current best practice. Recently, there had been a change in the way the pharmacy had supplied medicines to the service. Due to the registered manager being absent they were not as far forward with implementing the new systems as they had hoped. The registered manager had already had input from the pharmacist to rectify the issues they had identified.
- Medicines requiring additional storage or checks were not being used at the time of this inspection. The systems were in place if they were required at any point.

#### Preventing and controlling infection

- People were supported by staff who understood how to help prevent the spread of infections. Gloves and aprons were available for staff to wear during intimate care.
- Staff were responsible for cleaning the home and encouraged people to help with keeping their house clean.

#### Learning lessons when things go wrong

- Systems were in place to monitor accidents and incidents. When they occurred ways to prevent repeat occurrences were put in place. However, there were occasions records had not always reflected all the actions taken including debriefing the staff. The member of staff responsible for positive behaviour support was going to review the way recording was completed with the management.
- Records demonstrated there were decreases in the use of restraint because there was a strong approach to positive behaviour support.



# 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

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

- When possible, people had thorough assessments prior to moving into the home. This included staff visiting and working with them in previous placements. Strategies and routines were then applied to help people during the transition.
- Information was shared with staff in detail to make sure there was consistent approaches to the support people received.

Staff support: induction, training, skills and experience

- People were supported by staff who had training and experience to meet their needs. All staff received a range of training delivered in house or by external specialists.
- Senior staff were designated as champions of specific topics such as equality and diversity, health and safety and health and well-being. The registered manager had plans to source training at a more in depth level for these staff.
- New staff received an induction when they began working at the service. This included orientation to the service and shadowing a more experienced staff member. One member of staff said, "It gave me confidence to be in a care environment" having been new to working in care when they started.

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

- People were supported to eat a healthy, balanced diet. Menus were decided at resident meetings involving all the people who selected their preferences for the week.
- Mealtimes were treated as an opportunity to be sociable with others. If a person chose to eat at a different time or if they wanted something different to the menu this was respected.
- Staff were proud that some of the people had increased the types of food they ate since moving in. This was through structured support and guidance to help them explore different food types. For example, one person had gone from eating just bacon and baked beans to now eating a varied, healthy diet.
- People were able to access the community to have meals out instead of eating in the home. One person told us, "I like to sit in a café and have a cup of tea".

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

- People were supported to access a range of health and social care professionals to meet their needs. Most

of the time this was considered in a timely manner. One person told me they had been supported by staff and their family to attend hospital for a health condition. They said staff help them.

- However, one person had been coughing regularly during meals and another person had special eating instructions. The staff had taken actions to manage the risks apart from contacting the relevant health professional. During the inspection the staff contacted the health professional who visited after the inspection to provide advice.
- Health and social care professionals explained the staff did follow guidance given. However, there were occasions they felt the information could be shared in a more timely manner with them to support the work they were doing.

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

- People were able to personalise their bedrooms to meet their needs and wishes. One person told us they chose blue because it was their favourite colour. Other people had posters of their favourite interests on the walls.
- Around the building information was shared in a visual way so people were able to access it. For example, pictures of staff and their roles were on the walls. There was positive feedback from visitors to the home.

#### 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 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.

- People were asked consent before staff supported them with anything on a day to day basis.
- Staff had a good understanding of how to support people to make decisions when they lacked capacity. However, paperwork was not reflecting these discussions with other people important to the person nor were they decision specific. The registered manager explained they were aware of this shortfall and working on updating the paperwork to make sure it was in line with the legislation.
- DoLS applications had been made as required. There was a system in place to monitor when applications were due. However, due to the recent registered managers absence two DoLS had expired and not been reapplied for. During the inspection the staff told us they would rectify this.

# 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.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by incredibly kind and caring staff. All interactions we saw demonstrated compassion to the people and a lot of patience. One person told us, "They [meaning the staff] are very nice and friendly".
- When staff, including the management, arrived at the home every person was greeted as an individual following their preferences. For example, one person held out their hands and wanted them to be held by the staff member and this was reciprocated.
- One member of staff told us, "I get a big hug from all the residents" and explained it was a second home for them. Another staff member said, "We are proud of everything we do. We love the service users".
- Compliments reflected the positive support we saw during the inspection. One read, "Thank you and all at St. Anne's for yet again, looking after [name of person] so well". Another was thanking the staff for getting their family member their Christmas presents.

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

- People were able to make decisions about their care and support which were respected by staff. One person said, "I can choose my clothes". Other people made choices throughout the day.
- During the day people were able to spend time in communal areas or their bedroom. One person was listening to music through their electronic tablet. Whilst another person was listening to music in their bedroom.
- Each person had ways of communicating their preferences. One person used a simplified sign language to communicate with staff. Others pointed at pictures or took staff to an object. Staff were aware of all the different methods to use for the people.

Respecting and promoting people's privacy, dignity and independence

- Staff were constantly finding opportunities to promote independence. One person had prepared their breakfast with minimal support from the staff member. They proudly brought this into the dining room and began to eat their toast. Other people had signs on furniture in their bedroom, so they knew where to put their own clothes away.
- People were supported by staff who were patient and valued the speed the person processed information.
- Staff knew how to protect people's privacy and dignity when supporting them with intimate care. One member of staff told us they would always close doors and curtains before helping the person. All staff knocked on people's bedroom doors before entering them.

