

St Ann's Limited

# St Ann's Lodge 1

## Inspection report

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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

This inspection took place on 13 September and 13 October 2017. Our first visit was unannounced. This meant the service did not know we would be visiting.

The service provides personal care and support for up to six people within a small care home setting. It specialises in providing care to people who have a learning disability. There were six people using the service at the time of our inspection.

This was our first inspection of the home since changes were made to its registration with CQC in October 2016.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at St Ann's Lodge and said staff were kind and caring towards them. There was a relaxed friendly and homely atmosphere when we visited.

Relatives of people said the service provided was exceptional and went 'above and beyond' in responding to each person's needs and aspirations.

People received care and support from a long standing group of managers and staff who knew them very well and understood their needs and preferences. Each person had accessible individualised support plans to make sure they received the support they required. The service was responsive to people's changing needs and linked well with external health professionals to help ensure positive outcomes for people.

There were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. Staffing numbers were sufficient to help make sure people were kept safe.

People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

The registered manager supported staff to deliver appropriate care and support. Staff attended regular training which gave them the knowledge and skills to support people effectively. Staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

There was a system in place for dealing with people's concerns and complaints. People and their relatives told us they knew how to complain and felt confident that the registered manager would respond and take appropriate action.

There were suitable systems in place to monitor the safety and quality of the service and drive improvement where required.

## 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.

There were enough staff to meet people's individual needs.

People were kept safe from harm and abuse. Any risks to people were assessed and action taken to minimise these.

People were supported to take their medicines safely.

Appropriate pre-employment checks were completed to help ensure people's safety.

### Is the service effective?

Good ●

The service was effective.

Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access healthcare services to help make sure their physical and mental health needs were met.

People were protected from the risk of poor nutrition and hydration.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity respected.

Relationships between staff and people using the service were positive. Staff knew people very well and provided care and support in line with their wishes and preferences.

### Is the service responsive?

Good ●

The service was responsive.

Managers and staff knew people very well and responded promptly to any changes in their care and support needs.

People were supported to lead active lives and to maintain regular contact with family and friends.

Support planning was person centred, involved the person using the service and care documentation was made accessible to them.

Arrangements were in place for dealing with concerns and complaints. People and their relatives said that the service involved them and listened to them.

**Is the service well-led?**

**Good** ●

The service was well-led.

The management team promoted high standards of care and person centred support for people using the service at St Ann's Lodge.

Staff felt well supported and part of a team. Communication lines were open and key information was shared effectively.

The safety and quality of the service was monitored and involved health professionals kept up to date with any changes or events.

# St Ann's Lodge 1

## **Detailed findings**

### Background to this 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 was planned to check 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.

Prior to our visit we reviewed the information we held about the service. This included the inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the home on the 13 September and 13 October 2017. Our first visit was unannounced and the inspection was carried out by one inspector.

We spoke with four people using the service, the registered manager, deputy manager and two members of staff. We also spoke with two relatives and received written feedback from three external health professionals.

We looked at records about people's care, including two files of people who used the service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

# Is the service safe?

## Our findings

People told us that they liked living at St Ann's Lodge and felt safe there. One person told us, "I'm happy here." Another person said, "I like it." A third person commented, "It's alright."

An external health professional commented, "I have always found St Ann's Lodge to be a safe environment for its service users."

There were sufficient numbers of suitable staff to help people to stay safe and meet their needs. Two staff worked on each shift with additional support provided as required for appointments and outings. For example, one person was accompanied by a staff member for their regular one to one support on the first day we visited. People using the service confirmed there were enough staff around to help them. Staff spoken with said that the staffing levels were sufficient. One staff member commented, "We have enough staff. There are two on each shift with some people also having one to one." Another staff member told us, "There are always enough staff."

Recruitment procedures made sure that the right staff were recruited to support people to stay safe. The files seen included references from previous employers and proof of identity documentation. Criminal Records checks had been completed. These important checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.

