

Mr Prashant Brahmhatt

St Anne's Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected this service on 9 November 2015. This was an unannounced inspection

St Anne's Residential Care Home is registered to provide accommodation for up to 22 people who require personal care. At the time of the inspection there were 21 people living at the service.

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.

People, their relatives and staff were highly complimentary about the service, the management and staff team.

People said they felt safe and knew who to speak with if they felt unsafe. Staff demonstrated a good understanding of how to protect people from abuse and explained the procedure they would follow if they

Summary of findings

suspected abuse had occurred. Staff were supported to do this by having regular supervision, team meetings and training to help them meet the needs of the people they were supporting. There was sufficient numbers of staff to keep people safe and meet their needs. Staff had received the necessary recruitment checks before commencing work with the service.

People received support from staff with their medicines to ensure they were managed safely. Staff administered and recorded medicines in line with the service's medicines policy. However, medicines were not stored safely at all times and we have made a recommendation in the report.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Staff followed guidance in care plans and risk assessments to ensure people were safe and their needs were met. Where required, people were referred to a range of other professionals.

People were cared for by staff that had the skills and knowledge to deliver effective care. Staff spoke of their satisfaction in carrying out a job they enjoyed and the support they experienced from management.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA). Where people were not able to make specific decisions, care records showed who had legal powers to make important decisions on their behalf. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were complimentary about the food and were given choice and variety. People were supported to maintain good health and had access to healthcare services.

People described their relationship with staff very positively. People felt valued as individuals and told us staff went over and above their roles to ensure they got the care they required. People enjoyed living at the service and told us it felt like home.

Relatives spoke highly of the care people received. Relatives were pleased with the person centred support and assured that people were well cared for by experienced and caring staff. Staff knew the people they cared for and what was important to them. Staff appreciated people's unique life histories and understood how these could influence the way people wanted to be cared for. People's choices and wishes were respected and recorded in their care records. Staff offered support in a way that promoted people's independence. People took part in social activities.

People and their relatives said they knew how to make a complaint and felt comfortable to do this. Staff knew how to handle complaints which was in line with the service's complaints policy.

People, their relatives, staff and other professionals spoke highly of the management team. Quality assurance systems were in place to monitor the service and ensure the safety of people in the service and people who worked there.

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 not always safe. Although medicines were administered safely, they were not always stored safely.

Risks assessments were in place and staff understood these. Staff were knowledgeable about the procedures in place to recognise and respond to abuse.

People told us they felt safe.

Staff had received checks before working at the service and there was enough staff to meet people needs.

Requires improvement



Is the service effective?

The service was effective. Staff had received training and support to enable them to offer good quality care.

People's choices were respected by staff who acted within the requirements of the law in relation to the Mental Capacity Act 2005.

People were supported to maintain their independence. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Good



Is the service caring?

The service was caring. People, relatives, visitors to the service and visiting professionals spoke very highly of the staff and the care delivered.

People experienced positive caring relationships and staff and management went the extra mile to ensure people were safe and happy.

People's individual needs were met in a dignified, caring and respectful manner.

Good



Is the service responsive?

The service was responsive. People's care records contained person centred information about their history and likes and dislikes.

People had access to activities that interested them and were encouraged to take part.

People knew how to make a complaint if required and felt able to do so.

Good



Is the service well-led?

The service was well led. People, relatives and staff were complimentary about the way the service was managed.

Staff spoke highly of the support they received from the management team.

Good



Summary of findings

The quality of the service was regularly reviewed.	
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St Anne's Residential 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.

This inspection took place on 9 November 2015 and was unannounced. The inspection team comprised of two inspectors 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.

Before our visit we reviewed the information we held about the service. The registered 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spent time with people. We looked around the home and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people and three of their relatives. During the inspection we spoke with eight members of staff including the registered manager, deputy manager, care workers, art therapist, a health professional and the cook. We looked at records, which included seven people's care records, the medication administration records (MAR) for all people at the home and four staff files. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

People were not always safe. Medicines were not always stored in a safe way. The service had a medicines trolley which was stored in a clinical room. People's medicines were in an unlocked medicines trolley in this room and this was unattended at times during the medicines round. There were times when the trolley was locked but some medicines were left unattended on the top of the trolley. Although the trolley was stored in a locked clinical room all staff had access to the room as people's care records were kept in it. This meant staff on duty needed access to the get people's records. A spare key to the medicines trolley was also hanging on a hook in the clinical room. This meant staff could potentially have unauthorised access to medicines.

Medicines were administered safely. Staff had received training in medicines management and supported people to take their medicine in line with their prescription. Staff signed medicine administration records (MAR) when they had administered people's medicines. Any known allergies people had were documented on the MAR. Medicines were stored at the correct temperature as recommended by manufacturers to ensure they were effective.

