Avens Ltd

St Anthony

Inspection report

St Anthony
Church Road
Crowborough
East Sussex
TN6 1BL

Tel: 01892669520
Website: www.avens.co.uk

Date of inspection visit:
18 July 2016

Date of publication:
05 September 2016

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

Summary of findings

Overall summary

This inspection took place on 18 July 2016 and was unannounced. At the last inspection of the service on 25 June 2013 we had found the service was meeting all the regulations we looked at.

St Anthony is a residential care home which provides support and personal care for up to 29 people who have a learning disability. At the time of our inspection there were 27 people using the service. There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not always managed safely. You can see what action we told the provider to take at the back of the full version of the report.

There were appropriate policies and procedures in place that ensured people were kept safe from harm. Staff received training in safeguarding adults and incidents and accidents involving the safety of people using the service were recorded and acted upon. There were arrangements in place to manage foreseeable emergencies. Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance for staff, that would protect people from harm, by minimising risks.

There were sufficient numbers of staff on duty to meet people's needs and there were safe recruitment practices in place to ensure people were cared for and supported by staff that were suitable for their role. People were supported by staff that had appropriate skills and knowledge to meet their needs, as staff received appropriate training.

There were processes in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure their well-being. People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Staff treated people in a kind and caring manner and care plans contained guidance for staff on how best to communicate with people. People were supported to maintain relationships with relatives and friends. People were supported to understand the care and support choices available to them. People received care and treatment in accordance with their identified needs and wishes.

People's diverse needs, independence and human rights were supported, promoted and respected. People were supported to engage in a range of activities that met their needs and reflected their interests. People were provided with information on how to make a complaint.

There were systems in place to evaluate and monitor the quality of the service provided and the provider

took account of the views of people using the service through meetings and surveys.

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 consistently safe.

Medicines were not always managed safely.

There were safeguarding policies and procedures in place that ensured people were kept safe from harm.

Incidents and accidents involving the safety of people using the service were recorded and acted upon.

There were arrangements in place to deal with foreseeable emergencies.

Assessments were conducted to assess levels of risk to people's physical and mental health needs.

There were sufficient numbers of staff on duty to ensure people were kept safe. There were safe staff recruitment practices in place.

Is the service effective?

Good

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff were supported through regular supervision and appraisals of their practice and performance.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Care plans documented people and their relative's' involvement in their care.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

People's diverse needs, independence and human rights were supported, promoted and respected.

People were supported to engage in a range of activities that met their needs and reflected their interests.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager in post at the time of our inspection.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

St Anthony

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector and a specialist advisor on 18 July 2016 and was unannounced. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. A notification is information about important events that the provider is required to send us by law.

On the day of our inspection we met and spoke with four people living at the service. Due to the nature of some people's complex needs, we did not ask direct questions, however we observed people as they engaged with staff and completed their day-to-day tasks and activities. We spoke with nine members of staff including the provider's director of operations, the deputy manager, the head of care, team leaders and support workers, the activity coordinator and the chef. We spent time observing the support provided to people in communal areas, looked at six people's care plans and records, staff records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Throughout the course of our inspection we observed people were supported by staff to ensure their safety. People appeared safe, well and relaxed in the company of staff and other people using the service. One person told us, "I am happy here and feel safe." However we found that people's medicines were not always managed safely.

During our inspection we observed medicines being administered to people safely. We found people's medicines were stored individually within named plastic boxes and medicines were administered at various set times of the day according to individual need. However we looked at seven people's medication administration records (MAR) which listed people's medicines and doses along with space to record when doses had been given by staff. We found five of these MAR charts had gaps in the recordings and had not been completed correctly. Staff had not consistently completed the reverse of the MAR charts which should state the reason why medicines had not been administered as directed. This meant there was a risk that people had not received their medicines as directed. We bought these omissions to the attention of the director of operations who confirmed that staff had not followed the provider's medicines policy and safe administration practice when administering medicines.

