

St.Antony's Ltd

St Antony's Care Home

Inspection report

1 Wide Way
Mitcham
Surrey
CR4 1BP

Tel: 02086790752

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06 October 2017
18 October 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

St Antony's Care Home provides accommodation and support for up to 12 older people, some of whom may be living with dementia. There were 11 people using the service at the time of this inspection.

At the last inspection in March 2016, the service was rated Good.

At this inspection we found the service remained Good.

The service demonstrated they continued to meet the regulations and fundamental standards.

The home had a registered manager in post. 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 using the service at St Antony's Care Home were positive about the care and support provided. They said staff treated them in a kind and caring manner.

Staff had received training around safeguarding vulnerable people and knew what action to take if they had or received a concern. They were confident that any concerns raised would be taken seriously by the registered manager and acted upon.

Staff were positive about the service provided and felt confident in the quality of care given to people using the service. Staff felt able to speak to the registered manager to raise any issues or concerns.

People were supported effectively to have their health needs met. People's prescribed medicines were being stored securely and managed safely.

People using the service were satisfied with the food provided to them.

The staff attended regular training which gave them the knowledge and skills to support people effectively. The service understood and complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the importance of gaining people's consent before assisting people.

A registered manager was in post who knew the service well. There were systems in place to help ensure the safety and quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service improved to Good.

Is the service well-led?

Good ●

The service remains Good.

St Antony's 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

This inspection took place on 6 and 18 October 2017. Our first visit was unannounced. The inspection was carried out by one inspector.

We spoke with ten people who used the service. We also spoke with the registered provider, registered manager, three members of staff and two visiting health professionals. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We looked around the premises and at records for the management of the service including three staff recruitment records. We reviewed how medicines were managed and the records relating to this.

We also received written feedback from two relatives or friends of people using the service

Is the service safe?

Our findings

People said they liked living at St Antony's and felt safe there. One person using the service told us, "I feel alright, it's very nice." Another person commented, "They are looking after me nicely." A third person said, "It's alright. The only thing is that we are all old."

A relative told us, "[Relative's name] is contented, happy and well settled."

People were protected by staff who knew how to recognise the signs of possible abuse. Training records showed that they had completed safeguarding training and staff confirmed this. Staff were confident that the registered manager would take appropriate action to keep the people at the home safe. One staff member said, "I am not afraid to approach the manager. He listens to us."

People told us there were enough staff on duty to meet their needs. Records seen and staff we spoke with confirmed this. They told us that they felt the staffing levels were safe. One staff member said, "Two staff on duty is enough. The manager is also available." Another staff member commented, "It's fine."

Medicines were being stored safely and securely and our checks showed that medicines were administered correctly. One person told us, "They come with my medicine at the right time. They stay until I have taken them." Regular checks were carried out to make sure people were receiving the right medicine at the right time and that accurate records were kept by staff.

Assessments were carried out which looked at any risks to people's safety and how these could be reduced. These were completed for areas such as risk of falls, moving and handling, nutrition and skin integrity. Care plans were drawn up as appropriate following these assessments to help prevent or minimise the risk of harm to people using the service.

Staff recruitment procedures in the service were safe. Appropriate checks were undertaken by the organisation before staff began work. Records showed that staff were subject to identity and criminal records checks before they commenced work with people using the service.

The risks associated with the environment and equipment in use were assessed and reviewed. Safety checks were regularly carried out such as those for installed fire, water and electrical equipment. We looked at the homes system for reporting and monitoring incidents and accidents. Any incidents or accidents were reported and records we saw confirmed this with the action taken logged in each instance. We discussed reviewing the documentation in use to include a section for sign off by the registered manager.

All areas of the home were seen to be kept clean and hygienic. No malodours were noted during our inspection.

Is the service effective?

Our findings

People were supported by staff who knew them well and met their needs. One person told us, "They're ok, I'm ok, no problem." Another person commented, "Very good." A relative commented, "We are generally happy with the staff."

We saw staff completed training relevant to their role and responsibilities. This included mandatory training to keep people safe such as safeguarding adults, moving and handling, food hygiene and health and safety. Staff told us that they had regular training and that courses were refreshed annually or as required. Some staff shared examples of recent training courses relevant to their roles and the more specialist needs of people they supported. For example, around dementia. One staff member commented, "We are up to date, I am due to undertake dementia training soon." Another staff member said, "I had my update last week."

New staff were supported to complete an induction programme which was tailored to the home. The service had implemented the Care Certificate as part of their training for all staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support.

Records showed that staff were also supported through regular supervision and appraisal sessions which considered their role, training and future development. In addition to these formal one to one meetings, staff said they could approach the managers informally to discuss any issues they had.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. We saw staff had received training around the MCA and DoLS and the staff we spoke with knew the importance of obtaining people's consent when supporting them. A person using the service said, "They ask you. They give you a choice." One staff said, "I will always talk to them." A relative commented, "The staff have encouraged them to care for themselves, such as bathing, hair washing and changing clothes as much as possible". Care records included assessments of capacity although it was noted that these were generic in content and not decision specific. This was discussed with the registered manager at the time of inspection.

People's feedback was satisfactory about the variety and quality of food provided. One person said, "The food is alright. I'm not worried about that." Another person said, "The food is ok." A third person said, "It's usually alright." Other comments included, "it has its ups and downs" and, "I'm having curry today." One

person told us that their dietary needs were known to staff who met them, providing alternative meals as required in line with their religious beliefs. Another person talked to us about their cultural background and we saw that some alternative meals for them had been discussed at a recent residents meeting. A visual menu was displayed in the dining room to help people see what was being served and make choices about what they ate.

