

Krinvest Limited

Andrews Court Care Home

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 

Overall summary

Andrews Court is a care home providing personal care and accommodation for up to 35 older people. The service is located in a converted church and provides all single bedrooms with en-suite facilities.

This was an unannounced inspection which took place on 12 August 2015. At the time of our inspection there were 34 people using the service. We had previously inspected this service in September 2014 when we found it was in breach of one of the regulations we reviewed.

This was because there were limited quality assurance processes in place. During this inspection we found improvements had been made and the service was now meeting this regulation.

There was a registered manager in place at Andrews Court. 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. The registered manager was supported in the day to day running of the service by a deputy manager.

People who used the service told us they felt safe in Andrews Court. People's visitors said they were happy with the care their relative received and had no concerns about their safety. Sufficient numbers of staff were available to meet people's needs.

People spoke positively about the caring nature of staff. Our observations during the inspection showed staff were kind and respectful in their interactions with people who used the service.

Staff had been safely recruited. All the staff we spoke with knew the correct procedure to follow if an allegation of abuse was made to them or if they suspected that abuse had occurred.

Staff had received training to support them to deliver effective care. The registered manager was in the process of developing an improved system to monitor and plan for the training staff needed to keep their skills up to date. People we spoke with made positive comments about the knowledge and skills displayed by staff.

Systems were in place to ensure people who used the service received their medicines as prescribed. However, we noted the temperature of the room where medicines were stored was too high. When we brought this to their attention the deputy manager took immediate action to ensure medicines were stored at a safe temperature.

We saw there were risk assessments in place for the safety of the premises. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

People's care records contained good information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. People told us they had been involved in agreeing their care plans. This helped to ensure their wishes were considered and planned for.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We found the meals provided in Andrews Court were varied and nutritionally balanced. Systems were in place to help ensure people's health and nutritional needs were met. Visiting health professionals we spoke with told us the standard of care provided by staff was very good.

A programme of activities was provided by the activity coordinator employed in the service. A reminiscence room had been developed to encourage people to discuss past interests and experiences. We noted people were supported to develop and maintain links with the local community.

Records we reviewed showed people had opportunities to comment on the care provided in Andrews Court. All the people we spoke with told us they would feel confident to raise any concerns with the staff and managers in the service.

Systems were in place to monitor the quality of the service provided to help ensure that people received safe and effective care.

Staff told us they enjoyed working at Andrews Court. People commented positively about the quality of leadership displayed by the registered manager in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they had no concerns about their safety in Andrews Court.

Staff had been safely recruited and knew what action to take to protect people from the risk of abuse. There were sufficient numbers of staff to meet people's needs.

The system for managing medicines was safe and people received their medicines when they needed them.

People were provided with a good standard of accommodation which was clean, secure and well maintained.

Good



Is the service effective?

The service was effective.

Staff received sufficient training to allow them to do their jobs effectively and safely. Systems were in place to ensure staff received regular support and supervision.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Systems were in place to help ensure people's health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

Staff showed they had a good understanding of the care and support that people required.

Good



Is the service responsive?

The service was responsive to people's needs. Where possible people were offered choice and helped to make decisions about their daily life.

Care plans were regularly reviewed and updated to help ensure the information contained within them was fully reflective of the person's needs.

People had opportunities to comment on the care they received. All the people we spoke with told us they would feel confident to raise any concerns with the staff and managers in Andrews Court.

Opportunities were provided for people to take part in activities both in and away from the home.

Good



Is the service well-led?

The service was well-led.

People who used the service and their relatives told us the managers in the service were understanding and approachable

Good



Summary of findings

Staff spoke positively about working at the home. They told us that managers gave them help, support and encouragement.

Systems were in place to assess and monitor the quality of the service provided.

Andrews Court Care Home

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.

The inspection took place on 12 August and was unannounced.

The inspection team consisted of an 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.

Prior to the inspection we had asked the provider to complete a provider information return (PIR); this is a form that asks the provider to give us some key information

about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including notifications the provider had sent to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service.

During the inspection we spoke with six people who used the service, five relatives and three visiting professionals. We also spoke with the registered manager, the deputy manager, four members of care staff, the activity organiser and the cook on duty on the day of the inspection.

