

St Anne's Residential Home Limited

# St Anne's Residential Home Limited

## Inspection report

Whitstone  
Holsworthy  
Devon  
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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 Home Ltd provides accommodation with personal care for up to 37 people. There were 35 predominantly older people using the service at the time of our inspection. The service is situated in a rural area on the edge of the market town of Holsworthy, close to the town of Bude. The service has two floors reached by a passenger lift. It has been designed to accommodate people who may require specific aids and adaptations for their health and wellbeing. There are external grounds including a courtyard, which are private and not overlooked

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

People using the service consistently told us they felt safe and that staff were caring and respectful. Comments included "If I've got to live anywhere else I doubt they would be better", "It's a happy home" and "It's not home but they do their best." Relatives were also complimentary about the service.

We observed many kind and caring interactions between staff and people. Staff spent time chatting with people as they moved around the service.

Staff were proud to work at St Anne's Residential Home and spoke of the people they supported fondly. Comments included, "The owners and managers see residents as a family" another said, "We are all one big family."

Staffing levels had been increased since the last inspection. The management team continued to monitor staff levels to ensure there were sufficient staff on duty at all times to meet people's current care needs. Staff and people were positive about the staffing levels. ."

All necessary recruitment checks had been completed and people were safely supported to take their medicines as prescribed.

The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. People told us they felt safe.

Risks were identified, assessed, monitored and reviewed.

Staff had received appropriate training and support to enable them to meet people's needs.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The food provided by the service was enjoyed by people. Comments included "It's excellent" A relative told

us "I feel [relatives name] health has improved due to her diet and the care she receives".

People had access to a range of meaningful activities both in the service and in the local community that met their individual social and emotional needs.

People were involved in the development and review of their care plans. The registered manager was in the process of reviewing all the care plans to ensure they were more person centred and provided staff with enough information to enable them to meet people's needs.

The service was well led. Management roles were clearly defined and there were effective quality assurance processes in place. People and relatives attended 'resident meetings' so that views on the running of the service could be shared. People were complimentary of the service and relatives told us, "Its five stars here".

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Rating at last inspection and update:

At the last inspection the service was rated as Good (07 August 2017). At this inspection we found the rating remained as Good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# St Anne's Residential Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 over two days.

#### Service and service type:

St Anne's residential home is a 'care home'. People in care homes receive accommodation and nursing or 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 had a manager registered with the Care Quality Commission. The registered manager 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 before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with eight people who used the service, two relatives, six staff members, three catering and domestic staff and the deputy and registered manager. We reviewed the care records for four people who used the service. We reviewed records of accidents, incidents, medicines, staff recruitment, training and support as well as audits and quality assurance reports.

We spoke with two visiting health and social care professionals, and two external trainers during the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe and well cared for. Relatives echoed this view.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- The provider had systems which helped to keep people safe. Where concerns had been raised with the registered manager they had worked in partnership with relevant authorities. This made sure all concerns were fully investigated and, where necessary, action was taken to protect people.

Assessing risk, safety monitoring and management

- People received their care safely because risk assessments were carried out and action taken to minimise risks where appropriate. For example, some people, who had been identified as being at risk of falls, had pressure activated alarm mats placed in their rooms. This was to help ensure staff would be aware when the person was moving without support from staff.
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building. This helped to minimise risks to people in an emergency, such as a fire.
- People lived in a home where checks were carried out to maintain their safety. This included testing the fire detection system regularly and all lifting equipment and ensuring utilities were checked and serviced to make sure they were safe to use.
- Staff supported people well when they exhibited behaviour that challenged others. The registered manager was reviewing people's care plans to ensure that sufficient detailed guidance for staff on how to support people to manage their anxiety was recorded.

Staffing and recruitment

- Staffing levels had increased since the previous inspection. There were enough staff to meet people's needs. Staff spent time with people helping them with tasks and chatting to them.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references.
- The majority of people told us staff responded in a 'reasonable time' when they called for assistance. Comments included, "Staff respond as quickly as they can, at times they are very busy, so it does take longer." However, all stated that their care needs were always met.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management
- Some people self-administered their own medicines and appropriate risk assessments had been

undertaken to ensure this could be done safely.

- The medicines in stock tallied with the Medicines Administration Record (MAR). Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Records were kept of when these were given to people. There were protocols in place to guide staff about when these should be offered, or how people may express their need for them.
- The cold storage of medicines was assured. Records were kept of daily checks of the medicine's refrigerator.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service.

#### Preventing and controlling infection

- People lived in a home which was kept clean
- Robust infection control audit processes were in place at the time of this inspection.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as occupational therapists or physiotherapists, after incidents where people had fallen.



# Is the service effective?

## Our findings

Effective –this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives confirmed that they met with a manager prior to moving in to St Anne's residential home to discuss the care and support they needed. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been assessed and planned for. People, and relatives, told us they were involved in the development of their care plans and agreed with the planned support.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There were systems in place to monitor training to ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- New staff completed an induction and worked alongside more experienced staff to get to know people. Staff new to care completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meetings were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management.

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

- People were offered a choice of food and drink. We saw people eating their lunch in the dining area. This was a social occasion with general conversation occurring between people and staff.
- People told us they enjoyed the food provided. People told us, "Food is excellent." Care staff asked people each day what they would like for their meal from a choice of 3 options. However, a person was feeling unwell and asked if an alternative meal could be provided and this was catered for.
- Staff were aware of any specific dietary requirements for people, for example, if people had food allergies or needed their food to be pureed to minimise the risk of choking. This was recorded in the persons care plan.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Some people had fluid charts. However, there was limited guidance on the amount of fluid levels a person should be consuming, the reason for the monitoring, and when or to whom they sought advice if they had concerns. During the inspection the registered manager contacted health professionals to ask for guidance

on this.

