

Peak 15 Ltd

# St. Anthony's Care Home

## Inspection report

7a  
Rosebery Road  
Epsom  
KT18 6AF

Tel: 01372278542

Date of inspection visit:  
02 November 2021

Date of publication:  
14 December 2021

### 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 Anthony's Care Home (St Anthony's) provides accommodation and personal care for people with a learning disability and autistic people. The service is registered to support up to five people and was fully occupied at the time of our inspection.

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

There were good systems in place to keep people safe. People were safeguarded from the risk of abuse or avoidable harm. Staff had appropriately assessed risks and took action to protect people.

People were supported by a committed team of staff who knew them well. Appropriate steps were taken to ensure staff were suitably vetted prior to appointment. Training was ongoing to ensure staff had the skills and experience to support people effectively.

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.

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.

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

### Right support:

- Model of care and setting maximises people's choice, control and independence

People were actively supported to pursue their interests and to develop the skills to lead independent and fulfilling lives. Staff had a good understanding of people's individual support needs and empowered people to achieve their own aspirations.

### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

People received personalised care that was responsive to their changing needs and expectations. Staff were knowledgeable about people's emotional needs, understood the link between their anxiety and behaviours and supported people well when they needed it.

### Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead

confident, inclusive and empowered lives

People were at the heart of the service with staff providing a network of support around them. The culture of the service was open and transparent with staff and managers working with people as equal partners in their care.

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

This was the first inspection for this service since the changes in its registration on 28 August 2020. The last rating for the service under the previous provider was good, published on 19 June 2019.

#### Why we inspected

This was a planned inspection to provide a rating for the service following its re-registration.

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.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

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. Anthony's 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. 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 Care Act 2014.

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 Anthony's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. 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 before the inspection

We reviewed all information we held about the service. This included the report from our registration team when the provider and manager changed, feedback received from our partner agencies, and statutory notifications that had been submitted. Notifications are changes, events and incidents that the service must inform us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We met with all the five people who used the service and spoke individually with three of them. We spoke with three members of staff, including the registered manager. We reviewed a range of records. This included the care plans for two people and documents relating to medicines. We looked at three staff files in relation to recruitment and staff supervision. Records relating to the safety and management of the service, including incidents and accidents and audits were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke on the telephone with the relative of person living at St Anthony's and a professional advocate who had regular contact with two people. We received written feedback from the family of another person who lived at the service. We also spoke with a provider representative to gain a view of how the service had integrated with the other part of the organisation.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 living at St Anthony's. One person told us, "I used to live at another home, and I didn't feel safe there because people would come into my room in the middle of the night. I don't have to worry about that here, it's very nice here and I feel very safe with everyone."
- Relatives also felt their loved ones were safeguarded at the service. One family described how their son was very emotionally vulnerable and how managers and staff had worked effectively to safeguard him during his time at St Anthony's.
- There were appropriate systems in place to protect people from the risk of abuse. When any concerns were raised, action was taken to immediately safeguard people and ensure those who had spoken up felt listened to and included in the process.
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff told us they had completed training in safeguarding and were able to recognise signs of different types of abuse and knew what to do if they ever had concerns.
- There were clear policies and procedures in place for identifying and reporting abuse. The registered manager demonstrated his knowledge around safeguarding and commitment to protecting people.

Assessing risk, safety monitoring and management

- Risks were identified and managed in a way that balanced people's safety and independence. People told us they felt empowered in the way they were supported at St Anthony's. One person said, "I used to have one to one (continuous) support at my last placement and could never go out on my own. Now I am independent, have my own key and can go out alone."
- Relatives and professional advocates told us they thought risks to people were managed well. For example, one family member told us, "They have kept him very safe."
- Staff understood what put people at risk and how to support them safely. For example, staff knew how to recognise signs that people may need either space or additional support. Care records included a clear assessment of the risks associated with people's needs and detailed guidelines about how to manage identified risks, such as those associated with eating and drinking.
- Staff knew how to safely support people in the event of an emergency, and each person had a Personal Emergency Evacuation Plan (PEEP). We highlighted however that PEEPs should be sufficiently detailed to ensure that someone who did not know the person could also support their safe evacuation from the service. The registered manager confirmed they would immediately update the PEEPs in place and look at creating a 'grab' bag which could be taken from the service in an emergency.

