

## St Andrews House

# St Andrews House

### Inspection report

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

We carried out this inspection on 8 January 2015. The inspection was unannounced.

St Andrews House is registered for a maximum of 35 people offering accommodation for people who require nursing or personal care. At the time of our inspection there were 31 people living at St Andrews House.

The service has a registered manager. The 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 a legal responsibility for meeting the requirements

in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 30 September 2013 the home was found to be meeting the required standards in the areas we inspected.

# Summary of findings

People, relatives and staff told us people were safe. There were systems in place to protect people from the risk of harm. These included comprehensive staff recruitment and training practices. Procedures were in place to effectively protect people against the risk of abuse. Staff were able to tell us about safeguarding people and knew what to do if they had any concerns and how to report these. There was a system in place for managing and storing people's medicines safely.

Staff were respectful in their approach to people and were caring. They understood the need to ensure privacy and dignity when providing care and could give examples of how they did this.

People told us there were enough staff to look after them and we saw the registered manager ensured there were enough staff to meet people's needs.

Records showed health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. There was some information regarding people's backgrounds, interests and preferences but these were not comprehensive. Risks to people's health and welfare had been identified and these were monitored with plans in place to minimise the risks.

The registered manager told us she had an understanding of the Mental Capacity Act, but that improvements were required. We saw on three care records there were no capacity assessments, one person had dementia. Staff had differing views about people's capacity levels and whether people could make decisions for themselves. They were not following the principles of the Mental Capacity Act. We have made a recommendation about assessing mental capacity and ensuring consent of people using the service.

The provider was meeting the requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been authorised under DoLS for people's freedoms and liberties to be restricted. The manager was aware of recent changes in legislation.

People told us that they enjoyed living at the home and we saw varied activities for them to join in with if they chose to. The food at the home was good and there was a choice offered.

People using the service and the staff told us the manager was approachable and listened if they had any concerns. They were positive about the management and felt that the home was well-led.

# 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.

Staff were knowledgeable around safeguarding procedures and knew what to do if they suspected abuse. Risks to people's health and welfare were identified and these were reviewed and managed effectively. Medicines were stored and administered safely.

Good



### Is the service effective?

The service was not consistently effective.

The manager and staff were aware of the Mental Capacity Act but people's capacity to understand and make decisions about their health and welfare had not been assessed. Staff training and support was available and enabled them to work effectively. People told us they were given a choice of meals and those that required specific diets were assessed and catered for.

Requires Improvement



### Is the service caring?

The service was caring.

People were positive about the care they received and were comfortable with the staff. People liked living at the home.

Staff ensured people's dignity and privacy were upheld when providing care and they were supported to be as independent as they wished. Staff told us they were led by people at the service and respected their wishes. We saw people were offered choices.

Good



### Is the service responsive?

The service was responsive.

Staff knew about the people they cared for and there was some information on records about the person and their preferences. People felt able to complain should they wish to do so and action was taken to respond quickly and effectively when they did. People were supported to take part in interests and hobbies that met their needs.

Good



### Is the service well-led?

The service was well-led.

People and staff told us they respected the manager and that she listened to suggestions and actioned these where possible. Regular checks were made on the quality of the service and the manager made improvements where she had identified issues. The manager had plans to develop the home further and was enthusiastic to make the home better for people that lived there.

Good



# St Andrews House

## 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 8 January 2015 and the inspection was unannounced. The inspection team comprised of three inspectors.

We reviewed the information which was held about the service. We looked at information received from relatives and visitors, we spoke to the local authority and reviewed the statutory notifications the manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and

can include safeguarding referrals, notifications of deaths and serious injuries. We spoke with the local authority contracts team who confirmed they had no further information about the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They told us about the work that had been done at the home and how the additional space and design enabled people to live there more comfortably. The new programme of activities was a further improvement.

We spoke with ten people who lived at the home, a relative, the registered manager, a supervisor, three care staff, a laundry worker, the cook, the activities co-ordinator and one health professional. We looked at three care records and records of the checks the registered manager made to assure themselves that the service safe and effective. We observed the way staff worked and how people at the service were supported.

# Is the service safe?

## Our findings

People told us they felt safe. One person said “Oh, I think people are safe here, I’ve never had reason to think otherwise. I feel very safe here”. Another person said “I feel quite safe here, I’m quite happy living here”.