People's care records contained risk assessments but not all were accurate. For example, one person had a risk assessment that identified they were at risk of choking but there was no mention of adding the recommended thickening powder. Thickening powder is added to fluid to lessen the chance of a person choking. This was discussed with the registered manager who agreed to amend the plans immediately.

Other risks to people's personal safety had been assessed and people had plans in place to manage the risks. For example where people had been identified as at risk of developing pressure ulcers details of what specialist pressure relieving equipment people should have to minimise the risk were recorded in their care plan. We observed people used their specialist pressure relieving equipment. Staff checked this equipment daily to ensure it was set correctly. Where advice and guidance from other professionals had been sought, this was incorporated in people's care plans. For example, a person who was

mobilising independently was at high risk of falls. This person wore protective padding as recommended by the care home support service to allow them more freedom, and reduce the risk of injury if a fall occurred.

People told us they felt safe. One person said, "I'm as safe as houses and I couldn't have anything better". Another person said "I am very safe and comfortable, I like it here". A relative told us "He has deteriorated and the family are very happy that he is so well looked after and safe in here. He can't walk now so he relies on them for everything but they are very good."

Staff we spoke with had a good understanding of safeguarding, potential signs of abuse and what to do in the event of suspecting abuse. Staff told us they had received training in safeguarding. The service had a safeguarding policy in place and there was information on notice boards about how to whistle blow if staff were concerned. One staff member said "I know how to report safeguarding concerns and have done so in the past". Safeguarding notifications had been appropriately sent to relevant agencies.

Where people had behaviour that could be described as challenging, triggers to the behaviour were documented in people's care records. Staff were aware of these and followed plans to keep people safe. For example, one person liked to pick things up and could become aggressive if staff or other people tried to remove them. Staff monitored the situation and offered the person another object. If the person would not give the object back they made sure people were safe and watched the person until they put the object down.

People told us there were enough staff to meet their needs. On the day of inspection there were four care workers and one senior care worker. People felt assured that support was available when needed. One person said, "If I need anything I have a bell but I never use it because they're in and out of here all day. If I get out of bed at night the (pressure) mat goes off and they come and see if I'm OK. I know they check on me throughout the night, I can hear them come in. I feel well looked after". We observed call bells being answered and people offered assistance promptly. Staff were quick to answer the call bells. We saw a resident leave their room and the pressure pad triggered an alarm. Within minutes two members of staff had

Is the service safe?

reached them and gently led them back to the safety of their room. Staff said they felt the service was staffed adequately and if they were concerned about anything they would speak to the registered manager.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

Risks associated with the safety of the environment and equipment had been identified and managed appropriately. Fire alarm and equipment checks had been recorded. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare.

We recommend that the service consider current guidance on safe storage of medicines and take action to update their practice accordingly.

Is the service effective?

Our findings

People were supported by experienced and well trained staff. Staff had completed induction training and a staff member described shadowing more experienced staff till they felt confident to work alone. Staff had received the training they required to meet people's needs. Staff were able to do other training to help them meet people's specific needs. For example, one staff member told us they had been supported to attend training in diabetes care. One staff member told us, "Any training we want we just have to ask". One care worker also commented: "I've worked my way up from cleaner to carer and been on all the training courses as well as my National Vocational Qualifications. We're a small team so I can always get help if I'm not sure of something. I really do feel we do a great job here, the relatives are always telling us how happy they are that their loved ones are being well looked after".

Staff had received an annual appraisal and had one to one meetings with their manager. This gave them the opportunity to discuss areas of practice. Supervision records reviewed showed any issues were discussed. Supervision records also recorded areas where staff had worked well. A staff member said supervision and support is "Great – really good".

People were provided with food they enjoyed. A relative said, "Anything Dad wants they will do what they can to get it for him. He will eat the food here but he likes things like scampi and chips and they will go out and get it for him." We observed lunch being served and the food looked appetising. We observed staff offered choice and provided one person with an alternative meal at lunchtime when they did not eat their meal. This person's care plan had stated 'Staff are to offer a main meal if [name of person] does not like her main meal'. Staff were attentive and encouraged people to eat their meals and we heard friendly and respectful interactions with people during lunch.

People's care plans identified their specific dietary requirements and how these would be met. For example, where people were at risk of malnutrition, people had a plan in place to manage the risk. People's weight was recorded to monitor whether people maintained a healthy weight. One person told us, "They weigh me and I've put on weight which is good. I couldn't eat before. Now I enjoy my meals". However, fluid charts were not used to evidence

people were drinking enough. For example, one person only had two amounts of fluid recorded on one day and three on another day. We discussed this with the management team who said they look at methods to record fluid intake.

