

Autonomy Health Ltd

St Anne's Residential Home

Inspection report

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Date of inspection visit:
22 September 2021
23 September 2021
28 September 2021

Date of publication:
05 November 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Anne's Residential Home provides residential care for older people living with dementia, mental health needs, and/or physical difficulties. The service is registered to accommodate 23 people. At the time of our inspection there were 15 people living at the service.

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

People told us they felt safe living at the service, and were cared for by kind staff, however at times they felt they waited too long for support. People were involved in the development of the service. For example, people were part of the interviewing process for new staff and were invited to staff meetings.

People's families were welcome at the service, but the registered manager was understandably cautious in ensuring people remained safe, (during the Pandemic) in respect of COVID-19.

People lived in a service where infection, prevention and control was being managed safely. However, aspects of fire safety had not always been considered in respect of smoking. Immediate action was taken at the time of the inspection to protect people.

Overall, people's medicines were being managed safely however the system to administer medicines across the service required improving. The registered manager took prompt action following our inspection to make the necessary improvements, and also contacted the clinical commissioning group (CCG) medicines optimisation team for further support and guidance.

People lived in a service, whereby there was a culture of learning and reflection which meant when things went wrong, action was taken to make improvements and to help reduce re-occurrences.

People's care records were individualised, detailed and reflected their needs in line with the Equality Act 2010. People's individual beliefs and cultural diversity were known and respected.

People told us social engagement and stimulation did not always meet with their likes, preferences and wishes. The registered manager had already recognised this as an area requiring improvement and explained action had been taken to recruit an activities person who would be commencing employment in the coming weeks.

People, relatives and staff told us they felt the service was well managed and we observed a warm and friendly atmosphere, whereby staff spoke with people in an inclusive manner. The provider was in the process of strengthening the management team, by recruiting a deputy manager.

Systems designed to monitor the quality of the service were in place to help capture where improvements were needed, however they had not always identified when improvements were required.

The registered manager was a member of the Skills for Care outstanding managers network and attended local authority care home forums. This helped to enhance their ongoing knowledge, share new ideas and become aware of innovation occurring within the sector. The registered manager worked in partnership with key organisations such as local authorities, health, and safeguarding teams to ensure service development and joined up care for people.

We have recommended that the provider strengthens its governance processes to ensure systems in place to monitor the safety and quality of the service are more robust.

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 the service under the previous provider was Good published on 01 August 2018. At this inspection the rating has deteriorated to Requires improvement.

Why we inspected

We received an increasing number of whistleblowing concerns in relation to the leadership of the service, the safe management of people's needs, staffing levels, training, medicines, and environmental safety. As well as infection, prevention and control, prompting people's social wellbeing, dignity and respect.

As a result, we undertook a focused inspection to review the key questions of Safe, Caring and Well-led.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found one breach of regulation and made a recommendation for the provider to improve their governance arrangements in respect of fire safety.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anne's Residential Home on our website at www.cqc.org.uk

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below

St Anne's Residential 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 one adult social care inspector, an assistant inspector, and an 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.

Service and service type

St Anne's Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the information we had received about the service since the last inspection. We contacted the local authority quality improvement and adult safeguarding teams. 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 and spoke with six people who lived at the service and two relatives. We also spoke with one senior carer, two care staff, the cook, the housekeeper, the maintenance person and the registered manager.

We looked at five records relating to people's care and two medicine administration records [MARs]. We also looked at records relating to the day to day management of the service, such as quality assurance audits and accident and incident records.

After the inspection

We spoke with five relatives and the provider, and we continued to seek clarification from the registered manager to validate evidence found.



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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Prior to our inspection we received concerns in relation to the safe management of people's needs, staffing levels, medicines, training, environmental safety and infection, prevention and control. We looked at this as part of our inspection and found some improvements were required in respect of the fire safety and staffing.

Assessing risk, safety monitoring and management

- Overall, the environment was assessed for its safety. Specialist contractors carried out work, such as portable appliance testing (PAT), and fire safety. However, fire retardant furniture had not been considered for one person, who at times, smoked in their bedroom. We raised our findings with the Fire Authority. The registered manager told us they would take immediate action to ensure associated risks were mitigated.
- People had risk assessments in place relating to their care and support needs, this meant staff knew how to reduce risks associated with people's care to protect them from risk of harm. One member of staff told us, "They've all got individual folders and that tells you everything about them".
- People who lived with diabetes, were at risk of choking, or susceptible to skin damage were safely supported in line with their risk assessments, and staff were knowledgeable about how to meet their needs.

We recommend that the provider strengthens their monitoring systems regarding fire safety.

Staffing and recruitment

- Overall people told us there were enough staff to meet their needs, however two people told us "I think they could answer the bell a bit quicker" and "I'll be back in a second, I'll be back in a second, if I hear that one more time!". One member of staff told us, "I do not feel there is enough staff. We need more staff on days and nights and I am feeling the pressure".
- During our inspection, we did not observe a shortage of staff or call bells ringing for long periods of time. However, there was no system in place to establish what call bell response times actually were. The provider told us they would take action to monitor this.
- There was no method in place, such as the use of a staffing dependency tool to ascertain whether staffing levels met with people's individual needs. The registered manager told us they would put one in place, and we have now been advised by the provider that this has been fully implemented.
- Recruitment was ongoing and staffing levels were planned to be increased from three care staff to four care staff. A values-based approach to recruitment was important to the provider. A values-based approach helps find staff whose personal values match with the organisation.