We saw there were sufficient staff to meet people’s needs. One person told us “I think there are enough carers per shift. I think that a lot of them get tired, but they are very kind and can’t do enough for people.” There were three shifts daily and the manager told us they tried to have seven staff on each shift each day so they had cover for someone who was training or on leave. The manager had contingency plans in place to cover absence and continue to provide care effectively. Agency staff were only used occasionally and they tried to use the same staff who were familiar with the needs of people who lived at the service so this provided consistency for them.

We saw a number of people had buzzers on lanyards around their necks so they could call staff when required. One person told us “I’m very happy here. They are always there when I ring”. Call bells were answered quickly, people did not have to wait for care staff to help them. On the day of our visit, a person had a fall and injured themselves. We saw the staff responded quickly and appropriately, calling an ambulance then reassuring them while waiting. Staff were able to tell us what they would do in an emergency, for example how to evacuate the building, but they were not clear about contingency plans if people could not return to the home.

Staff knew where people may be at risk and told us that care plans and risk assessments identified actions they needed to take to manage and minimise risk. We saw risk assessments were up to date so that they reflected people’s current needs.

Staff understood their responsibilities to safeguard people and said they would report any concerns to their manager or supervisor. For example, if a person had been shouted at by another member of staff, they told us they would comfort the person and then make sure the allegations were reported. Staff knew what their responsibilities were and how to keep people safe in the home. One care worker told us “These are people we are looking after, they do not deserve to be spoken with like that, I would report it.”

The provider had recruitment procedures to ensure staff employed were suitable. Staff told us they had to wait before starting work until security checks had been completed and two references were sought.

We looked at the premises and equipment to see if they were safe. We saw that there were several cupboards along the corridors by bedrooms. These corridors were used daily by people but we found only one cupboard was locked and all the others were open. The cupboards contained electrical equipment, cleaning chemicals and incontinence pads. The manager agreed these cupboards should be locked. The unlocked cupboards posed a risk to people at the service some of whom had some confusion and could walk into these injuring themselves.

We saw a detailed record of accidents, incidents and near misses over the last 12 months. A near miss is an event which could have resulted in an accident or incident. This enabled care staff to map any areas of concern to try to prevent a reoccurrence.

We found medicines were administered and managed safely and that where able, people were responsible for their own medicines. One person told us “I take my own medicines, but they bring the fresh medicines to me in packs”. The majority of people had their medicines administered by staff. We saw medicines had been given to people as prescribed. One person told us “They help me with my medicines, they do it very well”.

Medicines were stored at temperatures in line with the manufacturer’s guidelines and legal requirements. We saw other medicines had been disposed of appropriately and in a timely way.

We saw a protocol was in place that supported staff to administer medicines to people. Records showed this was done consistently and effectively. Staff had been given training in managing medication safely and policies and procedures were available they could refer to if any further guidance were needed.

The manager told us training around medicine was done for all staff and a refresher had been arranged for January and February 2015 locally. Distance learning was completed by all staff plus the manager did an annual medication assessment so she could be sure staff

## Is the service safe?

remained competent in administering medicine to people. A staff member confirmed checks were carried out by the manager to ensure they were competent to administer medicines.

# Is the service effective?

## Our findings

One person told us “It’s always clean in the room”. Another person who lived at the home said “There’s always a fresh jug of water every day here, it’s very good”. We heard several positive comments from people who lived at the home about how the service was effective.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people’s capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The manager was aware of the current DoLS legislation and informed us there was no one at the home whose liberty was being restricted. The manager said most of the staff had attended the training around Mental Capacity Act and Deprivation of Liberties (DoLS) Anyone who had not had this training would do this. We spoke with some staff who had been trained but they were not confident in their understanding.

Some people who lived at the home had dementia or other forms of memory loss or confusion. We did not see assessments around capacity on their care records. Staff we spoke with had differing views about whether these people required support with decision making or not. When we asked a senior member of staff about a person’s capacity, they told us the person “Lacked capacity”, but the registered manager told us the person had capacity to make decisions with some day to day choices such as food. We saw that when making decisions for people, staff did not know whether they could consent or not and were not following the principles of the Mental Capacity Act.