People had regular access to other healthcare professionals such as, the district nurse or dentist. The district nursing team were also requested to support staff with meeting people's specific needs. For example, how to use the machine for monitoring people's blood glucose levels if they were a diabetic.

We also spoke with one health professional who was visiting people living in the home. They said "Staff are very helpful and we are told quickly about any changes in people. Staff follow our advice and there is good communication with us and the GP". A relative stated "Dad has to have regular medical treatment and the doctors that come here have been excellent."

People had capacity assessments in line with the requirements of The Mental Capacity Act 2005 (MCA). The 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. Staff understood the requirements of the MCA and had received training. A person commented: "I like the fact that they always tell me everything they are going to do for me".

People had Deprivation of Liberty Safeguards (DoLS) in place where appropriate. People in care homes 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. Where authorisations were made a review date was clearly recorded and people were supported in the least restrictive way.

The downstairs communal rooms presented some risk to people as the floors had slopes and space was cramped (e.g. dining room and small lounge). Staff said there was a lack of room to store wheelchairs and other equipment. It was difficult to manoeuvre wheelchairs around this space. We fed this back to the management who said there were plans in place to extend to provide a larger dining room.

Is the service effective?

A quality assurance survey done with relative's in March 2015 highlighted this as being the main area of

improvement needed. However, a visiting professional stated, "I know there are lots of better looking places and they struggle with the layout of the place but the residents are really well looked after here and are really safe".

Is the service caring?

Our findings

People spoke very positively about the care they received. One person said “I really like it here, if you can’t be at home this is the next best thing. It’s better really because I was on my own a lot at home.” People had developed positive and caring relationships with the staff that supported them. We saw many positive interactions between people and staff. For example, we saw a staff member wrap their arms around a person and give them a cuddle and they were both laughing. Staff interacted with the residents, talking and listening to them, sitting with them and appropriately stroking a hand. A staff member said “I love working with the people here. Every day is different. I want to make a difference with and for people”.

People described the staff as helpful and kind. One person said “They will give you anything anytime. Apart from the meal which is lovely you can have a cup of tea and a biscuit, or get a cold drink or ask for anything you want”. All relatives we spoke with thought people were well cared for and treated with a high level of kindness. Relatives gave examples of staff going the extra mile. One said “Dad likes a newspaper and they go out and get him one every morning and bring it with his cup of tea. Just like a hotel”. Another relative said staff would go to the shops to get a favourite breakfast cereal. One relative commented: “The carers are magic. They work really hard and are always smiling and cheerful. I have watched how they care for my wife and you can’t fault it. They are really dedicated to the job”.

People were assisted with personal care discreetly and in ways which upheld and promoted their privacy and dignity. Throughout the inspection we saw many examples of people being supported by staff who were kind and respectful. A relative said: “I like her to look clean and tidy and they make sure her clothes are clean every day”. We also observed people calling for help and being helped,

one person became upset and a staff member came and comforted and calmed her. People were shown respect. Because a number of staff did not have English as their first language, they were requested to only speak in English with each other whilst working so that people felt assured.

Staff showed respect for people as individuals and people told us they were listened to and cared for. There was a warm friendly atmosphere and staff knew people well. For example, one person could not communicate verbally with staff. We observed a staff member supporting the person with their meal. The staff member was chatting to the person about golf. The staff member told us the person was a keen golfer. The person was smiling and clearly enjoyed the interaction. We saw the persons love of golf was recorded in their care record in a section entitled ‘Things that matter to me’.

People told us their friends and relatives could visit whenever they wanted to. Visitors told us they were welcomed at the service. One said, “We call it St Anne’s Five Star Hotel. We can’t believe how brilliant it is. We can all sleep well at night now knowing he’s safe and well looked after. We have had quite a journey to get here with bad care at home and lots of problems, but as soon as we got him in here, the problems ended and we know he’s safe.”

A visiting professional said “I can compare this place to many others and I would choose it for my relatives any time. It’s like a family, (management and staff) really care and you can tell that. In other places managers are sitting behind office doors but these two are down here getting their hands dirty, and they know everything that’s going on. You can see the place having a positive effect on new residents as the weeks go by”.

People’s information was kept confidentially and policies and procedures were in place to protect people’s confidential information.

Is the service responsive?

Our findings

People's records were person centred. They contained people's individual characteristics, likes and dislikes, places and activities they valued. Daily records provided detailed information for each person. Staff could see at a glance what support people had received and how they were feeling. We were told that care plans were updated whenever a person's needs changed and we saw that care plans had been amended to reflect these changes.