We carried out observations in the public areas of the service. We looked at the care and medication records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe in Andrews Court. Comments people made to us included, “Staff are always about, we get plenty of attention. I get checked every two hours at night which is very reassuring” and “We are never alone; someone is with us all the time”.

Relatives we spoke with told us they were confident their family members were cared for safely. One person told us, “He was wandering the streets at home. His carers wouldn’t turn up on time. They missed his medication. We were out of our minds with worry. All that is behind us now he is here. We feel safe knowing he is safe here.” Another relative commented, “He got out of bed the other night. The manager told me they would put an alarmed crash mat beside his bed to alert the staff. How good is that; that’s keeping people safe.”

During the inspection we observed there were sufficient staff on duty to meet people’s needs. People we spoke with said that when they pressed their buzzer the staff normally responded quite quickly. However, one person told us, “Occasionally we are short staffed. There is no buzzer in the lounge; we could do with a little bell to try and get staff’s attention if we need something.” A visitor also told us, “At times they are short staffed. I call in the mornings and afternoons. If two staff are dealing with a resident the floor is left unattended. Last Thursday around 10-30 am residents on the top floor were asking me for drinks.” We discussed this with the registered manager who told us and the rotas confirmed that six care staff plus the deputy manager and registered manager had been on duty on the day in question. They told us no concerns about staffing levels had been brought to their attention and they were confident staff would speak to them if they felt there were insufficient numbers of staff on duty.

Staff we spoke with told us they had sufficient time to spend with people, particularly in the afternoons. One staff member commented, “The managers will always step in if staff are off sick or on annual leave. People don’t have to wait for care.” We noted changes had been made to the environment since our last inspection which meant there were now lounge/dining areas on both the ground and first floor of the home. Staff told us this had made a positive

difference to their ability to be able to meet people’s individual needs. One staff member told us, “We are not rushing anyone, particularly to get to the dining room for meals”.

Staff we spoke with told us they had received training in the safeguarding of vulnerable adults and records we looked at confirmed this. Staff were able to tell us how they would respond to and report any concerns about a person who used the service. One staff member told us, “I would always report any concerns. I always think about how I would wish my relative to be cared for.”

We looked at four staff personnel files and saw that a safe system of recruitment was in place. The staff files contained an application form documenting a full employment history, two written references, a record of the interview and proof of identity. Checks had also been carried out with the Disclosure and Barring Scheme (DBS). We saw that all relevant information was in place prior to new staff commencing work so that only those applicants suitable to work with vulnerable people were employed to do so.

We looked at the systems for managing the administration of medicines in the service. We found there were policies and procedures in place to support the safe administration of medicines.

We looked at the medication administration record (MAR) charts for four people who used the service and found these to be mainly accurately completed. We noted there were protocols in place to assist staff where people were prescribed ‘as required medicines’. We found that controlled drugs were stored securely and only suitably trained care staff had access to them. However, we noted that the temperature of the treatment room where medicines were stored had been above the recommended limit for several days prior to our inspection. We discussed this with the deputy manager who advised staff had not brought this to their attention. We saw that bottles of food supplements were being stored on shelving in the room and when we checked we found the temperature of the room exceeded the safe storage limit for this product. When we brought this to the attention of the deputy manager, following discussion with the pharmacist for the service, they arranged for the supplements to be stored in a cooler room in the home.

We looked at the care records for four people who used the service. We found these records contained good

Is the service safe?

information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. It was clear from the risk assessments how many staff were required to support people with particular tasks and the action staff should take to minimise any risks. Risk assessments had been regularly reviewed and, where necessary, updated to reflect people's changing needs.

We looked around all areas of the home and saw the lounge/dining rooms, bathrooms and toilets were clean and there were no unpleasant odours. Infection control policies and procedures were in place to support staff to deal with the risks of cross infection and regular checks were undertaken to ensure a high standard of cleanliness was maintained throughout the service. We noted from the audits that the need to replace the stained carpet in some communal areas of the service had been highlighted on several consecutive months. The registered manager showed us evidence that they had sought permission from the provider to replace the carpet but had yet to receive a response.

Records showed policies and procedures were in place in relation to ensuring compliance with health and safety regulations. The records also showed that the equipment used within the home was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with emergencies, such as utility failures and other emergencies that could affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service which were easily accessible for staff in the event of an emergency. Inspection of records showed that a fire risk assessment was in place and checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear. This helped to ensure the safety and well-being of everybody living, working and visiting the home

Is the service effective?