The home did not have an up to date medicines reference guide for staff who administered medicines to refer to. The director of operations confirmed that their current reference guide was two years old.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director of operations took appropriate actions to ensure staff would subsequently follow the correct procedure for the safe administration and recording of medicines. We will check on this at our next inspection of the service. Following the inspection the provider took immediate action to purchase a new medicines reference guide so staff were aware of safe best practice in relation to medicines management.

We found other issues which required improvement. The provider's 2016 medicine policy did not state the frequency for staff medicine training updates, staff administration competency assessments and did not clearly state what procedure should be followed by staff in the event of a medicine error. We spoke with staff about medicine errors and found there had been one medicine error during the past six months. Medicine management issues and errors were discussed at team leader meetings and provided staff with an opportunity for reflection and learning from errors. However we noted there was no detailed system in place for staff to record medicines errors or a written procedure for staff to follow when errors occurred. The provider's director of operations told us medicine management regarding medicines errors in particular was currently being reviewed and updated. They later showed us a new medicine error incident form which they developed during our inspection and which was due to be implemented with immediate effect. We will check on this at our next inspection of the service.

Staff administering medicines told us they had received training relating to the management and

administration of medicines and records we looked at confirmed this. Medicines were stored safely in locked medicines trolleys over three floors that only authorised staff had access to. Controlled drugs were also safely and securely kept.

There were up to date safeguarding adult's policies and procedures in place to protect people from possible harm and information on safeguarding was readily available for staff reference. Staff had received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they need to take. Staff told us they felt confident in reporting any suspicions or concerns they might have and explained that if they saw something of concern they would report it to the manager, or, deputy manager in their absence. There had been one safeguarding concern reported this year and all concerns had been appropriately documented; referrals were made to relevant professionals as required and actions taken as necessary. The registered manager and deputy manager was aware of their responsibilities in relation to safeguarding and knew how to raise a safeguarding alert if needed.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required. Information relating to accidents and incidents was analysed to address any recurrent risks and patterns.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included guidance for staff to promote people's health and safety. Risk assessments were conducted for areas such as personal care, cooking, behaviour, mobility, nutrition, medication, relationships and when people participated in regular planned activities. Staff demonstrated an understanding of the risks people faced and the actions they would take to ensure people's safety. For example, one care plan documented how staff should support the person when agitated or when showing behaviour that required a response and detailed the techniques and interventions staff were trained to use. Care plans documented further intervention and support from health and social care professionals, where required. People's weight was regularly monitored and risk assessments were in place where people were considered to be at risk of malnutrition or dehydration.

There were arrangements in place to deal with foreseeable emergencies. People had personalised evacuation plans in place which detailed the support they required to evacuate the building in the event of an emergency. Staff knew what to do in the event of a fire and who to contact. They told us that regular fire drills were conducted and records we looked at confirmed this. Regular fire system checks were in place to ensure the home environment was safe. There were systems in place to monitor the safety of the environment and equipment used within the home which minimised risks to people. We saw equipment was routinely serviced and maintenance checks were carried out on a regular basis. The home environment appeared clean, was free from odours and was appropriately maintained. During our inspection we saw many parts of the home had recently been refurbished whilst others were still being worked on by the provider's contractors as planned.

Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm the applicant's identity, references and history of experience and or professional qualifications.

During our inspection we observed there were sufficient numbers of staff on duty and deployed throughout

the home to ensure people were kept safe and their needs were met. Staff confirmed there were enough staff rostered on duty to ensure people were safe and the staffing rotas' demonstrated that staffing levels were suitable to ensure people's needs were met in a timely manner.

Good

Is the service effective?

Our findings

People were unable to provide us with their views about this but we observed that staff had the knowledge and skills to enable them to support people effectively. We saw several examples of how staff used their skills to engage people. For example, by using pictures, computers and observing body language to communicate with people effectively. Staff we spoke with were able to tell us in detail about people's care needs and they were able to describe people's health conditions, how they affected them and how they would know if the person's health deteriorated or what the person wishes were, if they were unable to express themselves verbally.

