Mrs E Voce

Annandale Rest Home

Inspection report

1 Victoria Road West
Crosby
Liverpool
Merseyside
L23 8UG

Tel: 01519243162

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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
Annandale Rest Home is a residential care service that provides accommodation and personal care for up to ten people. The care home provides accommodation across two floors. At the time of our inspection, there were nine people living at the service.

People's experience of using this service and what we found
People using this service benefitted from a caring and warm service. People truly felt that Annandale was their home. We received positive feedback on how staff were passionate about providing individualised care for people.

People and their relatives had confidence in the staff who took care of them. Staff had formed genuine relationships with the people they were caring for. Staff were kind and patient and knew people's individual needs, routines and preferences well.

People were supported in such a way that allowed them maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with great dignity and respect. Staff provided support where required but took care to encourage and maintain people's independence.

Staff were supported in their role with appropriate training and supervision. Most staff had received additional training to meet the specific needs of the people they were caring for.

Regular checks and audits were carried out to determine the quality and safety of the environment and the care being provided. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their freedom.

People and staff spoke highly of the registered manager. They adopted a hands on approach to the deliverance of care in addition to managing the home. It was evident the registered manager promoted a person centred culture to create a 'home from home' for people.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC).

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

Rating at last inspection
At our last inspection, the service was rated "Good." (Report published March 2017).

Why we inspected
This was a planned inspection based on the rating of the last inspection.

Follow up
We will continue to monitor information we receive about the service until we 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?

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.

Annandale Rest Home

Detailed findings

Background to this inspection

The inspection
We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team
The inspection was completed by one inspector.

Service and service type
Annandale Rest 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 registered manager. 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.

Notice of inspection
This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with a senior care worker, a care worker, a visiting health professional and the registered manager over the telephone. We spoke to the registered manager in person on the second day of our inspection.

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

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People's feedback and their relatives told us they felt the care received by staff was safe. People told us, ''Yes, I am safe here'' and ''It's good.'' A relative commented, ''I definitely feel that [person] is safe living at the home. I don't have any worries.''
• Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
• The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management
• Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people.

Staffing and recruitment
• There were enough numbers of staff to provide people with safe and, consistent care and support.
• People received care and support by staff who were familiar with their individual needs and routines.
• Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely
• Medicines were stored and managed safely. Medication was administered by staff who were trained to do so.
• Medication and stock was audited regularly so the service generated minimal waste. This was good practice.

Preventing and controlling infection
• Staff received training in infection prevention and control and followed good practice guidance.

Learning lessons when things go wrong
• Incidents and accidents were reviewed by the registered manager to identify any themes and trends. This helped to minimise any risk of reoccurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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
• People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
• Care records evidenced the involvement of people and relevant others such as relatives. One relative told us, ''I was fully involved with [person's] care plan.''
• Records were individualised and contained details of people's preferred routines and preferences.
• Daily notes were recorded by staff which detailed all care and intervention carried out. The service regularly reviewed people's care records with the person's input, wherever possible, so that any changes in support needs could be implemented.

Staff support: induction, training, skills and experience
• Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals.
• Most staff had undergone additional training to help meet the specific needs of people. Staff were encouraged to complete formal qualifications in care such as Health and Social Care Diplomas.

Supporting people to eat and drink enough to maintain a balanced diet
• People gave positive feedback about the food. People had a direct say in what they wanted and so enjoyed nutritious foods which were familiar to them.
• Care records contained information on how staff were to support people with any dietary needs and maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People received the care and support they needed. The service referred people to external healthcare professionals where appropriate.
• Staff supported people to attend external appointments where required, this was important for people who wanted an advocate to act on their behalf.

Adapting service, design, decoration to meet people's needs
• Each person's room was unique and they were able to personalise their room to their own taste.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
• Staff ensured people were involved in decisions about their care and support. We found evidence of appropriate consent to care documented in their support files. Staff asked and explained to people before giving care and support.