Staff told us they had an induction tailored to their needs when they started at the home. Some people were enrolled on a course run locally and there was a two week period of shadowing other staff to learn the systems and get to know the people who lived there. Staff were supported to get to know the home and people to help them do their jobs effectively.

Staff we spoke with said they had undertaken training considered essential to support people’s health and social care needs. We saw staff used their moving and handling

training effectively to support people who needed a hoist to help them move. The manager and supervisors provided staff with regular support through one to one meetings. We saw an up to date planner which detailed planned and past sessions. The policy in place was that six meetings as a minimum were attended by staff each year. The manager prioritised these and staff were given opportunities to seek support in their roles regularly from senior staff members.

Staff told us they felt supported by both the supervisors and the manager. This was informally with conversations throughout their working day and formally through one to one meetings and staff meetings. One staff member told us, “This is a really nice home to work in.”

People we spoke with were positive about the food they received. “The food here is the kind of food I’d cook. Its good quality. I enjoy my meals”. Another person said “They give you two choices at dinner; I have what I want for breakfast. I was in a right state when I came here, really underweight, but I’m better now, a lot stronger”. We were told that staff would bring food to people in the night if they wanted it “They always say that I can ring them if I get hungry in the night”.

One of the cooks told us they catered for different dietary needs at the home. Two people needed their food to be soft to make it easier to swallow. We saw these meals had each section blended individually to make it more appetising. Food and fluids were monitored for people where there was a concern. We saw one person had involvement from Speech and Language Therapy (SALT) around swallowing; we saw staff involved other professionals if they required specialist advice.

Staff told us that they kept up to date with people’s care needs by using a communication book and by attending a daily handover meeting. This enabled important information to be passed on, ensuring a continuity of care and highlighting any concerns or changes. Staff made sure care remained effective for people at the home from shift to shift.

We asked people if the staff arranged for services to come into support them. One person told us “We have a chiropodist come in and I use the hairdressers”. Another said “Anything you want, you get straight away. The managers are very good. I had trouble with my eyes and they have arranged for me to go to the hospital”. We saw

## Is the service effective?

the home responded to the needs of the people that lived there. Services of health professionals were utilised and included the district nurse, dentist, physiotherapist, occupational therapist and optician.

We spoke with a visiting district nurse who told us the staff contacted them if there were any developing issues with pressure areas. They told us the care was of a high standard and they were happy with the way staff consulted their team and acted on advice given. We saw equipment was available to support people's needs such as Air wave mattresses and pressure cushions were used to reduce the risks of people with poor mobility getting skin damage.

A member of staff told us, "We have district nurses all the time, the blood nurse, the GP comes out, and we have regular visits from the heart nurse to see one of the residents. We have the chiropodist who comes in and we have the dentist and an optician who comes".

**We recommend that the service seeks advice and guidance from a reputable source so staff understand the key requirements of the Mental Capacity Act 2005 and can put these into practice effectively ensuring people's human and legal rights are respected.**



# Is the service caring?

## Our findings

People told us staff were caring. “So many of the staff are jolly and we have a laugh”. Another person told us “It’s a good home here, I’ve been here four years and I wouldn’t have stopped if I didn’t like it”. We saw staff were considerate, kind and caring to people and had a good understanding of the needs of each person.

Staff understood how to provide personal care whilst respecting the person’s dignity and privacy. A staff member told us “I knock on the door before entering. Some will say ‘come in’; others I might need to knock again and explain why I am there.” A staff member said, when providing personal care “We make sure you do not expose them, make sure the curtains are always closed.”

A staff member explained how they supported people in making choices. They told us they would get a number of outfits out of the cupboard to help the person make their choice about what to wear.

At lunchtime people were given the choice of whether or not to wear a clothes protector. Staff respected people’s wishes and served their meals with kindness and consideration. For people who were assisted to eat their food, we saw that this was done at a pace that suited each person.

Two staff members told us they went into the person’s bedroom in the morning and woke people up. Staff told us this was the care routine. “Once people have been woken up, they are normally OK.” They said they would respect their wishes if they did not want to get up and go to breakfast. One person confirmed to us they were woken up each morning, people were not given the choice to wake up when they wished to. However another person said “In the morning the staff wake me and get me up, but they leave me if I don’t want to get up. I’m quite happy”. We saw the routine of the staff decided when people were woken but people we spoke with said they did not mind this.

