

St Anne's Court Care Limited St Anne's Court

Inspection report

16A St Anthonys Road Bournemouth Dorset BH2 6PD Date of inspection visit: 05 April 2017

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Tel: 01202551208

Ratings

Overall rating for this service

Is the service safe?

Good

Good

Summary of findings

Overall summary

St Anne's Court is registered to provide residential accommodation without nursing for up to 26 people. At the time of our inspection the service was providing residential care to 15 older people, and had two people staying for respite.

The service has 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. At the time of the inspection two managers had been appointed by the registered manager to run the service.

At the last inspection, the service was rated as overall good with one breach of the regulations relating to the safe management of medicines. At this inspection staff had taken action to ensure people received their medicines as prescribed, and people told us they were supported to take their medicines as prescribed.

People told us they felt safely cared for and made additional comments about the overall quality of the care they received. One person said, "It's very nice. It's sort of small and homely. The staff are very good and very kind" and another person told us, "It's what I call homely".

Robust systems were in place to make sure accidents and incidents were reported, investigated and plans put in place to mitigate the risk of reoccurrence. Recruitment was managed safely.

There were systems in place to ensure the environment was safe for the people who lived at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?GoodThe service remains good.Staff understood what to do if they were concerned about
someone and people told us they felt safe.Risks to people were managed to ensure they maintained their
independence safely.Medicines were managed and stored safely.Staff were recruited safely and there was enough staff to keep
people safe.





St Anne's Court 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 checked 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 was a focussed inspection to check the domain of 'safe'.

The inspection took place on the 5 April 2017 and was unannounced. One adult social care inspector visited the service.

As part of the inspection we spoke with four people who lived at the home to find out about their experiences of the care and support they received. We also spoke with three staff members, two managers and the registered manager. In addition, we spoke with two visiting healthcare professionals.

We looked at one person's care plan in depth and reviewed a range of other people's records including care plans, risk assessments and medicine records. We also looked at records relating to the management of the service including audits, maintenance records, and three staff recruitment files.

The provider had completed a Provider Information Return (PIR) which we reviewed. 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 reviewed all the other information we held about the service, including previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also contacted the local authority commissioners of the service to establish their view of the service.

Is the service safe?

Our findings

People told us they felt the service they received was safe. One person told us, "Safety, it's great. You don't want to fall and hurt yourself; I think it's very good". Another person said, "Oh yes I am safe enough".

Staff had received training in safeguarding adults and understood what to do if they were concerned or worried about someone. There was information about safeguarding adults displayed in communal areas of the home. Staff told us safeguarding had been discussed at a residents meeting to make sure people understood what abuse was, and knew what to do if they were worried about something.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. For example, one person was assessed as at risk of falling. The risk assessment had led to a personal safety care plan which provided staff with guidance on the equipment and support required to enable the person to mobilise safely.

There were systems in place to make sure any accidents or incidents were recorded and investigated. Monthly audits enabled staff to look at themes or trends, such as times of day, location or the person involved to further reduce the risk of reoccurrence. One of the managers told us, "We are always looking for recurring themes".

At the time of the inspection the managers told us there were four care workers supporting people during the morning and three care workers in the afternoon. At night people were supported by two care workers. There were also housekeeping and catering staff. People and staff told us that staff were very busy. One person said, "At the moment there is a staffing problem" and another individual told us there were, "Perhaps not quite enough staff". We asked staff about people's assessed needs and found these had increased over time including people who required two care workers for support and people receiving end of life care. Staff had not carried out dependency assessments to determine the numbers of staff required. We raised our concerns about the numbers of staff deployed with the registered manager. They wrote to us following the inspection and told us about the immediate action they had taken to ensure enough staff were deployed to meet people's assessed needs in a caring and compassionate way. This included an increase to the levels of staff on duty, and implementing dependency assessment tools.

Staff had been recruited safely. The two managers followed safe recruitment practices to make sure staff were of good character, suitable and safe for their role. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Relevant checks had been completed before staff worked unsupervised at the service which included records of police checks, proof of identity, and health declarations.

There were systems in place to ensure medicines were obtained, stored, administered and disposed of safely. On the day of the inspection we reviewed medicines and medication administration records for 12 people. We found some minor issues which the managers rectified immediately. One person told us they were supported with their medicines by competent staff. They said, "I find them very good". Two visiting

healthcare professionals also told us they were confident staff had the right skills to ensure people remained well, including managing their medicines as prescribed, and seeking further medical support when they were worried about someone.

There were systems to check the environment including equipment was safe and fit for purpose. A planned programme of refurbishment was in place and staff told us about the dining room which had recently been redecorated and new bathrooms (wet rooms) that had been created on each floor of the building.