There were clear policies and procedures for the safe handling and administration of medicines. Medicines were securely stored and records of administration were up to date and accurate. Regular audits were carried out to make sure people's medicines were being stored and administered safely. Staff were trained in safely administering medicines and records showed this important training was kept up to date.

Any concerns about people's safety were identified or addressed. Information about potential risks to people and their safety was available in people's care files. For example, individual risk taking plans addressed areas of daily living such as bathing and showering, cooking and going out in to the community. Care plans also gave information about how to help people stay safe. We saw this care documentation was kept up to date and reviewed following any incidents or changes in the person's needs.

People using the service felt comfortable in raising concerns about their own safety. One person said, "If I've got problems I go to the manager." Staff knew how to recognise the signs of possible abuse. Training records showed that staff had completed safeguarding training and staff we spoke with confirmed this. They felt confident that senior staff would take appropriate action to keep the people living at St Ann's Lodge safe. One staff member told us, "I would always talk to the managers. They always listen, no problem."

The service managed the control and prevention of infection well. Staff were trained and understood their role and responsibilities, for example, around food safety. The house was clean and well maintained when we visited. An Environmental Health Officer visited the service in 2014 giving the service a maximum score of five.

We saw regular checks took place to help keep people safe, for example, of fire safety equipment. Certificates showed that equipment in use was serviced as required. For example, electrical equipment was checked as required.

# Is the service effective?

## Our findings

People said they were cared for by staff who knew them well and understood their needs. One person said, "They are nice staff." The staff we spoke with knew people well and were able to describe their needs and preferences in detail.

Staff were able to develop their knowledge and skills and this helped them provide a safe and effective service. A staff training programme was in place to make sure staff were able to meet people's individual needs. The deputy manager co-ordinated the induction and on-going training for staff. Mandatory courses staff attended included health and safety, first aid, safeguarding adults and the Mental Capacity Act. Additional training was provided specific to the needs of people using the service, for example, epilepsy awareness. Records showed when staff had received training in specific areas and when they were next due to receive an update.

Staff confirmed that they had regular training and that courses were refreshed annually or as required. All of the staff spoken with said they had the training they needed to undertake their roles effectively. One staff member told us, "I have attended lots of courses." Another staff shared an example of a recent training course they had attended to help them meet the changing needs of one person using the service.

Staff were also supported through regular supervision and appraisal sessions which considered their role, training and wellbeing. Supervision meetings are one to one meetings a staff member has with their line manager. In addition to these formal one to one meetings, staff said they could approach the managers informally to discuss any issues they had.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had submitted DoLS applications for authorisation where people's liberty was being restricted. Authorisations were held on file and the managers made sure these were reviewed annually as currently required. Easy read documentation around the MCA and DoLS was available for people to reference. Care documentation highlighted where people could make their own decisions and how they could be supported to be as independent as possible. Staff worked to make sure people had maximum choice and control over their lives, and supported them in the least restrictive way possible. They understood the importance of gaining consent before providing support to people and had received training on the MCA and DoLS. One staff member commented, "What they [people using the service] do is their choice."

Care documentation showed that the service involved other health and social care professionals with

people's care. Health action plans looked at people's needs and the support they required to keep a healthy lifestyle. These records were regularly reviewed. People using the service had access to local healthcare services such as GP's, dentists, nurses and chiropodists. People also received specialist input as required, for example, for their epilepsy.

People's nutritional needs were met. Individual support plans and guidelines were in place giving information about the support people needed with eating and drinking. People's weight was monitored and any changes acted upon. People using the service told us they enjoyed the food provided to them and had choice about what they ate. One person said, "Nice food." Another person told us, "I like the macaroni cheese." A third person commented, "There's nice food here."

The environment of the home met the needs of people using the service. People were able to personalise their rooms and had a range of possessions to meet their needs, for example, televisions, music players and camera's. The service was homely with communal rooms including lounge, dining areas and garden.