One person said “I think the staff are very good and kind”. Another, “The girls are very nice they come in about ten minutes at the most, we have a red button you can press”. We were told “The carers are very patient and give me a shower. For some it’s just a job but for others, they are kind and we have a good chat”.

Staff had a good understanding of people’s care needs and knew the people they supported well. One staff member explained how a person now needed more encouragement when eating. This person liked to sit in the lounge. We saw staff encouraged them to eat and sat with them to offer reassurance. Staff took time to assist them to eat small amounts at a pace that suited them and in their preferred place.

Staff promoted people’s independence and would not do anything for someone if they wished to do it themselves. For example they encouraged people to wash their hands or face themselves. The manager said some people preferred staff to do things that they could do themselves and they respected this decision as well. A person told us “I’m comfortable here; it helps me carry on my own life as it was”. There was a kitchenette available where people and visitors could make their own drinks if they wished to which gave them a choice to be independent or not.

Staff involved people and their families in reviews their care so they had the opportunity to input into any changes. One person always asked staff to speak with their family around decisions about care but staff always consulted the person first before the family to make sure this was still the case.

One person at the service had accessed an advocacy service through Age UK as they did not have any family support. This information was displayed in the home. An advocate is a designated person who works as an independent advisor in another’s best interest. Advocacy services could support people in making decisions about their health and care requirements and may maintain their independence. This showed the staff used external services to support people at the home when this was required.

# Is the service responsive?

## Our findings

People were provided with a range of activities depending on their preferences with group and personalised activities to meet varied needs. One person told us “I do the cross word and I have a routine I like”. Another person said “I go down to the lounge when there’s a pianist or the exercise man. I know what’s on because it’s written down on the board”. We saw lists of activities were displayed on the wall of a communal area. Religious services were held weekly and different faith needs were supported. We were told in the summer they had grown their own tomatoes and pumpkins.

The manager told us the activities co-ordinator had been there since the previous year. They said they had improved the activities at the home recently. There were more varied activities and people we spoke with were positive about this. The co-ordinator told us, “We plan the activities on a weekly basis to start on a Monday. Residents tell me what they like and I incorporate that into the programme.” We saw that the home kept a record of what activity each person had taken part in. The service was responsive to people’s social needs and keen to offer a variety of activities to suit everyone’s taste.

One person went out on a mobility scooter and the manager was arranging for an electric charger to be fitted for the scooter. Other people had requested broadband access to use computers and this was being arranged. On the day of our visit ‘Pets as Therapy’ were there and people were reminiscing about their pets. There was a variety of opportunities for people to do whatever interested them and the staff listened to what people requested.

We asked about complaints. We were told “I would complain to the office if I wanted to”. A different person said “I once did complain about the night staff (in relation to staff approach). The manager came to see me and the night staff got better”. We asked another person about complaints and they told us “It’s quite a good relationship here; people listen to you and help you”. All new people who came to live at the home were given a complaints procedure so they knew who they could complain to and how. We saw records of complaints and that these had been responded to by the manager with action appropriately. For example, when one person said some

staff can be ‘abrupt’ the manager had spoken with the people involved. The manager discussed any issues raised at staff meetings so staff were aware and these could be rectified quickly.

The home supported people and their relatives to share their experiences or raise concerns about the service received. A person told us “We have residents meetings here, we get a notice about it, but I’m not sure what they are for”. Meetings were held bi-monthly for residents and relatives and these were run by one of the charity trustees. We saw records of these meetings which identified some concerns had been raised and the response made to these. Not all of the issues raised had a response recorded and the manager said this was because she verbally raised some issues at the provider meeting she attended. The issues were addressed and she always spoke with the person who had raised this issue directly.

Care records had some information about life histories and preferences. We saw some relatives had been involved with this. Care was personalised but there was not detailed information about people. For example, we asked the manager about the person at the home who did not like making any decisions and always referred staff to their family. The person’s spouse used to make all the decisions for them. Information we saw about them focused on their physical needs more. Although the manager and staff told us they knew people at the home, we did not see this background information anywhere. Staff that did not know the person would not know their preferences and support them as effectively. The manager told us that some people did not want to give staff information about their histories and this was also respected.

