Mrs E Voce

Annandale Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 14 December 2015 and was unannounced.

Annandale Rest Home provides accommodation and support for up to ten people. It is situated in a residential street, close to bus routes and shops. The building is a converted Victorian property with steps to the front and rear entrance. Communal areas include a large lounge and a separate dining room. There is a chair lift to the upper floor. The accommodation consists of one double and eight single bedrooms.

There was 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.

Staff told us they were trained in all mandatory subjects, and we saw evidence that training takes place. However, we found both staff and the registered manager were not trained in The Mental Capacity Act 2005 and DoLS (Deprivation of Liberty Safeguards).

Summary of findings

The registered manager was not confident in telling us how they would ensure a decision was made in a person's best interests if it was deemed that the person did not have the mental capacity to make a specific decision.

People living at the home were not always protected against the risks associated with the safe management of medicines.

There was not much going on during the day, people were mostly wondering around or watching television. Some people told us they felt bored during the day. People who lived at the home and their relatives told us they felt safe in the home.

People told us and we observed there were enough staff to keep people safe.

Risk assessments were in place and personalised.

The staff we spoke with were aware of what constituted abuse and how to report an alleged incident.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people. Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building.

The home had aids and equipment to meet people's needs and promote their independence.

We found the home to be clean, warm and homely, although the décor required attention in some places. We found some elements of the home were not dementia friendly.

Everyone told us the staff were caring and we could see evidence that the staff genuinely cared about the people they supported.

Food was fresh and home cooked. Everyone we spoke with told us that they enjoyed the food.

Staff worked well with health and social care professionals to make sure people received the care and

Support they needed. Staff referred to outside professionals promptly for advice and support.

There were quality assurance procedures in place for health and safety checks and the use of equipment; however the systems failed to highlight some of the shortfalls with regards to peoples care planning.

During this inspection we identified one breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have told the provider to take at back of this report.

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?

Requires improvement

The service was not always safe

Some procedures relating to medication were not always managed effectively in the home.

People told us they felt safe living in the home.

Staff understood safeguarding and there were procedures in place to protect people who lived in the home from abuse.

Staff were recruited appropriately and the relevant checks were undertaken before they started work

Is the service effective?

Requires improvement

The service was not always effective

Staff had received training in most subjects to provide care and support to people effectively. However, both the staff team and the registered manager had not been trained in The Mental Capacity Act 2005 and DoLS.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

The registered manager did not demonstrate a good understanding of The Mental Capacity Act (MCA) (2005). We found the procedure had not been followed to deprive a person of their liberty.

There was no evidence to suggest people were involved in the planning of menus. The menus we looked at contained text and no pictures which could be difficult for some people living with dementia to make an informed choice.

People had access to health care professionals to help maintain their health and wellbeing.

Is the service caring?

Good

The service was caring

People and relatives told us the staff cared about them.

Actions of staff and conversations with them suggested they cared about the people they supported.

People told us the staff respected their dignity and staff were able to give us examples of how they did this.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

Some of the people we spoke with said they were bored and we could see that there was not much for them to do on a day to day basis.

Some care plans did not contain enough relevant and meaningful information.

People confirmed they understood the complaints procedure, we checked the complaints procedure and could see it was out of date and required reviewing.

People's rooms were decorated to their own acquired tastes.

Is the service well-led?

Requires improvement

The service was not always well-led.

The registered manager had been in post a long time and new all of the people who lived at the home well.

There were quality assurance systems in place which we could see had recently been reviewed to help improve the quality of the service. However some of the systems failed to highlight some of the shortfalls identified.

People told us they liked the manager and that they got involved in providing care and support.

Annandale Rest 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 14 December 2015 and was unannounced.

The inspection team consisted of one adult social care 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 care service. For this particular inspection the expert had experience in providing care for older people.

Before our inspection we reviewed the information we held about the home. This included a Provider Information Return (PIR). A PIR 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. The provider had submitted a PIR. We also looked at the notifications and other information the Care Quality Commission had received about the service.

We spoke with six people who lived at the home, two relatives and two staff including the registered manager. We looked at the care plans for three people, viewed three staff recruitment files, as well as other documentation relating to the running and quality monitoring of the home. We looked around the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas.

Requires improvement

Is the service safe?

Our findings

We looked at how medications were managed in the home. Some people were prescribed medicines such as painkillers, laxatives and creams that were to be used only 'when required'. There was no guidance or care plans in place to inform staff when these medicines should be used. It is important that staff have detailed information, including personalised details of people's individual signs and symptoms to ensure that people are given their medicines correctly and consistently, especially if the individual has communication difficulties or is unable to recognise their own needs. We highlighted this to the registered manager at the time of our inspection who assured us they would take steps to address this. We found no other problems relating to medications.

Everyone we spoke with told us they felt safe in the home. One person told us "There's a lot of people, I'm not on my own." Another person told us "I like the people I live around." Other comments included "I do feel safe." We spoke to relatives of people living in the home. One relative told us "They [family member] have regular meals, they [staff] look after them well and they are happy." Someone else told us "I don't think they would have lived so long anywhere else."

There was a safeguarding policy in place, and staff we spoke with could clearly describe the action that they would take if they felt someone was being abused. There was also a whistleblowing policy in place which we were able to view. Staff we spoke with understood the whistleblowing procedure and told us they would have no problem enforcing this policy.