People received personalised care which met their needs. Care records showed care plans were in place which provided detailed information for staff on how to deliver people's care. People's records contained information about when they had been referred to other services, for example the falls team. This enabled people's needs to be assessed to see if any additional resources or support were needed.

Staff were responsive to people's needs. For example, staff noticed one person who found it difficult to communicate verbally appeared to be in pain. They gave the person some pain relief from the services homely remedies and asked the GP to review the person's medicines. The GP prescribed regular pain relief for the person. Staff reviewed the person's pain regularly but felt their pain was still not well controlled. The GP was informed and a different pain relieving medicine was prescribed. Records showed that the person's pain was now controlled.

People had choice and were encouraged to maintain as much independence as possible. People were able to stay in their rooms if they wanted to and spend time on their own and staff respected this. A person told us "It's been perfect for me. I like my independence so I can do what I want but I'm looked after. There are always a couple of choices for dinner with real vegetables which is good". Another person said "Here I feel as free as a bird". Staff

knew people's individual needs, traits and personalities. They were able to talk about these without referring to people's care records. The deputy manager said "We're quite lucky with our staff. We have people who have stayed with us for years. Sometimes they go somewhere else but some of them come back".

People were encouraged and supported to take part in activities. On the day of the inspection the art therapist was doing a painting session with some of the people in the service. We observed choices being given and reassuring and encouraging interactions. The service had recently held a firework party and other events were organised such as a singer who visits the service and bingo. The service had recently purchased a mini bus and hoped to offer more shopping trips. A person said "I asked if I could go to the shop and they got a carer to take me down there in the car. Sometimes we all go in a minibus which is nice". The service had organised a trip to do Christmas shopping. The service had an art therapist who visited once a week to encourage activities. People said the staff spent time with them. One said, "I know there's someone there if I need it, which is very nice, and there's always someone to have a chat to. It's lovely in the summer when we can go out in the garden. We can watch the chickens and I have a little potter around the garden and keep it nice".

People and their relatives had access to the complaints policy. This was displayed on notice boards around the service. Some people would find it difficult to make a complaint due to communication difficulties but relatives we spoke with were aware of how to make a complaint. Also, staff were clear about their responsibility and the action they would take if people made a complaint. If a complaint was made it was recorded with actions needed to resolve it and date it had been resolved. For example, we saw that an apology had been made following a complaint. There were many compliments and positive feedback received about the staff and the care people had received.

Is the service well-led?

Our findings

People and their relatives were very pleased with the service and spoke highly of the way it was managed. One person said, “They run it just like a family home. It’s not all big and clinical like some of them; it’s all nice and friendly”. One relative told us, “I find [registered manager] really professional, she knows us all and I think that says a lot about the place. It does have a real family atmosphere and I think that is down to [registered manager] and the way she runs it”. A relative stated “[registered manager and deputy] run the place and they do a fantastic job. Most of the carers seem to stay, they seem very happy with the place”.

The service had high values about delivering a personalised service. These values were demonstrated clearly in what we saw throughout the day, as well as from the feedback we received from people, relatives, staff and health and social care professionals.

The registered manager and the deputy manager were visible around the service and regularly worked alongside staff to deliver care. The deputy manager said “I feel well supported by [registered manager] and we are there for each other. We have worked together in other places and we are a good team”.

Staff described a positive culture with good communication systems in place. Staff said the management team and organisation supported them well. Comments included: [Registered manager and deputy] are always willing to listen”; “I like it because it’s small and

friendly. We are good team” and “She is a good manager. She has an open door; she will make time for you. The management demonstrated the importance of staff receiving relevant training and understood the importance of supporting staff within their roles.

A range of quality assurance audits were completed by the registered manager that helped ensure quality standards were maintained and legislation complied with. These included audits of medication, infection control, care plans, nutrition, personnel files and complaints. Although we found medicines storage was of concern, these concerns were acted upon by the manager. There were systems in place to ensure accidents and incidents were reported, monitored and patterns were analysed so that appropriate measures could be arranged. For example, referring to appropriate services such as the falls team and other health professionals. People, their relatives and other visitors to the service were encouraged to provide feedback about the quality of the service. For example, quality assurance questionnaires were sent out yearly and action planned from these and displayed on the notice boards.

Staff meetings were held regularly at which staff could discuss all aspects of people’s care and support and work as a team to resolve any difficulties or changes. One member of staff said, “The staff are a real team. I think it’s a good place to work”. We saw notes encouraging staff to prompt residents to do activities.

Records, policies and procedures were accurate, easily accessible and well organised.