Staff new to the service completed an induction programme which was in line with the Care Certificate, a nationally recognised programme for health and social care workers. Newly recruited staff were also provided with mandatory training and opportunities to work initially alongside more experienced members of staff, to promote good practice. Staff told us they were supported through regular supervision and appraisals of their performance and records we looked at confirmed this. Staff told us they felt supported by management to carry out their roles effectively. One staff member said, "It's brilliant here, I get maximum support." Another member of staff commented, "I get supervision on a regular basis and I feel very supported to do my job."

Staff received training that enabled them to fulfil their roles effectively and records confirmed this. One member of staff told us, "The training we have is very good and appropriate to the people we support." The provider's training matrix showed a range of training provided including fire safety, Mental Capacity Act and Deprivation of Liberty Safeguards, safeguarding and specialised training which included areas such as autism awareness, managing challenging behaviour and epilepsy amongst others.

Staff demonstrated good knowledge and understanding of people's right to make informed choices and decisions independently and, where it was necessary, for staff to act in someone's best interests. Staff were knowledgeable about people's individual needs and understood when people wished to make choices about their care and support. 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained mental capacity assessments and records from best interests meetings. This demonstrated that decisions were made in people's best interests and the service was working within the principles of the MCA.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs. People told us they enjoyed the meals on offer at the home and they were offered enough to eat and drink throughout the day. One person said, "I love the food here. It's very nice and we can choose what we want." Staff told us menus were discussed with people to ensure they took account of people's preferences, dietary requirements and cultural needs and wishes. People were offered menu choices and picture menus of meal options were used by staff for people who were unable to verbally express their choice, to aid comprehension. Kitchen staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately; for example, by ensuring soft meal options were available where required. The chef told us fruit and vegetables from local producers were used as much as possible in planned menus and the home's gardening group supplied produce from their allotment when it was available. We noted the home was awarded a five star food hygiene rating in February 2016 by the Food Standards Agency.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate healthcare professionals as required. Care plans also demonstrated that where appropriate relatives and advocates were kept informed of health issues and any medical interventions people had received. The home worked well with a range of community based health and social care professionals, when required, including social workers, nurses, occupational therapists, speech and language therapists, GP, dentists and opticians.

Good

Is the service caring?

Our findings

We observed that positive, caring relationships had been developed between people and staff. We saw people were cared for by staff that were attentive and who understood people's individual needs and preferences. For example, we observed one member of staff supported a person to access videos of their favourite pastime on the computer via the internet. On the day of our inspection the weather was hot and we noted staff ensured people had access to cold drinks and were dressed appropriately for the weather. Fans were also available in communal areas to help cool the temperature of rooms, where possible.

Staff supported people to express their views and to be actively involved in making decisions about their care, treatment and support as much as possible. People and their relatives were involved in the planning of their care where appropriate and care plans that were accessible to people in their rooms were person centred. Some care plans included pictorial aids to illustrate and aid communication. People's life histories were documented, together, with their interests in relation to daily living and detailed people's preferred routines and activities.

We observed staff speaking with people in a friendly and respectful manner and care plans contained guidance for staff on how best to communicate with people, including how people preferred to be addressed. People were allocated their own keyworker who co-ordinated all aspects of their care and keyworkers met regularly with people to review their care needs. People were also provided with one to one talk time with staff on a monthly basis which was documented in their care plans. We saw areas for discussions included food and menu options, their rooms, the home environment and their key workers.

Staff told us how they promoted people's privacy and ensured their dignity was respected. They explained that they knocked on people's doors before they entered their rooms; ensured doors and curtains were closed when they offered support with personal care and made sure information about people was kept confidential. One member of staff told us how they respected people's choices and wishes in relation to their personal care delivery. We also observed how staff were discreet when they asked personal questions and when they established if someone needed assistance with their personal care. Discussions with staff demonstrated their commitment to meet individuals' preferences and recognise what was important to each person.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. People's bedrooms were thoughtfully decorated with people's preferred colours and incorporated their interests and hobbies. The deputy manager told us that one person had chosen to decorate their room themselves, which they supported. They also explained that the home was in the process of a redecoration programme and people were actively involved and encouraged to choose the colour of their rooms and communal areas. We saw that bedrooms were personalised and contained people's photographs and personal items. People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services such as social clubs.