Using medicines safely

- The registered manager recognised that the layout of the service made the transportation of medicines

across the service difficult. Although we saw evidence that the registered manager had taken steps to address this, we also found evidence that further improvements were still needed. The registered manager to take immediate action to address our concerns. This included contacting the clinical commissioning group (CCG) medicines optimisation team for support and guidance, and changed the way in which people's medicines were being administered, to ensure safety.

- People's medicines were recorded to show they had been administered. However, further action was being taken to improve the quality of recording for topical medicines [creams and pastes].
- Controlled drugs [medicines that have additional controls due to their potential for misuse] were stored in accordance with current regulations.
- People who required their medicines to be given covertly [hidden/disguised in food], were supported in line with the Mental Capacity Act (2005).
- There was a medicines audit in place to help highlight where improvements were needed.
- The registered manager was not aware of the National Patient Safety Alert (2007/2016) in respect of the potential hazards of creams containing paraffin, to those who smoke. The registered manager took immediate action to put risk assessments in place to help mitigate associated risks.

Systems and processes to safeguard people from the risk of abuse

- People living at the service told us, "Yes I feel safe". People were confident to speak and approach staff without hesitation.
- People were supported to understand what keeping safe meant because the registered manager ensured safety and safeguarding was a topic of conversation at each residents meeting.
- One person had raised a concern with the registered manager that they felt unsafe because a person kept entering their bedroom uninvited. Action had been taken to ensure they were supported, and options to stop this from reoccurring had been discussed and implemented.
- Staff were confident about what to do if they suspected someone was being abused, mistreated or neglected. One member of staff told us, "If I witnessed anything or had any concerns, I could go to the [registered manager] and then if nothing was done, I would go to CQC and safeguarding".
- People were supported to access advocacy services if required, to help independently express their views and feelings.

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.
- 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 registered manager was enthusiastic to learn from things when they had gone wrong, so the service could continue to improve. For example, they had decided to return to paper based medicine

administration records [MARs]. This had been because their experience with using an electronic based system had proved that the recording of people's medicines was not always accurate. Since changing the system, the standard of recording keeping had vastly improved.

- Feedback from people about the quality of an external catering company had resulted in improvements being made to kitchen recruitment and staffing.
- The registered manager was aware of their responsibility to record incidents, concerns and near misses and report them to external agencies, as required. The provider told us how they took the time to reflect and ask the question: "What can we do, to make sure it does not happen again".
- There was a system in place to review falls within the service, which helped to identify themes and trends, so action could be taken to reduce re-occurrences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Prior to our inspection we received concerns in relation to the promotion of people's social wellbeing, and dignity and respect. We looked at these as part of the inspection.

Respecting equality and diversity

- People's individual beliefs and cultural diversity had been considered in the design of the meal menu. For example, vegetarian options were stated as an option.
- People had care plans in place to reflect and detail their protected characteristics under the Equality Act 2010, and if and how they wanted their needs to be met.
- Connections with the local Church were in the process of being further strengthened, following the pandemic.
- The provider's training records showed staff had completed training in equality and diversity.

Ensuring people are well treated and supported

- People and relatives told us staff were kind and caring, commenting "When I speak to staff, they sound very kind and compassionate", "Yes all staff are very kind from what I have seen" and "I feel he is treated well and listened to".
- People were observed to be supported by respectful staff, for example staff made sure they were at a person's eye level when speaking with them and/or assisting them with their meals.
- Staff spoke fondly of people and were observed to interact with them in a compassionate way, showing humour, where appropriate. One member of staff told us, "Every individual is different, [person's name] he will stop and chat to you and make you laugh, and they are just the reason it is so good here".
- One person had been given flowers by their husband. A member of staff took time to arrange the flowers in a vase and enquired where the person may like them to be situated.

Respecting and promoting people's privacy, dignity and independence

- People had locks on their bedroom doors to maintain their privacy and staff were seen to knock on people's doors prior to entering. However, one lock on a bathroom door did not always work. The registered manager told us they would take action to rectify this.
- People were not always complimentary of the laundry service. People told us they did not always receive their clothing back and/or had at times seen others wearing their clothes. The registered manager told us they were aware that the system needed improving and steps were being taken to address it.
- People told us social engagement and stimulation did not always meet with their likes, preferences and wishes. Some comments included, "Sometimes there is enough to do, other times there is not", and "I would

like to go out for a pint". A relative commented, "He is a very talented painter, he loves cars, trains and aeroplanes and from what I can see is that he has never been taken out for a walk. There is no garden as such just a courtyard. The registered manager had already recognised this as an area requiring improvement and explained action had been taken to recruit for an activities person who would be commencing employment in the coming weeks. They were also in the process of collating people's personal histories to help ensure any planned activities were suitable, appropriate and meaningful. During our inspection, we observed staff take moments to organise spontaneous activities, such as ball throwing and arts and crafts.

