

Pegmar Limited

# St Annes Nursing Home

## Inspection report

1-3 Lawn Road  
Southampton  
Hampshire  
SO17 2EX

Tel: 02380585032

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20 February 2019  
22 February 2019

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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 Nursing Home is a care home with nursing. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided. Both were looked at during this inspection.
- People living at St Anne's Nursing home were aged over 65 and had nursing care needs. Some people were living with dementia.
- St Anne's Nursing Home is registered to provide care for up to 58 people. At the time of inspection there were 38 people using the service.
- For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- People received safe care. The provider mitigated risks associated with people's health and had systems in place to protect them against the risks of abuse and harm.
- Staff received appropriate training and support in their role. The provider had effective systems in place to assess people's needs and promote good outcomes for their health and wellbeing.
- Staff were caring and knowledgeable about people, treating them with compassion and dignity.
- People received responsive care in line with their needs and preferences. This included when they received care at the end of their lives.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager was effective in their role and responsive to feedback. The provider had systems in place to monitor and improve the quality of care.

Rating at last inspection:

- At the last inspection the service was rated Requires Improvement (9 May 2018). The rating has improved since the last inspection.

Why we inspected:

- All services rated "Requires Improvement" are re-inspected within one year of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive.

## 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 Annes Nursing Home

## Detailed findings

### Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team comprised of one inspector, a specialist advisor with experience in nursing, and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience caring for people living with dementia.

Service and service type:

- St Anne's Nursing 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. 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 the provider sent us a Provider Information Return (PiR). Providers are required to

send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

- We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
- We visited the service on 20 and 22 March 2019. During the site visit we spoke with 16 people and six relatives.
- We spoke to the registered manager, the provider and seven members of nursing and care staff.
- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- We reviewed seven people's care plans and medicines administration records. We also reviewed audits related to quality and safety in the service, the incident log, the provider's complaints file and infection control audits carried out by an external body.
- After the inspection we reviewed additional evidence sent to us by the provider including the staff training matrix and key policies developed by the provider, including safeguarding.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met. At the last inspection in February 2018 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as recruitment procedures did not always effectively ensure that suitable staff were employed. We asked the provider to submit an action plan detailing how they would meet the requirements of this regulation and found this action has been met. The provider was no longer in breach of regulation.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "I'm comfortable and warm here, I like it."
- Systems and processes were in place to protect people from the risk of suffering abuse. Staff had received training in safeguarding adults, which taught them the appropriate action to take if they had concerns about people's safety and welfare.
- The registered manager worked in partnership with local safeguarding teams when concerns were raised about people's safety to help reduce the risk of harm.

Assessing risk, safety monitoring and management

- Risks associated with people's health and medical conditions were assessed, monitored and mitigated. This included risks of falls, pressure injuries, malnutrition, dehydration and the use of bed rails.
- Where people were at risk of or had developed pressure injuries, the provider had a clear plan in place to manage people's conditions. They had consulted relevant medical professionals to help ensure the care provided was effective resulting in good outcomes.
- Risks associated with the environment were safely managed. This included procedures around emergencies such as fires.
- The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick.

Staffing and recruitment

- At the last inspection in February 2018 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as recruitment procedures did not always effectively to ensure suitable staff were employed.
- At this inspection we found that the provider had made improvements. There were effective systems and processes in place around safe recruitment of staff. This included checks into staff's character, experience and skills.
- There were enough suitably skilled and qualified staff to meet people's needs.
- People and relatives told us that staff were attentive to their needs, including when they rung call bells for assistance. One person said, "Anytime I call staff they come very quickly." A relative commented, "One day my relative had a funny turn and I pressed the emergency bell, they (staff) all came running." A second

relative said, "My relatives' checked very regularly. I can see he's safe."

#### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff understood people's individual's preferences and needs around receiving their medicines. This included when people required medicines for anxiety or pain. One relative said, "They're (medicines) administered by trained staff. If my relative is sleepy they monitor him and come back later. He tends to chew his tablets, they know this and wait till he swallows them." A person commented, "I get them (my medicines) at the time I should have them. I can have paracetamol so if I need it."