# 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.

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

- People were able to participate in a range of activities to meet their hobbies and needs. One person told us, "I go on nice trips". Another person told us how excited they were to go on ghost trains. Staff explained the person loved to go to the fair. Other people regularly attended colleges and special clubs for people with learning disabilities including following their hobbies and interests such as cooking. The staff had enabled one person to achieve a holiday abroad.
- During the inspection all people were offered the opportunity to vote in the local council elections. People told us how positive this made them feel.
- Staff knew people incredibly well and this supported them giving personalised care in line with the person's needs and wishes.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, emotion boards were used so people could express their feelings. Staff also regularly shared complex social situations in a simplified story-like format to help people understand them.
- People's care plans were personalised to their individual needs and wishes. When it was possible people were involved in discussions about their care plan. Guidance was in place for staff to follow. Staff knew people incredibly well and their needs and wishes.
- Each person had a named member of staff they discussed their needs, and these contributed to a review of their care. When changes were required these were made. One member of staff told us about the person they were assigned to. They explained how they supported the person and updated the care plan in line with changes in needs and wishes.

Improving care quality in response to complaints or concerns

- All people knew who they could speak with if they were not happy. One person said, "I talk to my carer" if they were upset.
- Systems were in place to manage complaints and provide outcomes to those who raised them. Records demonstrated complaints received had been managed in a timely manner.

End of life care and support

- No one at the time of the inspection was receiving end of life care.
- People's care plans reflected discussions with them and their family members about any arrangements in

relation to their death. Staff told us they had to be careful about how this was discussed with people to avoid them becoming distressed.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff felt supported by the management and appreciated the open-door policy the registered manager and provider had. One member of staff said, "[Name of registered manager] has an open-door policy. Whatever the issue, you can knock on her door. She is always there to listen". Another staff member told us, "[Name of registered manager] is lovely. They are one of the main reasons I can still do my job. She has always been there".
- The provider valued staff because they thought it would contribute to the quality of care being delivered to people. They supported learning and travelling opportunities for staff when it was required. All staff felt listened to and appreciated so were motivated to deliver the highest standards of care and support. One member of staff said, "You feel special so return the favour".
- The management were aware of their duty to be open with relatives and other professionals. It was raised by some health professionals during the inspection that some information could be shared in a more timely manner.

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

- People had an incredibly positive relationship with the registered manager and staff spoke highly about them. One member of staff said, "They [meaning the registered manager] put their heart and soul into it [meaning the home]".
- Staff were clear about their roles at the home and who they could speak with if they required support.
- The senior staff had champion roles within the home and they were clear on their responsibilities related to this. For example, the autism champion had delivered training to other staff. We heard this had improved their knowledge and understanding of how to support people on the autistic spectrum.
- People were supported by staff who had a strong team ethos. One member of staff said, "I love it here. We are a really good team. I love the job".
- Systems were in place to monitor the quality of care people received. It was clear when areas for improvement were identified then actions were planned. For example, a pharmacist had been contacted to help improve the medicine management systems.
- The management were aware of their responsibility to notify the Care Quality Commission in line with their legal responsibilities.
- Senior staff were aware of their roles to manage the shifts and support the other staff with any issues or

concerns which arose. Staff were appreciative of this.

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

- The management led by example and created an ethos of family values because it was the people's home. When one of the provider's arrived they greeted people in their preferred methods. It was clear the people knew them well and enjoyed being in their company.
- Regular staff meetings were held so people's needs and changes could be discussed. They also provided opportunity for staff to contribute to the running of the home. Staff felt listened to and that their ideas were appreciated.
- People had regular meetings with their key workers and meetings where they could contribute to the running of the home.
- The provider had systems in place to send annual surveys to people and their relatives to gather information on how to further improve the quality of care.

Continuous learning and improving care

- The provider and management were continuously striving to improve the service. One complement from a health professional said, "The house looks so nice, so much improvement has been made since I was here four years ago".
- Recently, the provider had been developing their systems to monitor the quality of care people received. This included moving towards electronic methods of record keeping and auditing. The registered manager was positive about this because it was helping them to record actions they had been taking in a more informal method.
- The management had demonstrated learning from a previous inspection at another of their services by applying it to this home.
- The provider had plans to apply several systems based on best practice to the home and improve the support people received. This included in relation to ensuring people were on the least medicines required. Other plans were to further increase people's input into the service so they had ownership of their home.

Working in partnership with others

- The management had embedded a strong ethos of working with the local community. For example, for one person they have been working with the local train station to help the person feel confident enough to go on a train journey.
- Students from a local college completing health and social care qualifications would regularly complete work experience at the home.
- Staff and the management worked with a range of local health and social care professionals to improve the care people received. Part of this was to share ideas and good practice. For example, one person's change in support strategies had been commended by a health professional when staff liaised with them.