## Is the service caring?

### Our findings

People told us that the staff were kind and caring. One person said, "They are fine." Another person told us, "Yes they talk nicely to me." The atmosphere during our visits was relaxed and homely. Observed interactions between the registered manager, staff and the people who lived there were warm, friendly and familiar. A pet dog also added to the homely feel of the service.

Relatives or friends said that the service was caring. One person said, "The staff are all so wonderful. They are all caring and helpful." Another relative told us, "It's lovely, [the person] is so happy. It's a family orientated place. They are doing a smashing job."

A consistent management and staff team had worked with the people using the service for a number of years. They clearly knew people very well, all talking knowledgeably about their preferences and daily routines. Staff gave us a number of examples of how they monitored people using the service including signs they would look for to indicate someone was upset or not feeling well.

One external health professional told us that, in their experience, the approach of St Ann's was person centred and they had a very good knowledge of each resident's personality and support needs. They commented that the service went 'the extra mile' to ensure that people felt that it was their home rather than a care home. Another health professional commented that the staff were "very caring".

Each staff member spoken with was positive about the service provided. They gave us examples of how they ensured the privacy and dignity of people using the service including making sure the person were afforded their privacy during personal care and with visiting health professionals.

Support plans reflected the values of the service including making sure people felt safe and valued in their home and to make sure that their choices and decisions were respected. Each person had a support plan produced that was accessible to them using pictures and photos. The plans documented the person's history, the things they liked to do and the things they didn't. Staff spoke to us knowledgeably about people's interests and preferences.

We saw people could have visits from their friends and relatives when they wanted. Support plans included information about the people who were important to the person and records showed they were supported to maintain these important relationships. Relatives spoken with confirmed this.

Collages of photographs of people were displayed in the front hallway focusing on their strengths and valuing them as individuals. Two people showed us their bedrooms which were comfortable, decorated with family photographs and their own possessions which reflected their interests.

## Is the service responsive?

### Our findings

External health professionals told us that the service was focused on providing person-centred care and health support that was responsive to people's changing needs. One professional told us that staff were very good at following any recommendations or guidelines provided to them. The registered manager and deputy gave us examples of how they responded to people's changing physical and emotional health needs. One person had been affected by dementia in their family and the home had worked to make sure they could continue to visit their relative whilst remaining safe themselves. A laminated information book had been compiled for the person to help them with the changes they were seeing and remind them who they could talk to. A relative commented on this support describing it as "above and beyond" and praised the work the service was doing in supporting the person and their immediate family. The service had recently worked with a day placement to help ensure another person's wellbeing after alterations had been made to their normal daily activities.

People were supported to be as independent as possible and to lead active lives by staff at St Ann's Lodge. One person told us they went to day placements and clubs regularly each week including drama and line dancing. Another person told us they had just been out to Sutton with a member of staff. A third person commented, "I go out walking by myself and sometimes go down town with staff." People using the service enjoyed acting and singing and were being supported by staff to plan and prepare for the home's own annual Christmas drama production.

People were also supported to go on an annual holiday. One person told us how much they had enjoyed this trip saying it was a "very good holiday". Recent feedback obtained from friends and family included, "Thank you for giving the chance for people to go on holiday. They always come back positive, looking well and so happy."

Regular contact with family and friends was facilitated and encouraged. This helped to protect people from the risk of social isolation and loneliness. Wednesday nights were designated as activities night with an open invitation for family members and friends to come along to participate alongside people using the service. This open house evening also provided an opportunity for discussion about people's progress and of any issues or concerns.

One relative spoke about a person's activities and how the staff had supported them to follow their interests. They described the person as being "very involved" in their activities and that the home was "very much in tune with what [the person] needs".

People using the service were out attending day placements or going out with staff on the first day we visited. One person went shopping with staff and another person went to use a computer at a library. A third person went out independently for a walk. The home also had vehicles for staff to use that enabled easy access to local community facilities and for trips further afield.

One staff member told us, "They are more busy than me." Another staff commented, "People are very busy."

We have a good relationship with families, it works really well."