Staffing and recruitment

- People told us they always received the right support from staff and staff were there when they needed them. One person said, "They [staff] are all really nice and help me when I ask them to."
- Staff told us appropriate staffing levels were maintained and staff rotas were organised flexibly around people's needs and activities.
- The registered manager recruited new staff subject to appropriate pre-employment checks to help ensure staff were safe to work with people who used care and support services. Recruitment information included written references and the completion of a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

#### Using medicines safely

- People told us staff supported them to take their medicines in their preferred way. For example, one person said, "I know what medicines I need to take, but I call staff to make sure I'm taking them at the right time."
- There were systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- Staff completed Medication Administration Records (MAR) following the administration of medicines. MAR were regularly audited.
- There were clear guidelines in place for the use of occasional (PRN) medicines. Staff also completed a form following the administration of PRN medicines to evaluate if they were successful. Where medicines had been administered in respect of people's behaviours, this was in line with professionally agreed Positive Behaviour Support plans.

#### Preventing and controlling infection

- We were somewhat assured that the provider was admitting people safely to the service. One person had returned to the service following a short hospital admission but had not completed the required self-isolation period at that time. This was discussed with the registered manager who advised that they had now updated their policy to ensure any future admissions or re-admissions would either self-isolate or have a clear risk assessment in place to mitigate the risk.
- We were somewhat assured that the provider was using PPE effectively and safely. We observed that the registered manager's face mask was not always securely fitted during the inspection. We raised this with them, and they adjusted the fit. All other staff were wearing their PPE appropriately.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The management team had created a culture of reflective practice. Incidents and accidents were routinely reviewed and areas for learning discussed both at management and staff level.



- For example, the detailed monitoring of one person's mental health had identified patterns in their moods. Staff had used this information to plan activities and outings at the most appropriate times for the person.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us they received support that met their needs and respected their choices.
- People's needs were comprehensively assessed prior to them moving into the home. The registered manager explained that compatibility with other people living at the service was a key consideration before offering a placement. We saw that a person had recently been assessed and was currently in the process of getting to know the other people they would be living with before moving in.
- Care records evidenced people's needs and choices were continually assessed, and information used to appropriately plan their care.

Staff support: induction, training, skills and experience

- People and their relatives were positive about the staff who supported them. For example, one person told us, "The manager and staff here have been brilliant, I was not in a good place when I came here, but they have helped with all that."
- Staff told us they received ongoing mandatory and specialist training that provided them with the skills needed to deliver high quality support. For example, additional training in Positive Behaviour Support (PBS) had recently been provided to enable staff to effectively support a person with complex support needs.
- New staff worked alongside more experienced staff and were supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Staff told us they were well supported by the management team who provided regular supervision and checks of their competency. Individual and group meetings with staff were used to carry out a knowledge check and develop staff skills in accordance with best practice.

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

- People were involved in the planning and preparing of their own meals. One person told us, "We have a weekly meeting where we choose the meals we want to eat for dinner." Another person said, "If I don't like what is on the menu, then I just have something else on that day."
- We observed people taking an active role in the preparation of their meals and snacks. One person was seen entering the kitchen at lunchtime and making themselves toast and a drink. Another person was supported by staff to make a cup of tea for themselves and others.
- Staff had a good knowledge of people's dietary needs and preferences. They also encouraged people to make healthy choices, whilst still enjoying their favourite food. One person required support at mealtimes due to the risk of them choking and staff understood and followed guidance in respect of this.
- Care records outlined people's nutritional needs, detailing dietary and personal preferences to ensure

support was appropriately tailored to the individual. For example, the care plan for one person highlighted the person needed a visual menu planning book in order to make the best choices for them. This reflected the way they told us they chose their meals.