Good

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• Staff were motivated about ensuring people were well treated and supported. Staff knew people's needs and routines well. It was evident that people cared deeply about the people they supported and had developed strong relationships. One member of staff told us, ''We know people as well as our own families, it's their home.''
• People and their relatives told us they were satisfied with the care they received. One person told ''The staff are great here, all good girls.'' Comments from relatives included, '' Staff are lovely and friendly'' and ''[Staff] know [person] inside out and person-centred care is provided.''
• Staff displayed a natural and familiar way with people. People were treated respectfully and in a dignified way. Staff constantly chatted to people as they went about their work.
• Staff did not wear uniforms, and instead wore their own clothes. At night time, staff wore pyjamas to help orientate people to time of day. This helped to minimise any boundaries between people and staff and helped people to feel 'at home'.
• At Christmas time, staff bought people Christmas gifts out of their own finances. This was especially important for people who had no family of their own. One member of staff told us, ''It's so everybody has something nice to open and everyone is treated equally.''

Supporting people to express their views and be involved in making decisions about their care
• People's communication needs and any assistance they needed was recorded in their care plan.
• Staff took every opportunity to ensure people were supported to make decisions and choices about their care. People were involved in their care and support from whether they wanted a bath or shower in the morning to what time they wanted to go to bed at night.
• People were given the opportunity to express their views and opinions through interaction with staff on a daily basis.
• For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence
• People were encouraged to be as independent as possible. Where assistance was required, staff were considerate and offered assistance in a discreet and dignified manner. Staff explained what they were about to do before any intervention. Staff took the time to maintain people's independence at every opportunity.
• People's right to privacy and confidentiality was respected. People's privacy and dignity were maintained, and people were treated as individuals.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People received care and support from staff who were familiar to them. This helped to ensure consistency and continuity of care staff wherever possible. One person told us, ''I know all the staff here, they are my friends.''
• Care records contained detailed information about people's preferences in relation to their support and treatment. Staff used this knowledge to care and support people in the way they preferred.
• A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for.
• People were involved in making decisions and choices as far as possible.
• People's protected characteristics were recorded such as their religion, culture and sexual orientation.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. Guidance on how best to communicate with the person was recorded in their care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• The service engaged people in activities which were individualised and meaningful to them. Staff took the time to find out what people preferred and wanted to do.

Improving care quality in response to complaints or concerns
• There was an appropriate complaints management system in place.
• At the time of our inspection the service had not received any complaints. People told us they knew how to raise any concerns if needed.
• The registered manager considered any complaints received and used them as opportunities to further improve the service.

End of life care and support
• There was nobody receiving end of life care at the time of our inspection. Staff had received training in end of life care. The registered manager told us how people's needs were met from the time they entered the

home. People were not moved on and were able to remain in the home until their final days. Staff worked alongside external health care professionals to support dignified, compassionate and individualised end of life care.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The culture of the service was caring with kindness and focused on ensuring people received person-centred care that met their needs and preferences. Staff also took the time to personally get to know family members and include them in the care and support of their loved one. One relative told us, ''We are always made to feel so welcome, we are kept fully up to date about everything.''
• The service had an effective system to monitor the safety and quality of the service.
• Audits identified actions required to ensure full compliance with the provider's objectives and regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager promoted transparency and honesty in the running of the service and was well respected by people, relatives and staff alike. They were described as being, 'approachable,' 'supportive' and 'hard working.'
• The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were encouraged to put their opinions and views forward in a less formal way than a meeting in line with people's preferences. This included daily interaction with them to assess their well-being and ongoing support.
•The registered manager held regular staff meetings. Staff told us they felt comfortable to raise any issues or suggestions they had not just at meetings but at any time. Staff told us they felt supported and motivated by their manager. One member of staff told us, "[Manager] is so hands on. They are so caring, both professionally and personally."

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 management team held regular meetings and discussed any incidents. This helped to further drive the quality of the service.
• The registered manager submitted any required notifications to CQC in a timely way.

Continuous learning and improving care

• Through the supervision process, the registered manager identified any areas in which staff wished to develop. Measures were put into place to enable staff to further develop their skills, such as additional courses.

• The registered manager was continually reviewing and learning where possible. Recent developments included the introduction of the Red bag scheme. (The red bag is packed by staff and individualised to the person, it is used when the person requires admission to hospital.)

Working in partnership with others

• The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups.

• The service had formed a close working relationship with the GP and community matron, so that people received care from professionals who knew them well. One health professional told us, ''There are very good staff here who take on board instructions and really look after the people well. It's a lovely home.''