People's needs were assessed and documented including their own individual choices and preferences. Support plans recorded how each person's needs were to be met including their personal details and addressed areas such as activities of daily living, personal hygiene and physical health. Detailed guidance was available for each person about their preferred routines and how to support them effectively. We saw that care documentation was very well organised and regularly reviewed. Members of staff acted as key workers for each person using the service and held regular one to one meetings with them. For example, to plan activities and discuss any issues affecting their wellbeing. A key worker is a member of staff allocated to work with a person co-ordinating and organising the service to make sure it is meeting their particular needs.

Some people using the service were aware of their support plans and said that staff involved them in their development. Much of the documentation was made accessible using pictures and photographs. One person showed us their support plan during our first visit. They knew where it was kept and were able to successfully use the photographs and pictures to share the content with us. The deputy manager told us that this work was on-going to make sure that all the support documentation was available in an accessible format for everybody using the service.

People's support plans addressed their cultural and religious needs. One person came from a background of a particular faith and staff had explored with the person whether they wished to practice their religion. This included their diet and attending a place of worship.

Handovers, communication books and daily notes helped to make sure that staff had access to the most up to date information about the people they supported. The small size of the service and the consistency of staff helped make sure information about people's support needs was shared and responded to.

People told us they felt able to talk to a member of staff if they had a concern or complaint. Family and friends also told us they had no concerns about the service. The service had a procedure in place to manage any concerns or complaints which was available to people using the service, their relatives and other involved stakeholders. The procedure was also made available in an accessible format. The registered manager told us, and records confirmed that there had been no complaints since our previous inspection. They felt that the reason for this was the regular contact with family and friends allowing for any issues to be discussed and resolved quickly. An external health professional commented that the service had always been "willing to engage and learn" where there had been any issues or concerns in the past.

## Is the service well-led?

### Our findings

People benefited from receiving a service that was well led. The registered manager and deputy spoke about their commitment to providing high quality care and person centred support to the people living at St Ann's Lodge. Relatives and friends of people using the service felt involved with people's support and were welcomed when they visited. They gave us positive feedback about the care and support provided to people. One person said, "I do not know what we would do without them. You could not ask for better." Another relative commented, "I can go anytime. I am always made welcome and they keep in regular contact with me." Feedback from a 2017 questionnaire for friends and family carried out by the provider was positive. One relative commented, "St Ann's Lodge is the best place ever."

An external health professional commented that the managers and staff were "wholly committed to providing a quality service to the residents at St Ann's Lodge". Another health professional commended the deputy manager for the level of care and understanding they delivered to people using the service.

The registered manager was one of the two directors of the company which owned the home and they had been running the service for many years. Staff were positive about the leadership provided by the registered manager and other senior staff. A staff member commented, "The management are very supportive."

Staff were confident of the high quality of support provided to people. One staff member said, "The care is excellent. People are well looked after." Another staff member told us, "Everything works well. We have a good team."

We saw the communication within the staff team worked well. Staff clearly knew people well and were aware of any recent changes to people's health. Minutes of staff meetings showed staff were involved in discussions about the operation of the service and how people were supported. Staff discussed what was working for people when they supported them, their quality of life and any particular concerns they had about individuals.

The registered provider and manager were 'on call' for staff to access advice and support if they were not present at the service. This allowed staff access to a manager at all times for advice and support. Staff confirmed they were able to contact someone for advice and support when needed. A staff member told us, "The registered manager and provider live nearby. They are always here."

Quality audits were used to monitor and improve the service and were effective in maintaining a high quality service. Regular audits of care records, medicines management and health and safety checks were carried out, with action taken to promote improvement. Accidents and incidents were monitored with any elevated risks to people highlighted and followed up. New audit systems were being introduced assessing the service against each of the CQC five key questions.

The registered manager was aware of the responsibilities of their role. Both they and the deputy manager were aware when notification forms had to be submitted to CQC. These notifications inform CQC of events

happening in the service. They also kept up to date with best practice via local authority forums and through links with external health professionals. For example, liaising with one professional to provide training for staff around one person's health needs.