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 staff supported them to maintain good physical and mental health. One person told us, "My health has improved a lot since being here and I've managed to reduce a lot of my medication."
- Staff recognised and responded quickly to signs that people were in pain. During the inspection we observed that one person was administered pain relief for toothache. Staff then followed this up by requesting an appointment for the person to see the dentist.
- People's representatives praised the way staff and managers had managed people's complex health needs and engaged with other professionals. One family member told us, "Staff managed a challenging situation well, by keeping in close contact with [person's name] mental health coordinator."
- People's care records reflected the specialist support and guidance provided by other health care professionals.

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

- People showed us around their home with pride. One person was keen to show off the aviary in the garden and explained how they and another person were responsible for feeding the birds.
- Each person had their own room which they had been supported to personalise as they wished. One person told us, "I used to have a single bed, but now my girlfriend comes to stay. Staff helped me to change it for a double."
- One person's care records included occupational therapy advice in respect of using sensory items with the person. We saw that a variety of sensory tools were in place around the service including a rocking chair and weighted blanket which staff explained benefitted the person.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff respected their right to make their own choices and decisions.
- Staff understood the importance of gaining valid consent. They also appropriately demonstrated how to make 'best interests' decisions if a person lacked capacity to make a decision for themselves.
- Care records highlighted that where people had been assessed as lacking the mental capacity to make certain decisions about their care and treatment, appropriate DoLS referrals had been made.
- Staff ensured care was provided in the least restrictive way. For example, staff explained how people might be better able to make decisions or require less support from staff at particular times.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were observed to have great relationships with staff who supported them. One person told us, "They are all really nice, I can talk to them about anything."
- People's representatives echoed that staff treated their loved ones well. One family member commented, "The service is excellent and [person's name] has been treated exceptionally well by staff."
- Staff and managers had created a culture of acceptance where people were celebrated as individuals and differences were respected. One person reflected, "I really enjoy spending time with [person's name], he's not the same as me, but I like that about him."

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

- People were respected as partners in their care and included in making the decisions about their lives. One person told us, "Some of us are going on holiday next week and my girlfriend and I are sharing our own caravan – I'm really looking forward to that."
- Staff spent time encouraging people to express their views and, where appropriate, used pictorial aids to help them communicate their choices.
- Care records reflected the views people shared about how their support should be delivered and the personal goals they wanted to achieve. For one person, this had meant they were now ready to move back into their own accommodation and for another the ability to go out independently.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. For example, one person said, "I have my own key so I can lock my room, staff don't just wander in, they always knock and ask me first."
- Personal support was provided sensitively in a way which promoted people's dignity. For example, one person needed support with their clothing and a staff member quickly and discreetly assisted to secure the waist tie of their trousers.
- Staff empowered people to be involved in their care. For example, when one person communicated that they wanted a drink, the staff member verbally and practically supported them to make it for themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People confirmed they received support in a personalised way that met their needs and expectations. One person told us, "I can get up and get to bed when I like, it's my choice." Similarly, the relative of another person said, "Our son was always free to come and go at St Anthony's." The relative explained to us this was of benefit to this person's mental health.
- People received support reflective of their individual needs, choices and personal goals. Staff knew each person well and the support they described reflected the information recorded in people's care plans. Where people's needs were subject to change, their care plans outlined how staff should alter their support and the triggers for any anxiety to look out for.
- Staff recognised how people were feeling and were responsive to changes in both their physical needs and emotional wellbeing. Staff explained how they tailored one person's support depending on their mood each day.

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.

- People had their own communication profiles and staff had the necessary skills to communicate with them effectively.
- Information was made available to people in a format that they could understand. Key information had been produced in a pictorial or simplified format. For example, one person had been supported to produce a video for the service about how to keep safe during the pandemic.

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 told us they had the opportunity to spend their time as they wished and spoke enthusiastically about the activities they did regularly.
- During our inspection, four people went bowling and out for lunch. Prior to leaving people expressed how excited they were to be able to partake in this activity again (it has been stopped due to the pandemic) and on their return were keen to share their scores with us.
- People were supported to plan holidays and day trips to locations that were meaningful to them. Two people were due to go on holiday the week following the inspection and chatted about where they would be staying and the things they were looking forward to doing.

