R.M.D. Enterprises Limited

St Anthony's

Inspection report

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22 July 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 20 and 22 July 2016 and was unannounced. At our last inspection on 14 November 2013, the service was meeting the requirements. St Anthony's is a residential care home located in Watford. It is registered to provide accommodation and personal care for up to 22 people. At the time of the inspection 20 people were living at St Anthony's.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People were supported to take their medicines by trained staff. However we found that staff did not always follow safe practices and medicine were not always documented correctly and stock levels were not correct.

We found that the environment was not always safe. There were cables on the floor by people`s beds, holes in the carpets and no handrails to support people to access the garden safely. There was no action plan to address these and appropriate steps were not always taken to reduce potential risks and drive improvement.
Relatives and staff were complimentary about the registered manager and how the home was operated. Staff received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People told us they felt safe, happy and well looked after by staff working at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced for their roles. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff obtained people's consent before providing personal care and support. Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff was knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were involved in the planning, delivery and reviews of the care and support they received. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

People were supported with activities at the home; however the provider was still seeking to employ an activities person to improve the quality of the activities provided?. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

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.

People were not always supported to take their medicines safely by trained staff and good practice was not always followed.

Potential risks to people's health and well-being were not always identified and managed effectively.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

Is the service effective?

Good

The service was effective.

Staff did establish people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had been recently improved and formalised in a way that met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People's privacy was respected by staff.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

Confidentiality of personal information had been maintained.

Is the service responsive?

Requires Improvement

The service was responsive.

People were not always supported with activities at the home and in the wider community.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Requires Improvement

The service was not always well led.

Avoidable risks were not always identified and where improvements were required there was not always an action plan in place to ensure improvements were completed.

Audits for medicines had not identified that staff were not always documenting correctly when they administered medicines to people.

People, relative's and staff were all positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt supported by the management team.

St Anthony's

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 20 and 22 July 2016 by one 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 service. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with nine people who lived at the home, five relatives, four staff members, the registered manager and the provider. We also reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to three people and three staff files and other documents relevant to how the home was operating.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said, "I do feel safe, I just shout if I need them [Staff]." One visiting professional told us they felt people were safe here and had no concerns for the way people were cared for by staff.

There were not suitable arrangements for the safe storage, management and disposal of medicines. People were helped to take their medicines by staff that were trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We observed staff administering medicines and we found that unsafe practices were followed. For example we saw on three occasions when staff gave medicines to people, they had not stayed to ensure that people took their medicine. The staff member had completed the Medicine Administration Record (MAR) to show the medicine had been taken. We observed that one person did not take their medicines; they were left in a pot on their table. Staff supported the person to use the toilet after lunch and the medicines were left unattended where vulnerable people had access to the medicine. This was an unsafe practice.

We immediately brought this to the registered manager's attention who told us that a competency assessment for the staff member would be completed and further training would be offered if required. We also completed reconciliation of medicines to ensure the stock levels were correct. We randomly selected medicines to look at and found that three samples of medicines prescribed as a when required (PRN)) were not recorded correctly. Staff had not recorded the amount of medicines given when people were prescribed a variable dose. This meant that medicines had not been recorded properly and not all medication could be accurately accounted for.
We found that for one person staff had signed the MAR daily to indicate they had given the person their medicines. When we counted the medicines we found there were six tablets more than there should have been. This meant that the person had not received their medicines as intended by the prescriber. They could have been at risk of harm by staff not administering their medicines.

We found in one person's room that there was a light pull that hung from the ceiling above the person's bed where they were able to reach up and turn the light on. We saw that the alarm call bell used to alert staff that a person required their support had been tied to the light pull because the clip normally used to secure the call bell was missing. This was dangerous as the person getting up from the bed had the potential to get tangled or trip. We saw in the same person's room a pressure mat on the floor. We were told due to the person's poor mobility that the mat would alert staff to the fact the person was getting up. We saw that there were cables running out from under the bed that presented a trip hazard. We showed this to the registered manager and they immediately untied the call bell from the light pull and pushed the cables under the bed. We saw three examples of cables running out from under people's beds increasing the risks of people tripping over these.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the home environment required many improvements. For example, we found there were holes in the carpets in the lounge and on the first floor landing. There were also holes in the carpet covered by tape that had become frayed outside the lift door on the first floor. The stairs used by many people between the ground and first floor were very tired in décor with plaster missing and cracked walls. The staircase at the other end of the building the walls, were mouldy and smelt of damp. The area affected was most of the staircase outside wall. The provider was able to demonstrate that this was caused by an overflow problem and had before the inspection engaged the services of a builder to correct the fault.