People's individual weight was monitored. Care plans seen addressed nutrition with screening assessments completed to help safeguard people from the risk of malnutrition. A relative told us, "[The person's] physical health has much improved and they have regained the weight they lost through not eating properly."

People were supported to keep healthy and had access to appropriate health care professionals when needed. People told us they were happy with the support they received in order to keep healthy. One person told us that they had been 'down the road' for an appointment that morning at the nearby health centre supported by a member of staff. Two healthcare professionals visited the home during our inspection. They said the service worked well in partnership with them to make sure people's health needs were met.

Is the service caring?

Our findings

Feedback from people using the service was positive about the quality of care and support people received. One person said, "Staff have a nice manner." Another person commented, "They are all polite." A third person told us, "The staff are alright. I know them all."

A regular visitor to the home commented, "It seems to me to be a genuinely caring home for people with often complex needs." They praised one particular member of staff for being "especially caring and compassionate".

Our observations showed staff were kind, caring and treated people with respect. It was evident they knew people well and made sure their privacy and dignity was respected. Staff spoke to people respectfully and gave them choice when making everyday decisions such as what they wanted to eat or drink. Support plans for privacy and dignity outlined how people should be addressed and reminded staff to always knock on the person's bedroom door.

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person received personal or health care in private. One staff member told us, "It's excellent care. We respect our clients." Another staff member told us, "Everyone is treated nicely here. " A third staff member commented, "It's a friendly place."

Staff were able to tell us about people's likes and dislikes. One staff member commented, "It's a small staff team. We know people well." A life story section in the support plans captured some information about people's background, life history and preferences. It was however noted that these documents varied as to how much information had been recorded. The registered manager told us that they were still waiting for further information from relatives and friends to complete these documents.

Meetings of regular meetings held with people using the service and their relatives or friends included discussion about activities, food and any concerns or suggestions. The minutes addressed where action was required such as chasing up day placements and making sure the menu reflected one person's cultural background.

Is the service responsive?

Our findings

People's needs were regularly assessed and responded to. One person told us, "Anything you ask they will help you. "

People's needs were assessed before they came to live at St Antony's Care Home. An admission assessment form was completed that staff used to discuss with the person and/or their representatives about the support they required. This information was used to inform a support plan for each person.

People's support plans were reviewed regularly and kept up to date to help make sure they met people's individual needs. Each person's plan addressed their activities of daily living such as mobility, nutrition, personal care and communication. The plans differed as to how individualised they were with many focusing mainly on the health and physical care provided. We spoke with the registered manager about developing the support plans to be more individualised and to better reflect the support required around people's emotional wellbeing.

Staff kept records documenting how care was delivered on each day. This information was shared with the staff team to ensure continuity of care and that no important information was missed. We observed the registered manager and staff working together during our visits to respond promptly to people's needs. External healthcare professionals told us that the home was responsive by being always prepared for their visits and giving them the information they required about people using the service. One professional told us that staff were good at following any recommendations or guidelines provided to them.

A visiting activities co-ordinator provided activities such as art and craft once a week. People were watching television or listening to the radio when we visited. One person was taking part in a picture quiz with staff during our second visit. Some people using the service had been regularly attending a lunch club but this has not been operating in recent weeks. A local clergyman also visited the home on a regular basis to have coffee with people using the service. Displayed pictures and decorations showed that people's birthdays were celebrated by the service.

One person using the service said, "There's no work as such although I don't want to do any work." Another person said, "I watch the TV. I don't want to do more." A third person commented, "I go out to a lunch club." One person told us that staff took them out to the shops regularly and records confirmed this support. Some people using the service said they would welcome more trips outside the home. One person said, "They don't let us out much." A friend or relative commented that they wondered if there could be more stimulation for people. We spoke to the registered manager about developing the activities provision in and out of the home for people using the service. They agreed to look at this important area and we will review this at our next visit to St Antony's Care Home.

People said they would speak to the manager or staff if they had any concerns about the care they received. One person said, "No problems." Another person commented, "I have no complaints." The home had a complaints procedure which was available for people, relatives and staff to access. There had been no

recent complaints about the service.

Is the service well-led?

Our findings

Overall comments made by people using the service included, "It's a nice comfortable place. It's not stuffy", "So far it's alright" and, "There is nothing wrong with them here."

St Antony's Care Home was led by a full time registered manager with the support of a small consistent team of staff. Staff told us the manager was 'hands-on' and was approachable. One staff said, "If I am worried about anything, I will go straight to him." Another staff member said, "He is very good." Staff told us that they worked well as a team and all expressed confidence in the quality of care provided to people staying at the home.

Staff meetings were held that enabled staff to discuss issues and keep up to date with current practice. Minutes seen included discussion around areas such as activities, the environment and the support plans. The registered manager and staff told us that they were able to discuss any issues during shifts and handovers due to the small size of both the home and the staff team supporting people.

There were systems in place to monitor the quality of the service being provided. There was a quality assurance system in place that included regular audits of care records, medicine administration, the environment and health and safety. The registered manager had been compiling a monthly report for the registered provider. These included a summary of any significant events including falls, accidents and incidents, training courses attended by staff and on-going plans to develop the service. An annual development plan was not available at the time of inspection and we discussed this with the registered manager.

People, relatives and staff were provided with satisfaction questionnaires every year. Results from recent surveys were positive with responses recorded by the service including, "Keep up the wonderful care you give to residents", "I've never needed to complain" and, "All the staff within the home are thoughtful and friendly."

The provider worked well in partnership with other professionals to make sure people received appropriate support to meet their needs. Care records showed how the service engaged with other healthcare agencies and specialists to respond to people's care needs and to maintain people's safety and welfare.

The registered manager was aware of the responsibilities of their role. They were aware when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. They also kept up to date with best practice; for example, via CQC update newsletters and attendance at local authority forums.