Our findings

All the people we spoke with told us they were able to make their own choices and decisions about the care they received. One person told us, “We get given options about where we want to sit and when we want to go out. I sometimes go to the shops. The staff always make sure I have my mobile phone with me and ask me how long I think I will be before I will be back”.

Staff we spoke with demonstrated a good understanding of the principles of the Mental Capacity Act (MCA) 2005; this legislation is intended to ensure people receive the support they need to make their own decisions wherever possible. One staff member told us, “We respect people’s rights and views in how we care for them. We put their best interests first.” Another staff member commented, “We ask people’s relatives about their wishes and preferences if they [people who use the service] can’t tell us themselves. We will try things and see what response we get. We have flash cards we can use to help us communicate.”

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We therefore asked the registered manager how they ensured people were not subject to unnecessary restrictions and, where such restrictions were necessary, what action they took to ensure people’s rights were protected. The registered manager demonstrated a good level of understanding of the MCA and DoLS. They told us, “I always advise staff to refer to the (MCA) Code of Practice. I advise staff to presume capacity and always to consider the least restrictive option.” They told us they considered the knowledge base of staff had increased as a result of this and the regular discussion of the MCA in staff meetings. We noted 25 people in the service were subject to DoLS at the time of this inspection. This should help to ensure people’s rights were upheld.

We spoke with an independent Best Interest Assessor (BIA) who visited the service during the inspection to review the care arrangements for 3 people who were subject to DoLS. They told us, “The registered manager has a good understanding of DoLS. Staff always try and get the views of service users.”

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Andrews Court. We spoke with the registered manager and care staff and examined training records.

The registered manager told us training was mostly sourced through the local authority and that this included both face to face training and e-learning courses. They showed us a new training matrix they were in the process of developing through discussion with staff. This documented the training staff had completed and ensured the registered manager made the necessary arrangements for staff to complete any required training. We noted the training completed by staff included safeguarding adults, infection control, fire safety, first aid and moving and handling.

All the people we spoke with told us they considered staff had the skills and training required to meet their needs or those of their relatives. One visitor told us, “I went on the trip to the safari park with the residents last week. The staff were very efficient at lifting and handling people in and out of the Dial –A –Ride buses. They are also very good at talking to people who get depressed or are feeling unhappy. They always have trained people dispensing the medication. They wear a tabard saying (do not disturb.) I think that shows good training. The care staff are trained to help people in this way; we are not.”

Staff told us they received an induction when they started work at Andrews Court and were confident that they had the knowledge and skills they needed for their role at the end of the induction period. Records we looked at showed staff received regular supervision and had the opportunity to discuss any learning and development needs with the registered manager.

All the care records we reviewed provided staff with good information about people’s needs. All the staff we spoke with told us it was important to refer to care plans to ensure they were always providing effective care. One staff member told us, “The managers always tell us to take the time to look at care plans.”

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and

Is the service effective?

food storage areas and saw good stocks of food were available. All the people we spoke with who used the service gave positive feedback about the food provided in Andrews Court.

Members of the inspection team observed the lunchtime experience in both dining areas. We observed that the meals served looked well-presented and appetising. We found the experience to be unhurried and staff were observed to provide people with the required level of support to eat their meals.

From our review of care records we noted one person's care plan for eating and drinking stated they needed their food to be blended in order to prevent the person from choking. We checked and observed that all the components of the person's meal had been blended and presented separately on the plate. This meant the food continued to look appetising and the person was observed to eat all of their meal without assistance; this helped to promote their independence.

We discussed the menu with the cook on duty on the day of the inspection. They told us people were offered two choices for each meal but that alternatives were always available should people not like the options on the menu; this was confirmed by our observations during the inspection. The cook told us that all meals were home-made and that they would fortify soups and puddings to help ensure people's nutritional needs were met. We noted systems were in place to ensure people were weighed regularly and saw referrals were made to the dietician service if any concerns were raised.