#### Preventing and controlling infection

- The home was clean and hygienic. One person said, "You can't fault it, it's very clean here." Another person said, "The home is extremely clean. What attracted me to this place was that there was no smell."
- There were effective systems in place to reduce the risk of infections spreading. This included staff using personal protective equipment, such as gloves and aprons when supporting people with their personal care.
- The service's kitchen had received a five-star rating by The Food Standards Agency in August 2018. This reflected a high standard of cleanliness and hygiene.

#### Learning lessons when things go wrong

- The registered manager logged all incidents and accident to help identify causes, trends and remedial action to reduce risk of reoccurrence.
- The registered manager shared learning from incidents with staff to promote good practice.



# 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

Good: 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

- The registered manager made detailed assessments of people's needs prior to admission to the home.
- They used a nationally recognised set of assessment tools to assess the risk of, malnutrition and hydration, falls and pressure injuries.
- Assessments were used to formulate appropriate care plans which met people's needs.

Staff support: induction, training, skills and experience

- Staff received training and induction suitable for their role. New staff received training in line with The Care Certificate. The Care Certificate is a nationally recognised set of competencies relevant to working in social care settings.
- The registered manager monitored staff's ongoing performance through formal supervision meetings and observations of staff's working practice.
- People and their relatives told us that staff were skilled at meeting their needs. One relative said, "Staff know what to do if my relative gets aggressive, they're calm and help him."
- Nursing staff were supported to maintain their professional registration and attend external training relevant to their role.

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

- People received nutrition in line with their preferences and dietary requirements.
- People told us they enjoyed the food and were given a choice of meals. One person said, "I'm vegetarian and not very adventurous, but they cater for everyone here. I tend to stick to things that don't need much chewing." Another person told us, "Meals are very good, I like everything."
- We observed people received appropriate support during mealtimes.
- Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake appropriately and made referrals to external professionals when needed.

Staff working with other agencies to provide consistent, effective, timely care

- When people were unwell, staff quickly made referrals to health professionals such as doctors and implemented changes to people's care as recommended.
- One person said, "I've seen a doctor, they arranged it here, I had a change of medication and the prescription was sorted and the meds were picked up in the afternoon." Another person said, "They get a doctor in to see you if you're not well." A relative commented, "A G.P has been several times as my relative is prone to chest and urine infections. They always ring and tell keep me informed."
- The provider worked in partnership with doctors, tissue viability nurses, district nurses, dieticians, speech

and language therapists and mental health professionals to put plans of care in place to meet people's needs.

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

- The home was suitable for people's needs.
- There were a range of communal spaces and private spaces available, which people could use when wanted company or personal space.
- The provider had clearly signposted toilets and bathrooms, which helped people orientate around the home and find these facilities.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend regular health appointments.
- Staff kept accurate and up to date records of observations to monitor the health of people with complex needs. This helped to ensure effective treatment plans were in place.

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 make 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. We found the provider was meeting these requirements.
- Where people lacked capacity a best interest decision was documented involving relevant parties and this had been documented in people's care files.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring and kind. One person said, "Staff working here are all very nice, they're kind to me." Another person said, "I think the staff are nice and caring, they're all good. I've never heard anything bad said about them."
- Staff understood people's likes and preferences. They understood how to encourage people who were reluctant to engage in their personal care routines. One person said, "Staff are kind, I like a bit of laughter and banter sometimes with them." A relative told us, "Staff are very friendly here, they know what my relative likes, all her preferences."
- Staff supported people to celebrate important milestones. Relatives told us how they were invited in to celebrate birthdays and cultural events important to people. One relative said, "[For my relative's birthday], they let us use one of the lounges for her party. The staff were happy for us to have family celebrations."
- The provider had specific policies in place to help ensure people's individual beliefs and preferences were incorporated into the care they received.

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

- People and their relatives told us they were consulted about decisions relating to their care.
- People told us staff went through care plans with them to ensure they were happy with their content. One person said, "My care plan has just been reviewed and I've read them and signed."
- The registered manager kept people's relatives updated when incidents or important events took place involving their loved ones. One relative, "The staff always keep me informed through regular phone calls and updates. It is reassuring to be made to feel so included."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect.
- Staff were patient and discreet when supporting people with their personal care. One person said, "Staff are all so accommodating with personal care, they're very gentle and ask permission."
- Staff understood people's preferences around their personal appearance and dress. One relative told us, "Mums always clean and smart, she's still got her standards. The staff know how she likes to look."