We found that people were not able to easily enter and exit the building and find their way around independently. The patio doors leading from the dining room and lounge into the garden did not have hand grab rails. Both doors had a large step to get over. We observed one person who was assisted to access the garden was reaching out to find something to hold on to for support. Within the garden itself there were uneven paving. One person we spoke with told us, "It is dicey to go out into the garden. Lots of the slabs are loose and they are not even." We observed that people in the dining room and lounge were not always attended by staff to have support when they wanted to access the garden. This was an area of risk that had not been identified and risked assessed to ensure people were safe.

We found that carpets looked stained and warn. There was a deep cleaning schedule however there was no daily cleaning schedule to ensure people's rooms were being cleaned properly. This meant there was not a system in place to check on what had and had not been cleaned. We spoke with the registered manager and the provider about this. The provider showed us printed sheets for documenting the cleaning but the registered manager confirmed that these had not been used by the domestic staff and they were going to introduce them. The registered manager told us that they walked around the home on a daily basis and were confident that the cleaning was completed properly. We found that the material on one shower chair had begun to break down and had cracks in it. This meant that it was not possible to maintain good infection control procedures. This also applied for the carpets with holes in them.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with was able to demonstrate they could recognise signs of abuse and knew how to report any concerns they had. One staff member said, "If I saw any abuse I would challenge and I would report my concerns to the manager another staff member said, "I would always repot any concerns to the manager." Staff confirmed that the numbers they needed to call the local safeguarding teams were available on notice boards in the home Staff were able to demonstrate they could escalate concerns if required and knew other outside organisations to report to, such as: CQC and the local authorities.

We found that safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. We saw references were reviewed and all relevant pre- employment checks were in place before staff were allowed to start working at St Anthony's. The registered manager told us that they were actively recruiting and had just offered posts to two staff and a new chef. They ensured the correct checks were in place before staff commenced employment.

People we spoke with told us that they felt there were not always enough staff as staff were rushed of their feet. One staff member told us, "Staffing levels are fine. There are days when we are busy, some days the demands are higher." We found that on both days we inspected call bells were answered in a timely manner. However, people`s needs were not always met. For example, due to one staff member not able to cover their shift at short notice on the first day of our inspection, activities were not provided. The registered manager was able to demonstrate that they looked at people's needs and ensured staffing levels were

appropriate and they had recently interviewed for new staff and were waiting for checks to be completed before new staff could begin. We looked at staff rotas and found the period we looked at had provided the appropriate staffing levels.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included areas such as pressure care, where people were at risk of developing pressure ulcers or when they were at risk of falls. For example, we found that one person had been identified at risks of falls. Staff mitigated the risk by the use of a pressure mat to alert them when the person required support. We saw that people were supported with walking aids and other equipment where required.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Fire alarms were regularly tested. However, we found one of the fire exits blocked by a commode and there was a thick floor mat on the floor which could have been a trip hazard for people leaving the building. This was brought to the registered manager's attention and the hazards were removed.

Good

Is the service effective?

Our findings

People who lived at the home told us about the skills, experience and abilities of the staff. One person said, "I think they are well trained they help me when I need it." We asked another person are staff well trained, "Some of them are. New ones are not so well trained but you just tell them what to do."

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people had capacity assessments and best interest meetings took place if a decision had to be made in people`s best interest.

Throughout the inspection we saw that, staff sought to establish people's wishes and obtain their consent before providing care and support. One staff member told us, "I always offer choice, `what would you like to wear or eat`." Staff we spoke with understood the importance of choice. We observed throughout our inspection staff were supporting people to make choices. For example staff talked with people individually reminding them what was for lunch. They checked to see if this was acceptable and if people wanted something else alternatives were offered. One staff member commented, "It's important to ask people if it's okay [to deliver care] and seek their permission."

Staff completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff we spoke with confirmed they had completed an induction. Staff received regular training to help them perform their roles effectively. Staff were also encouraged and supported to obtain nationally recognised vocational qualifications (NVQ). One staff member said, "I had an induction and worked with other staff until I was able to work on my own. I have read policies and procedures and am up to date with my training." Another staff member commented, "I have done my NVQ level 3."