- Staff monitored people's weight and contacted other professionals, such as doctors and dieticians where they had concerns.

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

- People told us they were encouraged to attend regular health appointments, including the GP, dental examinations and vision checks. These visits were recorded in people's care notes.
- People had access to range of medical professionals to meet their individual needs. Two healthcare professionals who provided feedback to us commented that staff sought medical attention appropriately for people in a timely fashion.
- The registered manager ensured staff had training and guidance on promoting good oral health care for people.

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

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Secure outside space was available to people. People were encouraged to spend time outside in the nice weather.
- As bedrooms became vacant they were redecorated and updated. There was an on-going programme of renovation and redecoration works.

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.

- Most people who lived at the home were able to make decisions about their day to day care and support. During the inspection we heard staff seeking permission from people and respecting people's choices.
- Where there were concerns about people's capacity to make decisions the registered manager consulted with other professionals and family members to ensure any decisions made were in the person's best interests.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. People were confident requesting help from staff who responded promptly to their needs.
- Staff supported people with sensitivity and compassion and were quick to respond to their emotional needs. Throughout the inspection we saw acts of kindness with staff providing reassurance and support.
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people's diverse needs and cultures.
- Without exception people told us they felt the service provided good care. People told us, "Staff are lovely, friendly and care. It's as good as it gets" and "There's no rules here they [staff] told me it's my home, I tell them when I need their help and what I'm doing". Relatives told us "The staff are lovely, friendly, laid back" and "Its five stars, I haven't seen anyone [referring to staff] with a negative attitude. The ethos is good here."
- The home operated a key worker system to make sure everyone had a member of staff to take a special interest in them.

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

- In addition to residential care the provider also offered day and respite care. This enabled people to spend time at the home before making a decision to make it their permanent home.
- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the registered or deputy manager.
- Care plans showed that people had been involved in the development of their care plan.

Respecting and promoting people's privacy, dignity and independence

- Care staff were person-centred in their interactions with people. They knew people well and held relevant conversations with people throughout the inspection visit.
- People's privacy and dignity was respected. People had a bed room where they were able to spend time in private or with visitors. Staff knocked on bedroom doors and waited to be invited in before entering.
- People were supported to maintain and develop relationships with those close to them. Relatives were regularly updated about people's wellbeing and progress. One relative told us, "I visit most days, staff are always here to talk to me about any changes."

- People told us they felt respected. We observed staff respecting people's wishes. Staff commented "This is their home they decided what to do and when "

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual needs and provided personalised care. x
- People were involved in the development of their care plans. The registered manager was in the process of reviewing all care plans to ensure they were person centred and accurately set out the persons individual needs and preferences to make sure staff knew how people wished to be cared for.
- Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Daily notes reflected the care and support people had received. Details of how the person spent their day would benefit from expansion.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of meaningful activities that met their individual social and emotional needs. These were planned in line with people's interests. For example, one person liked pets, the home raised money to purchase an animatronic animal [a replication of pet animals]. The person clearly enjoyed time with their pet and improved their mood.
- People were happy with the activities and social stimulation provided. There was a monthly activity calendar in the entrance area, so people knew what would be taking place. They particularly liked the entertainers who visited the home, outings and the local children's nursery who visited , as well as partaking in games and craft activities that the home organised.
- People were encouraged to stay in touch with friends and family and visitors were always welcome. Some people went out regularly with family members and staff supported this. Wi-Fi was provided in the home to help people to keep in touch with people who were unable to visit. Visitors were all positive about how they are welcomed to the service and told us staff were available to talk to if needed.

#### Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service.
- People and relatives were aware how to raise a concern or complaint and felt able to do this. No formal complaints were in process at the time of this inspection.

#### End of life care and support

- No one was currently receiving end of life care. The service had provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- There were positive links with external professionals, such as GPs and community nurses to support care at this time.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were complimentary of the service and of the warm, friendly, family atmosphere.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The registered manager promoted a culture that put people at the centre everything within the home. Comments from staff showed this ethos was put into practice as they spoke about the importance of seeing the service as the persons home, and they were they to support them. One member of staff said, "The owners and managers see residents as a family" another said "We are all one big family"
- Staff morale was high which created a happy atmosphere for people to live in. During the inspection we heard laughter and people enjoyed good humoured banter with staff and the management team.
- People knew the management team and felt they could discuss any issues with them. The registered and deputy managers were extremely visible in the home and responded to people's day to day issues. Where things were not to people's liking they apologised and made changes.

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

- People lived in a home which was well led by a registered manager who was enthusiastic and passionate about providing good quality care. In addition to the registered manager there was a deputy manager and team of team leaders and directors. This made sure people and staff had access to senior staff for advice and support.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The provider had a defined organisational management structure and there was regular oversight and input from them.
- Audits of many aspects of the service were taking place including infection control, care plans, health and safety and medicines administration. These audits had been used to make improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.

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

- Staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- Communication between people, staff and families was good. People and their families were invited to attend 'residents meeting'. At this meeting they were informed about any updates to the service and their views were sought on what was going well and if any improvements to the service were needed. Some people told us they attended these meetings and found them beneficial.
- People and their relatives were invited to complete a Quality Audit Questionnaire of the service. The ones we saw were very positive about the service.

Continuous learning and improving care

- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and at staff meetings.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals.
- Organisational audits were in place and used to develop the service by reflecting good practice.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.