Records we looked at showed people's health needs were clearly documented and regularly reviewed to ensure they received effective care. We saw that a record was maintained of all visits by health professionals and of any advice given; this should help ensure people received the care they required. One visitor told us, "The district nurse gets called in if [my relative's] leg ulcers break down; they [staff] are very good at keeping on top of that." Another visitor commented, "[My relative] had a chest infection. The manager thought that my relative was not getting any better on the tablets the doctor had prescribed. The manager got the doctor back and he changed her antibiotics."

A visiting health professional told us, "Staff are very open and responsive to anything I suggest." They told us they were confident in the quality of care provided at Andrews Court and would be happy to live there if they became in need of residential care and would definitely recommend the service to people looking for care. Another visiting health professional told us they had been visiting the home for two years and had always found the manager and the staff very welcoming. They said that care records were well presented and included good information about people who used the service. They also told us they found staff had excellent knowledge about people's needs.

We noted the standard of decoration in the service was high. Appropriate signage was used to help orientate people who used the service and their visitors. We saw that bedroom doors had been personalised and memory boxes installed outside each door; this helped people to recognise their own personal space and to be as independent as possible.

Is the service caring?

Our findings

All the people we spoke who used the service with provided positive feedback about the caring nature and approach of staff. Comments people made to us included, “I admire all the staff. They do a wonderful job. I really admire them they are all fabulous”, “If you want anything they will get it for you; nothing is too much trouble” and “I am always treated with respect, patience and a kind word. The staff treat you like family.”

The relatives we spoke were also complimentary about the staff team. One person told us, “Staff are very attentive.” Another relative commented, “All the staff know X well they never hurry her. It’s changed her life being here. She was poorly and was suffering from depression when she came in here. All the staff got to know her very quickly. They brought her round, gave her her sense of humour back; they are fantastic. They always make us feel welcome and ask us how we are and how we are coping.”

People who used the service told us staff always respected their dignity and privacy. One person told us, “They [staff] always knock and wait to be called into my room. They always lock the door on the inside when they are helping me to undress. I get wrapped in a special bathrobe when I have a bath or a shower.” Another person commented, “They always help me to get undressed in the bathroom and wrap me in a towel to dry me, then help me put my nightdress on for bed. They chat all the time they are helping me; there is nothing awkward about it they are very friendly and professional.”

Care records we looked at included information about people’s life histories, family and interests. This information should help staff form meaningful and caring relationships with people who used the service. All the staff we spoke with demonstrated they knew the people they were caring for well.

Our observations during the inspection showed us staff were kind, caring and respectful in their interactions with

people who used the service. Staff we spoke with were able to demonstrate their understanding of the importance of person-centred care. One staff member told us, “It’s what people like as individuals, what they want from you as a carer, what their needs might be and how they want their care to be delivered. I know them all individually and understand everyone is different and will make different choices.”

One staff member told us they had sought employment at the service due to the outstanding care they felt their relative had received from staff in the home. They told us, “I saw what a lovely home it was and was over the moon about the care [my relative] got. He had deteriorated before he came here but the improvement was fantastic. He loved it here. I had never seen him as happy.”

We looked at the results of the most recent satisfaction survey distributed by the service to families of people who used the service. We noted when asked what the service did well many respondents had commented on the caring qualities demonstrated by staff. Comments included, “You promote high quality professional care. Staff are always attentive, polite and pleasant”, “I think you are excellent in every way. My relative’s life has changed dramatically since she came to Andrews Court” and “[Staff] really care about the residents.”

We asked the registered manager about the care offered to people in Andrews Court at the end of their life. They told us they had good relationships with community based services to help ensure people received the care they wanted and needed at the end of their life. However, we noted end of life care plans we reviewed contained limited information about the preferences people had for end of life care. The registered manager told us this was because, when asked on admission, people who used the service often did not want to discuss end of life matters. They told us they would always try to seek information from family members about any expressed wishes by individuals regarding end of life care.

Is the service responsive?

Our findings

Care records we looked at showed an assessment was carried out by the registered manager before people were admitted to Andrews Court. This should help ensure staff were able to meet people's needs.

Care plans we reviewed were personalised and addressed all areas of people's lives including physical health, nutrition, medication and communication. We noted all care plans had been reviewed each month and updated to reflect any changes in people's needs.