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- People were given a choice about the how their personal care routines were carried out. One person said, "I like a shower sometimes or I'll have a really good wash which the carers help me with." Details of people's preferred routines around their personal care were captured in their care plans. This included ways to encourage people with their personal care if they were reluctant to receive help.
- Staff understood the importance of giving people choices about their care. One member of staff told us, "We always try to give people a choice about things like washing and dressing."
- People were encouraged to be as independent as possible. This could be with respect to washing, dressing or mobilising around the home. One person said, "I do need help to shower but do as much as I can for myself."
- The provider organised activities for people, although there was mixed feedback about the activities on offer. One person said, "Last week we joined in with the church service and enjoyed the company in the lounge." However, another person told us, "I used to go to the quizzes but felt I was answering all the questions. I tend to entertain myself. I do laps round the garden. After lunch I go to the jigsaw puzzle room for an hour or so."
- The provider had a regular schedule of activities which included, games, quizzes and external entertainment. The registered manager acknowledged that not everybody found activities suitable and they were in the process of recruiting dedicated activities staff to improve the range and frequency of activities on offer.

Improving care quality in response to complaints or concerns

- There were appropriate policies and procedures in place to respond to complaints.
- People and relatives told us they were confident that the provider would listen to their concerns. One person said, "I have no complaints but if I did I am sure staff would sort things out for me." Another person told us, "I would feel happy saying something to the manager if I was not happy." A relative commented, "I have only had to complain about a few minor issues, but the manager quickly sorted things out and I was happy that it was quickly resolved."
- The registered manager kept a record of all complaints and concerns that had been raised. They investigated concerns thoroughly and wrote back to people and relatives with outcomes of investigations. This helped to assure people their complaints had been taken seriously.

End of life care and support

- The provider had worked with people and families to develop care plans which reflected their preferences and wishes when receiving care at the end of their lives.
- Staff had received training in end of life care which helped them understand the principles of providing compassionate and effective care during people's last days. One member of staff told us, "We try to make

the environment as calm and comfortable for people in their last days."

- The provider worked in partnership with other stakeholders such as doctors and district nurses to ensure people had appropriate care and support in place to make them as comfortable and pain free as possible.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. At the last inspection in February 2018, we found a breach of Regulation 18 Registration Regulations 2009. The provider did not always ensure that notifiable incidents were reported to the Care Quality Commission. We asked the provider to submit an action plan detailing how they would meet the requirements of this regulation and found this action has been met. The provider was no longer in breach of regulation.

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

- People told us the registered manager was approachable and effective in their role. One person said, "I see the manager daily, she is always polite and friendly." Another person commented, "The manager runs a tight ship here. I don't think many things get by her. The standards here are high."
- The registered manager was a visible presence at the service and took an active role in supporting staff and engaging with people about their experiences of receiving care.
- There was a clear management structure in place. The registered manager oversaw the day to day running of the home. They were supported by senior staff who oversaw the supervision of nursing and care staff. At the time of inspection, the provider was in the process of employing a clinical lead for the service. Their role would be to oversee the nursing care at the service.

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

- The registered manager had an effective series of audits in place to monitor the quality and safety of the service.
- These audits included checks on, medicines records, infection control, health and safety, call bell response times, emergency procedures, people's care plans and daily records and incidents logs.
- Where issues were identified through audits, the registered manager acted to make changes to resolve issues quickly. For example, the registered manager had identified some issues with call bell response time. They addressed this with staff which had resulted in an improved response time thereafter.

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

- The provider sought feedback from people, families and staff in order to make improvements to the service. This included questionnaires, staff and resident's meetings.
- The registered manager used feedback from these meetings to make changes and improvements. Recent meetings had prompted changes to menu options available.

Continuous learning and improving care

- The registered manager had effectively implemented an action plan after our inspection in February 2018 which had identified how the provider was not meeting all regulatory requirements.
- The provider had engaged with external professionals to carry out audits of key areas of the service. They acted on professional's recommendations to put effective measures in place to improve quality and safety. An example of this was improvements made in light of an external infection control audit in October 2018.

#### Working in partnership with others

- The provider worked in partnership with other agencies to help provide positive outcomes for people.
- The registered manager made referrals to appropriate external professionals when people had complex care needs or their health condition changed. This included, community nurses, GP's, pharmacies and specialist healthcare providers such as mental health services. This helped to ensure that people had appropriate plans of care in place.