Good

Is the service responsive?

Our findings

People received care, support and treatment in accordance with their identified needs and wishes. Assessments of people's needs were completed upon their admission to the home to ensure the staff and home environment could meet their needs safely and appropriately. Care plans provided guidance for staff in relation to people's varied needs and behaviours and detailed how best to support them. For example one person's care plan documented guidance for staff on how best to support the person safely when they displayed physical frustration. Health and social care professionals' advice was recorded and included in people's care plans to ensure that their needs were met. People's progress was also recorded by staff to ensure the care provided was responsive in meeting their needs.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. We saw that people's care needs were identified from information gathered about them and consideration was given to people's history, past preferences and choices.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence and promoted their dignity whilst ensuring their physical and emotional needs were met. Care plans contained guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks and routine servicing when required.

People's need for stimulation and social interaction were met. People were supported by staff to attend a range of local community based activities that met their needs and reflected their interests. The home had access to several vehicles that enabled people to access community services with support from staff. People had individual activity plans contained in their care plans and their rooms which detailed their weekly schedules and chosen planned activities. Activities documented included day trips out to local attractions, barbeques, music and movement sessions, panto, skittles and computer games amongst others. On the day of our inspection we saw a drama group were making props for their forthcoming pantomime.

People had the opportunity to discuss things that were important to them at regular individual keyworker meetings, one to one meetings with staff and residents meetings. We saw there was also a 'suggestions box' in place providing people with the opportunity to feedback about the service or to make any suggestions. There was a complaints policy and procedure in place and an easy read version was available to explain what to do if people were unhappy or had any concerns. Complaints records showed that there had been no formal complaints received; however systems in place demonstrated that, where required, action would be taken in line with the provider's policy to address any reported complaints or concerns.

Good

Is the service well-led?

Our findings

Staff spoke positively about the provider and the support they received from management to ensure the home was managed well. They told us management encouraged feedback to help drive improvements. One member of staff said, "Management support is very good. We have regular meetings to ensure everything is running well and people are supported. I feel very supported and listened to."

There was a registered manager in post at the time of our inspection. However they were not present at the time of our inspection and the deputy manager and the provider's director of operations were managing the service in their absence. Both were knowledgeable about the requirements of a registered manager and the responsibilities with regard to the Health and Social Care Act 2008.

Internal communication at the home was good and there were many opportunities for staff to meet and communicate on a regular basis. There were daily staff handover meetings held which provided staff with the opportunity to discuss people's daily needs, team leader's quarterly meetings, monthly staff team meetings, staff drop in sessions, managers and staff interactions meetings and managers' meetings which senior staff and managers attended. During our inspection we observed positive team work and communication within the staff team to support people appropriately.

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. The deputy manager and the provider's director of operations showed us audits and checks that were conducted in the home on a regular basis. These included health and safety checks, environmental and maintenance checks, equipment checks, care plans and records audits and monthly medicines audits and an annual external medicines audit amongst others. The issues we found in relation to the management of medicines which we referred to earlier in the report were recent and had not yet been identified in the provider's medicines audits. Audits we looked at were up to date and records of actions taken to address any highlighted concerns were documented and recorded as appropriate. As well as internal audits and checks the provider's senior managers also completed frequent visits to the home to ensure the quality of the service was maintained and ensure people's health and welfare needs were met. The provider also commissioned an external audit in May 2016 in which several issues requiring improvement were highlighted. We saw an action plan was in place and actions recorded as required were completed.

The provider took account of the views of people using the service through resident and relatives surveys that were conducted on an annual basis and also sought feedback from health and social care professionals through surveys. We looked at the results for the survey conducted this year. Results were positive showing that in respect of staff treating people well and respecting their privacy and dignity all the responses received rated this as very good or good. All responses also rated their care and support plan as either very good or good.

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 failed to ensure the proper and safe management of medicines.