People we spoke with who used the service told us that they were happy that the staff knew what care they needed. They also told us that they had a good input into their care and the content of their care plans. One person told us "I do sign my care plan. Staff come and talk to me about my care they write it down in my plan, I read it and then they ask me if I am happy to sign it. We hatch a plan together and go with that." Another person commented, "Yes I sign my care plan. The staff tell me what they have written in the plan and ask me do I agree; if I do I sign it." Records we looked at showed discussions had also taken place with family members regarding the care people received in Andrews Court. We saw that a family member had commented that the service excelled in providing 'individualised care'.

We noted people in Andrews Court had been allocated a key worker. Information about the name of the allocated worker and their role was in each person's bedroom. The registered manager told us they intended to ensure the key worker was involved in discussing and recording people's views of the service they received on a regular basis.

We looked to see what activities were available to provide stimulation for people who used the service. There was an activity coordinator in place who showed us the log of activities provided for people. We saw these included chair exercises, arts and crafts, bingo and quizzes. We saw that

people were also supported to visit local places of interest, the most recent of which had been a safari park accompanied by staff and relatives. The activity coordinator showed us written feedback from two of the people who had attended and clearly enjoyed this trip.

There were regular events provided at Andrews Court to help involve the local community in the service; these included summer and Christmas fairs. Links had also been made with community services for older people which provided regular activities which people from Andrews Court were supported to attend.

We saw a 'reminiscence room' had been developed at Andrews Court. This included many objects which people who used the service might be familiar with from their younger years. On the day of the inspection we observed staff supported a small group of people to discuss previous roles and interests using some of the objects on display.

We saw there were opportunities for people to comment on the service they received. We looked at the minutes from the most recent resident/relatives meeting in June 2015 and noted discussion had taken place regarding the reminiscence room and also how care needs were recorded and reviewed.

We looked at how the service managed complaints. The service had a procedure in place which explained to people how to complain, who to complain to and the time it would take for a response. Copies of complaints forms were available in the reception area for people to complete if necessary. We saw there had been no complaints received since our last inspection in 2014.

We saw several cards were on display in the reception area expressing thanks for the care people had received in Andrews Court. During the inspection we observed relatives speak to the registered manager in very positive terms about the care their family member had received at the service before they were admitted to hospital.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place who took responsibility for the overall management of the service. They were supported in their role by a deputy manager.

At our last inspection in September 2014 we found the service had limited quality assurance processes in place. Following this inspection the provider sent us an action plan detailing the improvements they intended to make.

From our review of records we saw the registered manager had introduced a system of audits relating to care plans, medication, infection control and the environment. These audits had been regularly completed and any required actions identified. However, the audits did not always identify who was responsible for carrying out the identified actions and the required timescale for completion. The registered manager told us they would amend the audit paperwork to include this information. The improved quality assurance processes meant the relevant regulation had now been met.

All the people we spoke with who used the service and their relatives spoke positively about the managers in the service. Comments people made included, "Management is spot on. We feel we can go and chat about anything; her door is always open", "The manager is very eager. She is always there" and "[The deputy manager] is very good; she keeps me informed of things."

During our inspection we observed the atmosphere in the service was relaxed. We noted the registered manager and deputy manager were visible throughout the day and provided direction and support for staff when necessary.

When we looked at the results from the most recent family satisfaction survey distributed by the service we noted many people, when asked about what the service did best had made positive comments regarding the leadership in Andrews Court. Comments we saw included, "Good discussions with the manager. She clearly had sound knowledge of any issues involving [my relative]", "Understand the specific needs of people both physical and emotional. This is not an easy task but I feel that at Andrews Court, under the leadership of [the registered manager], this ethos is encouraged" and "[The registered manager] adopts a sympathetic approach to any concerns I may have and will always follow up on points discussed in a discreet and professional manner."

All the staff we spoke with told us they enjoyed working at Andrews Court and felt well supported by the managers in the service. They told us the registered manager had an 'open door' policy which meant they were able to discuss any issues of concern with them as soon as they arose. We noted there were regular staff meetings and staff told us they felt listened to and able to make any suggestions to managers during these meetings.

When we looked at the personnel files we saw evidence that one staff member had made a suggestion to the registered manager about how the recording of care provided to people who used the service could be improved. The registered manager told us this suggestion had been adopted by the service and was working well. This showed the registered manager was focused on continuous improvement in the service.