

Antron Manor Care Limited

Antron Manor

Inspection report

Antron Hill
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Date of inspection visit:
20 April 2022

Date of publication:
19 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Antron Manor provides accommodation with personal care for up to 16 people. There were 13 people using the service at the time of our inspection. The service is in one adapted building over two floors.

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

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

The environment was suitable to meet the needs of people living at Antron Manor. Health and safety checks of the environment and equipment were in place.

There were processes in place to prevent and control infection at the service, through access to COVID-19 testing where necessary, cleaning schedules and safe visiting precautions.

Systems to assess and monitor the quality and safety of the care provided were in place. They were effective in assessing quality and identifying and driving improvement.

Peoples medicines were managed safely. Staff responsible had the necessary skills to administer medicines. Oversight was in place to ensure medicines were managed safely.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The provider maintained oversight of training to ensure staff had the necessary training, knowledge and skills to provide consistent care.

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.

People were supported to eat balanced diet and drink enough to keep hydrated.

The provider maintained oversight of complaints, accidents and incidents and safeguarding concerns. The provider engaged well with health and social care professionals. The service had clear and effective governance systems in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (report published 14 January 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Antron Manor

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

One inspector undertook this inspection.

Service and service type

Antron Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Antron Manor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 our inspection a manager had recently been recruited. The provider was overseeing management of the service in the interim.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

The nominated individual is responsible for supervising the management of the service on behalf of the provider .

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff and a visiting professional.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to review and evaluate information collated in the site visit. We spoke with two relatives.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had effective systems in place to protect people from abuse.
- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff felt any concerns they reported would be taken seriously.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.
- The provider was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns since the last inspection.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, where people's health had deteriorated, they had been referred to clinicians for diagnosis and guidance. Where people had become at risk from skin damage referrals had been made and staff were supported by district nurses. A visiting health professional told us, "All the staff do a good job here and they always ask our advice if they have any concerns."
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Records guided staff in providing safe care. Risk assessments for weight management and nutrition and dependency levels had been undertaken.
- Equipment and utilities were checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Using medicines safely

- People received their medicines in a safe way, as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.

- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs. People's needs were responded to promptly and staff had time to spend with people. Staff told us there were enough staff to support people. They said, "Yes, there are enough of us" and "It's a good staff group and we support each other."
- Relatives told us, "They are a lovely group of staff. Always kind and patient" and "They [staff] really do go out of their way to help."
- Staff were recruited safely. Staff files showed all necessary checks were made to ensure staff were safe to work with people in a residential care setting.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits. A family member told us, "They [staff] follow all the procedures because of COVID-19. We are always made to feel welcome."

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 the same. This meant people were safe and protected from avoidable harm.

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

- The provider undertook a preadmission assessment for people wishing to live at Antron Manor. This was to ensure people's care needs could be met by the service. People and their family, together with reports from health professionals contributed to the assessment. This included people's presenting need and their preferences and routines.
- Care records were personalised in line with best practice and where possible included the views of the person, family and professionals who were familiar with the care needs of the person.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- Staff were being personally supported through a supervision process. Staff told us they had continued to be supported by the provider throughout the COVID-19 period. They said, "We are very well supported and always accessible."

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

- People were supported to eat and drink well. People's care plans documented people's likes and dislikes and any support they required around food and drink.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration.
- People told us they were offered choice around what meals they would like, and any specific requests were catered for. One person told us, "The food is always nicely presented, and it tastes good as well. If I don't like the choices they will make something I fancy."
- Some people needed to have their food and fluid intake monitored. Records for this were meaningful and supported health professionals if additional supplements were needed.
- We observed lunchtime service. People were offered choices of what to eat and drink. The food provided was well presented. Some people choose to eat meals in their rooms. Staff supported people to do this. Where staff supported people who required assistance it was observed to be done in a respectful and dignified way.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were given information and support to encourage them to adopt a healthy lifestyle. For example, diet choices and maintaining and promoting mobility.
- People had access to GP's, dentists and other healthcare professionals. People's health conditions were well managed, and staff engaged with external healthcare professionals.
- A visiting health professional told us they worked closely with the provider and staff team and that staff alert them to any concerns they may have about people. Staff were responsive to the district nurse's advice to ensure the person received the best care.
- Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.
- There were clear records to show staff were monitoring specific health needs such as people's weight, nutrition and hydration, skin care and risk of falls.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- People currently living at Antron Manor had capacity to make decisions or were supported by their legal representative to make decisions. For example, use of a bell mat to alert staff at night following a person's increase in falls. A best interest meeting had taken place with the local authority.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). Families were encouraged to be involved in people's care plan reviews. This was confirmed when we spoke with a relative.

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

- There were various levels within the service which meant only people with good mobility could use certain rooms. This was made clear to people prior to admission to the service. If a person's mobility changed the provider provided the choice of a ground floor room when it became available.
- People had choices about where they could spend their time. There were pleasant gardens and patio areas which people could access and use safely. Two people told us they liked walking in the grounds every day. One person said, "I love it. Just pottering around the gardens is lovely before lunch."
- Access to the building was suitable for people with reduced mobility and wheelchairs. Access to the upper floor was by stair lift.
- The home had toilets and bathrooms with fitted equipment such as hoists and grab rails for people to use

in support of their independence.

- People's rooms were personalised to their individual requirements. A relative told us, "[Person's name] is pleased with their room. It's important to have photos of family as [person's name] has a large family and we are very close."

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 the same. This meant people were safe and protected from avoidable harm.

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

- The service promoted a positive culture. People told us they were happy living at Antron Manor. They told us their care needs were met and they felt well supported by the staff team. People told us, "I love living here. It's a home from home for me" and "I like chatting with my friends here and the staff are very good and patient." Staff told us it was a good place to work and they felt valued. One staff member told us, "It's been a difficult few years with COVID-19 but we have worked together and supported each other."
- The provider and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- Relatives were complimentary about the service and told us that the registered manager and staff communicated well with them and knew their family member well.
- We observed the staff team to be dedicated, friendly and approachable during the inspection. Staff engaged well with people. People had a good rapport with staff, and we observed some friendly and jovial interactions.

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

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The registered manager was supported by the deputy manager and manager of the residential service. There was good oversight of the governance systems in place.
- The provider understood their responsibility to be open and honest with people and relatives if something went wrong. The provider was aware of their legal responsibilities to notify CQC of any concerns or incidents.
- Any learning identified following incidents or complaints was shared with the staff team through the system of meetings and supervision sessions.
- Regular audits took place, and these were completed by the provider. These included checks on people's health, medicines, social needs and staffing.
- There were effective quality assurance and auditing systems in place designed to drive improvements in the service's performance.
- Important information about changes in people's care needs were communicated at staff handover meetings each day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had systems in place to positively engage with all stakeholders. Relatives told us the service sought their views and they felt the provider and staff engaged positively with them. One person said, "[Provider name] keeps us up to date on everything and I feel they listen to our views as well."
- The service had supported people to remain in contact during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- Staff had received one-to-one supervision with management. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.

Continuous learning and improving care

- The provider was keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.