Staff told us they felt supported by the registered manager and were actively encouraged to have their say about any concerns they had and how the service operated. Staff had regular supervisions where their performance and development was reviewed. We saw that supervisions covered key areas of training including: safeguarding, dementia care standards, moving and handling and reporting issues. One staff member told us, "I feel supported, if I am stuck with anything I can always ask for help and support. It's a good place to work, it's a good home."

We observed lunch being served and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. We saw that people who did not eat their food were offered an alternative and staff communicated and engaged with people. For example one person who refused dinner had been offered alternatives but told staff they did not want anything. The staff member asked if they would like some dessert and they agreed to this. We saw another person who had been given their original food choice however they wanted something else and that was done without any fuss. Where people`s culture and religion meant that they followed a special diet, this was met by the provider.

However at the time of our inspection staff were covering the duty of the chef as they had recently left. One person said, "They are now using care staff in the kitchen some are better cooks than others. We never know the day before anymore what we are going to have, they come around on the day but the variety is very limited week in week out it's generally the same." Another person said, "It was very good, we had a very good chef. Now we are in the lap of the gods. Today a carer is doing it again, yesterday it was the manager. Food quality varies greatly now." We spoke to the registered manager about this and they told us that all staff had the correct training to be able to provide the food safely and the provider had recently filled the vacancy for the chef and was waiting for the appropriate checks to be completed before the new chef could start.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. We saw that people had been supported to see their GP's, dieticians, opticians and dentists when required.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and caring way by staff that knew them well and were familiar with their needs. One person said, "Staff is wonderful, kind and caring."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people and were knowledgeable about their individual needs and preferences. One staff member said, "We always care for people's needs and always ask them about what they want. Another staff member said I always communicate and offer choice. I encourage people to do as much as they can for themselves to promote their independence. One person said, "They put the towel over me when they give me a bath, or if I have a shower they cover my lap with a towel in the chair. No problems at all."

We found that people and their relatives where appropriate had been fully involved with planning and reviews of the care and support provided. One relative said, "Yes we are involved, there was a care review last October and my cousin attended that." Another relative who had power of attorney for their relative told us they had helped with the care planning and confirmed that the communication from the registered manager was good.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. We saw people's relatives and friends visiting throughout the day. One relative said, "I can visit at any time and staff always welcome me." Another relative said, I am delighted with the place, the staff work hard and the care is good. This is a good home for my [Relative]." We saw that staff knew people well and called them by their preferred name. One person said, "They know me well, what I like and what I dislike."

People and relative's had the opportunity to attend meetings to discuss any issues. We saw examples of minutes of meeting where topics discussed were: food, activities, key workers and laundry. People and their relatives had a chance to talk about what they wanted. We noted that people had concerns that the vegetables were served cold but this had been resolved.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and independent advice, was prominently displayed and made available to people and their relatives.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with who lived at St Anthony's told us that the activities needed improving. We found that there were group activities completed and there was an activity schedule that included an outside professional visiting the home twice a week to engage people in musical armchair exercises. We found that there were outside events such as In June people went to Stanborough Hall, in July they were planning a BBQ in the garden with musical entertainment and in August there was a trip planned to a garden centre. One person said, "We used to go out a lot more but the lady who organised this has left. " On the first day of our inspection we found that activities had not taken place due to staffing levels. We looked at people's individual activities log and found that these included: listening to music, watching television, manicure by staff, walked around and sat in the garden and church service. The staff rota assigned one staff member to include activities. The provider had been actively seeking to employ an activities co-ordinator. People we spoke with reported very limited activities for them to do every day.

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided, there was good guidance made available to staff about how people wanted to be cared for. The registered manager told us, "Care plans are reviewed with people and their relatives, to discuss their care needs." We looked at care plans and found that people had been involved with decisions about their care. One visitor told us, "We are always involved with the care review. We are asked if we are happy and what we want. [Name of the person] has full capacity but likes us there." Another person told us they were happy with their care.

People received personalised care and support that met their individual needs and took full account of personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way. For example, we saw that where one person had been identified as having falls they had been referred to the falls clinic and seen by a podiatrist. The outcome was that the person had shoes fitted and made especially for their feet and the registered manager confirmed this had made a big difference for the person's mobility. We also found that where required people had specialist equipment to support their needs such as: walking frames, wheelchairs, profile beds and air filled mattresses.