- The provider told us how, during the pandemic staff had worked hard to enhance the lives of people by arranging social engagements which replicated some of the activities that people missed, from being prevented from going into the community.
- People's families were welcome at the service, but the registered manager told us how they remained cautious, in respect of COVID-19.
- People's records were confidentially stored and conversations about people's health and wellbeing were conducted in private.

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

- People were involved in decisions regarding their support. We observed a member of staff patiently enquiring where someone wanted to enjoy their lunch.
- Phrases such as "Would you like me to help you?" and "Shall I cut that up for you?", indicated a culture whereby staff respected people's choices.
- People told us they could make their own decisions about when they wanted to get up and go to bed, with one person telling us "I like to go to bed later. I can do that".

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Prior to our inspection we received concerns in relation to the management and leadership of the service. We looked at this as part of our inspection and made a recommendation in respect of how governance systems were designed and implemented.

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

- Governance systems were in place to help capture where improvements were needed, however they had not always been implemented robustly. For example where National Patient Safety Alerts had not been implemented as required, potential risk of fire relating to smoking, a lock on a bathroom door did not work, and that some people were unhappy at the length of time it took for their call bell to be answered. The registered manager recognised improvements were required to monitoring systems and told us they would be making it a priority.

Governance systems in place to assess, monitor and improve the culture, quality and safety of service were not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had a good understanding of their regulatory roles and responsibilities. 10 days prior to the inspection the deputy manager had left, and consideration was being given to replacing this deputy manager or to employ an individual to help with administrative work. Before the inspection had concluded, the new deputy manager was in place. The recruitment of a deputy manager meant the provider had a management contingency plan in place when the registered manager was absence. Management contingency plans are essential in ensuring the ongoing safety and quality of the service, as well as protecting the mental health and wellbeing of leaders.
- The registered manager was using the Devon clinical commission group (CCG) "Caring for Care Homes" medicines audit system. This demonstrated they were keen to strive for best practice.
- The provider had an environmental action plan to vastly improve the decoration and furnishings within the building.
- The provider visited the service once a month, mainly at the weekends. They told us they spent time with the registered manager and spoke with staff. A new visiting check list/record had been created to capture areas of discussion and highlight areas of improvement. However, the provider did not always address fundamental aspects of the day to day management of the service, such as the quality and accuracy of

records, and the delivery of care and service received by people.

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

- We observed a warm and friendly atmosphere, whereby staff spoke with people in an inclusive manner. However, on occasions disrespectful terminology was used such as 'wanderers', 'the softs' and 'feeding', to describe people and/or staff actions. We spoke with the registered manager about this, who apologised and agreed it was not acceptable, and that they would take action to change the culture.
- The provider was in the process of redefining the 'values and ethos' of the service. However, one member of staff described it as, "It's about being here for them and doing what they want and like. I want them to know we are here to help, and I think of them as family."
- Staff told us they felt confident to whistle blow to the registered manager and/or directly to the provider. One member of staff commented, "The [registered manager] would take action if someone was not being cared for properly or if you had concern, she is the caring sort", and "I have seen the [provider] about a concern".
- People and relatives told us they felt the service was well managed commenting, "I think it's a good place, never had any complaints", and "She [registered manager] is very much so visible and approachable. The home I believe is managed well."
- Staff told us they enjoyed working at the service and were complimentary of the management and leadership, commenting "It's good. It has changed a lot since the [provider] and the [registered manager] took over. It is amazing working here now. The atmosphere here now is brilliant, and I can see the residents feeling more relaxed because of it". Another member of staff told us, "I love it. I absolutely love it here. At the end of the day it is rewarding knowing the residents here have got their choices and are being looked after; and got the care they are entitled to have, and I can honestly say, I leave this place smiling".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility with regards to duty of candour; and they spoke openly and honestly during the inspection.
- The registered manager had notified the Commission of events such as deaths, injuries or safeguarding in line with their legal duties. In addition, their response to the Commission, when asked for information, was prompt and robust.

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

- People were involved in the development of the service. For example, people were part of the interviewing process for new staff and were invited to staff meetings, as well as being involved in the re-decoration plans of the building.
- People's families and external professionals were sent questionnaires so that their views could be captured to help the going improvement and development of the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was a member of the Skills for Care outstanding managers network and attended local authority care home forums. This helped to enhance their ongoing knowledge, share new ideas and become aware of innovation occurring within the sector. In addition, they had signed up to the Commissions provider bulletin which helped keep them up to date with regulatory changes.
- The registered manager was in the process of affecting change and making improvements at the service. There was an action plan in place which the provider and registered manager were working to.

- The registered manager worked in partnership with key organisations such as local authorities, health, and safeguarding teams to ensure service development and joined up care for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems in place to assess, monitor and improve the culture, quality and safety of service were not always effective.