The service had no set visiting times and visitors could come into the home and support friends and family to eat if they wished to. Visits were encouraged by staff so people at the home could keep links with friends and relatives in the community.

We saw a sheet of information for each person at the home which was used to give to health services in an emergency. Staff made sure communication about the person was up to date and available so care would be more effective for them if they left the home and disruption would be reduced.

The manager told us the home were part of a local hospital admission avoidance programme in conjunction with

## Is the service responsive?

health services called 'NEWS'. This meant that some staff had received training in taking measurements of 'vital signs' such as temperature and blood pressure. Staff could now relay this information to the doctor and it would help

decide if an admission to hospital was appropriate or not. We saw the manager and staff were positive about working with other organisations and developing skills to support people at the service and in the community.

# Is the service well-led?

## Our findings

People told us the service was well led. One person said “The managers are very patient”. Another person said “The managers are very pleasant, very good”. We saw the manager had a good relationship with staff and people and was aware of people’s care needs.

A staff member said “What’s brilliant about this place is that it’s homely and there’s not a clinical atmosphere. People don’t feel that there are areas that are out of bounds.”

Another staff member said “The managers are very pleasant, very good. They are extremely good managers, it’s very well run”.

Staff we spoke with felt the manager was open and approachable. One staff member said of the manager, “She does sort things out. If it’s not spoken about she doesn’t know.” They told us they had staff meetings and they were able to share their opinions about the service. Staff were encouraged to be open and express any views they had with the manager. There had been a concern raised about a member of staff in the past and the manager had addressed this. We saw that the manager took action to manage the service and any issues which arose. She was proactive and committed to improving the service.

The manager was able to tell us what notifications she was required to send us. We saw a number of checks and systems were in place to ensure a quality service was provided and to monitor and review care. Where issues had been identified actions plans had been generated to make improvements. The manager had a good understanding of running the home.

We saw a current training schedule was kept by the manager which enabled her to monitor when training was last done, when it was due and staff who had not yet received training. Staff were observed when carrying out care duties and were supported by senior carers and the manager with learning. This showed effective systems where in place to keep staff skills and knowledge updated.

An annual questionnaire was given out by the service to people and relatives. In the latest one we saw comments such as ‘if I wasn’t happy I would say so and not wait for a questionnaire’. ‘You are treated with respect, staff are kind’ and ‘90% very satisfied, 10% satisfied’. We saw a comment

about a meal had been noted by the manager and had been addressed. Another comment about a staff member’s approach had been discussed with the person and the staff member to resolve this.

During our visit the manager showed us how they kept the people that lived there at the centre of the home. She was passionate about putting people first. An example was we asked her about how they ensured people using the service joined in activities, She was clear they encouraged them but always respected their wishes if they did not wish to join in, they were always led by their viewpoint and this was their ethos.

We saw a sign in the dining room saying that snacks and drinks were available throughout the day on request. One person had raised this as a negative in the questionnaire we saw and that a person did not know about this facility. The manager told us that they needed to remind some people of this provision and had done so in response to this.

One person told us “They are extremely good managers, it’s very well run”. The manager she was given a budget and had discretion up to a certain level with spending. She tried to do the best for the people. She said she was supported by the provider in maintaining the building and equipment. New furniture was on order currently and this had been ordered to accommodate the specific needs of people at the service for example, different chair heights to suit people who lived there. The manager told us she walked around the home daily to check everything. We saw an activity of planned work was in place to maintain the home. We saw maintenance records were completed monthly.

We asked the manager what she was most proud of and she said of fundraising for and overseeing the new build they had completed. There had been challenges in managing this but she told us she had worked to ensure minimum disturbance and disruption and tried to make sure she discussed with people any changes which may impact on them. She gave an example of a person who did not want to move into another room temporarily, and then they changed their mind. When they moved into the room, they did not want to move back again. She accepted this person’s choice. She said her philosophy had been ‘any improvement is for the better’. Another challenge she told us was fitting in all the training for staff that is required and the time this took.

## Is the service well-led?

We saw there was a lounge on the lower ground floor which was not being used. The manager had plans to utilise this more for activities to give people a different area to sit in. There was a different room near the kitchen which was used less and the manager said they were working on

developing this area also for people to enjoy. The manager was aware of where the home could be improved and had plans to make these changes to benefit the people who lived there.