People's care plans included up to date and accurate records to ensure staff were able to meet their needs. We saw and the manager confirmed that each person's needs had been assessed prior to moving in to the home and had been reviewed regularly to make sure that they were up to date and continued to reflect the support that people required. Our observations throughout the day confirmed that care was delivered in a way to support people's individual needs. For example, we saw that a health care professional came to the home to check on a person's dressing. They told us that staff were very good and provided good care and they had no concerns to report.

The home had effective communication systems, handovers were completed at the beginning of each shift and a communication book for recording important changes. One staff member said, "Staff put in relevant information." Staff had regular meetings where the registered manager shared with them any changes in peoples` condition or in the running of the home.

People and their relatives told us they felt their views about their care were listened to. We found complaints or concerns raised were responded to in line with the provider`s complaints policy. Information about how to make a complaint was made available to people and visitors. One relative said, [Registered manager] listens to me, I can speak to [Registered manager] about any concerns I have." One person confirmed they knew how to complain if required. We saw the complaints log and this demonstrated that the registered manager had followed their complaints procedures and had responded to all complaints with details of the outcomes. We also noted there were lots of thank you cards and letters in regard to care people received.

Requires Improvement

Is the service well-led?

Our findings

People who lived at the home and relatives were all positive about how the home was run. Staff were complimentary about the registered manager, who they described as approachable. One staff member said, "I think the home is good, the [People who live at the home] are looked after well." A person told us that the manager stops and talks to them in their room.

The registered manager told us that they had an open door policy and made them self's available to people, relatives and staff. One staff member said, "The manager is approachable, we all work well as a team." One relative told us, "I can speak to the manager at any time." The registered manager told us, "I am happy here, the provider is very supportive."

The registered manager was supported by the provider with regular meetings. The registered manager told us and we observed that they completed daily walkabouts of the home making sure that everything was running well. They carried out regular spot checks and audits of the service to ensure that standards were maintained. The registered manager completed weekly and monthly audits at St Anthony's. Information gathered from seeking people's views and audits had been analysed. However this had not identified all the areas of concerns found during our inspection.

For example, the registered manager had identified trends whilst reviewing accidents and incidents. We saw that a monthly check list was completed by the manager; this looked at areas such as: care plan reviews, risk assessments, medication audit, activity charts and many other areas of the home. However where problems were identified action plans were not developed to identify the responsible person to make the improvements and an acceptable time scale. For example, the provider identified in April that the grounds in the garden were not very good and in May this was noted again. However the audit had no detail about what were the specific issues identified and there had been no action plan in place to resolve this. We found that the grounds were uneven in places and some parts of the paved areas had holes and not safe for people to walk on. We spoke with the provider about this and they confirmed this would be addressed as a matter of urgency.

We looked at the maintenance book and we saw where problems had been found these were regularly addressed. For example, hand washing sinks in people's rooms had been replaced and a new boiler installed. Carpets had been replaced in people's rooms and in another area in the home However, other areas in the home that required attention had not been addressed and although the registered manager was aware of these there had been no action plan with a time scale to rectify them. Since the inspection the provider has made it a priority to have the repair works completed such as the carpets to be replaced where needed.

Meetings for staff resident and families took place to ensure people had a voice and yearly surveys were sent out to gather people`s views about the quality of the service they received. We saw that the survey for August 2015 highlighted that people were not sure who their key workers were. This had been addressed and the names and photo of the person`s keyworker were displayed in the person's room. Key workers

regularly reminded people about their roles and who they were. People also stated they were unaware of when resident meetings were taken place. The manager addressed this by advertising the meeting dates and times in the communal areas of the home and on the day of the meeting reminded people to attend.

We found that care plans were reviewed on a regularly basis or when people`s needs changed. Daily notes were completed to show what people had done and what support they had each day, care plans were person centred. We found that staff worked well as a team and all staff we spoke with felt there were enough staff and there was always someone to turn to should they required support. The provider had links to other professionals and attended meetings to ensure they kept up with changes and best practice. The registered manager had regular meetings with other managers within the organisation to share ideas and discuss relevant changes. For example changes to legislation.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure proper and safe management of medicines and did not do all that is practical to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not ensure there was an appropriate cleaning schedule in place. People were not able to easily enter or exit the building safely. The property was not adequately maintained by the provider.