- Staff helped people to maintain relationships that were important to them. People talked to us about their regular visits and contact with loved ones, both in person and over the phone.
- People's representatives were grateful for the way staff had supported people to keep in contact with them. One relative told us, "They have supported his relationship with his girlfriend which is very important to him." Likewise, another said, "They facilitate our family visits by bringing him home to us which we hugely appreciate."

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

- People told us they didn't have any complaints, but they would always raise any issues straight away, knowing concerns would be dealt with. One person said, "I'm really happy here, but if I wasn't then I'd just talk to [manager's name] or any of the staff." Similarly, another person commented, "I had an issue once and I told them [manager] and it got sorted."
- People's representatives confirmed they had never had cause for concern but would feel comfortable to voice any worries. One family member told us, "I have no complaints at all, we literally cannot fault it."
- There was a clear complaints policy available and people had an accessible version available in their rooms. Whilst no formal complaints had been received, the registered manager had maintained a log of minor concerns raised by people. This demonstrated that all feedback was viewed as part of the ongoing commitment to develop the service.

#### End of life care and support

- The service was not currently supporting people with end of life care. Whilst no one was receiving end of life care, the pandemic has highlighted that ill health can happen at any age and people would be better supported in an emergency if things that were important to them were known and recorded.
- The registered manager agreed to review how they could better document what they already know about people's religious and spiritual beliefs, and what comforts people when they are anxious or in pain. We will follow this up at our next inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us they liked living at St Anthony's because it was their home and they felt safe and well-cared for which positively affected their lives. For example, one person told us, "The manager and staff here have been brilliant, I was not in a good place when I came here, but they have helped with all that."
- Representatives echoed people were happy with the service and the support they received. An advocate told us, "They are very settled at the service, have good relationships with staff and plenty of things to do." Another person's relatives told us, "Our son has had excellent support from St. Anthony's staff throughout his time living there. We have a very high opinion of all the Peak 15 staff that we have worked with."
- The culture was open and people were empowered to have choice and control over both their daily lives and the running of the service. We observed equality between people and staff, with people being encouraged to lead their own lives.
- Staff felt valued and recognised in their roles. One staff member staff old. "It feels like a family here. The teamwork is really good, and we are all very supportive of each other."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 new registered manager had established himself as a credible leader and was praised by people, their representatives and staff alike. One person told us, "[Manager's name] is great, you can talk to him about anything." Similarly, a staff member said, "He's the best manager, he is a very calm, caring and supportive person."
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The management team had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- Staff told us the culture was one of transparency and openness. One staff member described, "We have an open culture, there's no blame; if you make a mistake, you just say something, and it gets sorted out."

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

characteristics; Continuous learning and improving care

- People told us managers and staff engaged with them about decisions that affected them. For example, one person told us, "We have a meeting every week to plan the menu and we take turns in writing it up." Similarly, a staff member showed us the leaflets that had been collected for people to be able to choose the Christmas events they would like to do.
- People and their representatives had ongoing opportunities to both formally and informally share their views with staff and managers in a way that enabled them to influence the running of the service. For example, individual and group residents' meetings were held, in addition to satisfaction surveys. Minutes from these meetings were evaluated to ensure actions were completed.
- Daily handovers and regular staff meetings were used to ensure that staff were kept up to date with changes at the service and delivered care in line with best practice.
- The changes at both provider and manager level had been managed well and enabled continuous improvement of the service people received. One representative told us, "I was initially apprehensive about the change of ownership of the service, but I needn't have been. The home has gained a lot from being part of an organisation; greater opportunities for staff training and better access to activities for the clients."
- The registered manager kept himself up to date with best practice and continuous auditing ensured regulatory requirements were met and pathways for improvement ongoing.

Working in partnership with others

- Managers and staff had positive relationships with healthcare professionals and worked in partnership with them to improve outcomes for people. It was evident from discussions with staff and reviewing care plans that specialist advice was sought and reflected in the way support was being provided.
- People were supported to attend a wide range of community events which enabled them to meet other people with similar interests. One person talked to us about the job they had done prior to lockdown and staff were supporting them to try and get back to. This created a sense of belonging to the local community wider than the peer group at home.