We looked at the personnel records for three members of staff. We could see that all required recruitment checks had been carried out to confirm that the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were retained on the personnel records. Disclosure and Barring Service (DBS) checks had been carried out and identification was obtained from staff.

We observed during the course of our inspection that there were enough staff on duty in the home. Staff were not rushed or under pressure in the home when they were supporting people. People also told us there were enough staff.

We observed information displayed regarding the fire evacuation plan. We saw in people's care plan a 'Personal Emergency Evacuation Plan' (PEEP) had been completed, which was personalised according to the support each person would need in an emergency. This meant that staff had information with regards to how to support people in the event of an emergency evacuation. We also spot checked some certificates which showed the necessary checks on the building had been undertaken to ensure it was fit for purpose.

Risk assessments were in place for people who lived in the home. These included risk assessments relating to falls and skin condition for the prevention of pressure sores. We could see these assessments had been personalised to take into the account the individual needs of the person and how they like to be supported.

A system was in place for recording and monitoring of incidents. Completed incident forms were seen and these were audited (checked by) management for trends, patterns and themes to minimise the risk of re-occurrence, for example, if someone had a fall in the home.

We found the home to be clean and this included the laundry room and kitchen. During our inspection we saw staff were following good practice guidelines for the control of infection and food preparation.

Requires improvement

Is the service effective?

Our findings

People who lived at the home told us they felt the staff had the right skills to look after them. One person said "Yes they are all good." Another person said "They definitely know what's wrong with you." Relatives of people who lived at the home also gave us positive feedback. One person said "I've no concerns."

We could see that most people had mental capacity assessments which had been completed in line with 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.

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 saw that the service was not always working within the principles of the MCA. For example, we looked at a risk assessment for a person with advanced dementia and who we observed throughout the day wandering around the home. We asked the provider how they would support that person if they wished to leave the premises and it was not in their best interest, for example, if it was in the middle of night. The provider told us they would not let them leave as they believed they would come to harm. This highlighted that the registered manager had not identified that they needed to apply to a 'Supervisory Body' to legally deprive this person of their liberty. This person was not free to leave the premises when they choose to without supervision.

The registered manager could not demonstrate a good knowledge of the Mental Capacity Act (MCA) (2005) and their roles and responsibilities linked to this. DNAR's were in place for some people, and some people had consented to the use of bedrails. Staff we spoke with were unable to clearly explain to us what the Mental Capacity Act 2005 and DoLS were. We checked the training matrix and could see that neither the staff nor the registered manager of the home had received training in MCA and DoL's.

This is a breach of Regulation 11 Health and Social Care Act 2008 (RA) Regulations 2014 (3) need for consent.

The care was provided in the building over three floors. There was a stair lift to gain access to the second and third floors. People told us they were supported by staff to use the stair lift. There was a quite a high step to get into the home, and no other disabled entrance. Some of the décor required attention in places, and there was nothing to suggest the home was particularly dementia friendly, for example, there was no directional signage, all of the doors were painted the same colour, and menus were not presented in pictorial format. However, the home was very homely, and everyone looked happy and comfortable.

We ate lunch with the people who lived at the home and found it was flavoursome. We asked if the people living at the home have choice at mealtimes, and were told that sometimes it is difficult for people to choose what they would like to eat. When we looked at the menus we found they were written with no pictures of the food for assistance, and there were some spelling mistakes on the menus themselves, which might confuse people. We highlighted this to the registered manager at the time of our inspection and we were told the menus were currently being reviewed.

We asked people if they had been involved in the planning of care, we received mixed responses about this. When we looked at peoples care plans, they were signed by that person or their family member.

We looked at staff training and saw staff had access to a training programme to meet people's needs and to carry out their roles and responsibilities. We saw the staff training matrix and also certificates for completed courses. This included training in areas such as fire awareness, moving and handling, first aid and health and safety.

Staff told us, and records showed that staff were supervised regularly and had an appraisal every twelve months.

We saw that people had access to the relevant health care professionals when needed. Detailed notes were kept in people's files when they had visited a healthcare professional including the outcome of the visit and any further action the staff needed to take.

Good

Is the service caring?

Our findings

All of the people we spoke with told us that the staff are caring and are kind to them. One person said “They’re lovely.” Someone else told us “Very much so.” Other comments included “They are kind.” And “They’re very patient.”

All of the people and relatives we spoke with told us that the staff knew their likes and dislikes, and respected their privacy and dignity.

The staff we spoke with were able to give us examples of how they protect people’s dignity. A staff member said “We make sure doors and windows are shut and cover them, we never just ‘whizz’ the blankets off.”

Staff we spoke with told us they loved their job, and the registered manager told us the staff go above their role to ensure that people are well taken care off.

The manager showed us a room where Christmas presents were being stored for the people living at the home which the registered manager and staff had purchased for them. Also, the staff had put money together to buy someone who did not have enough money and no family contact a new outfit for the upcoming Christmas party. The registered manager told us that it was important that everyone at the home is cared for and does not go without.

We observed the staff talking to the people who lived at the home throughout the day with kindness and consideration. All of the people who lived at the home looked clean and smart.

There was no one who was making use of advocacy services in the home; however we could see there was information provided for people with regards to where they could access advocacy services. We could see from initial assessment records decision making had been discussed with people and their families before they came to live at the home.

We could see ‘Thank you’ cards displayed from family members commending the home in their care and support in relation to their relatives who had passed.

People’s care files were stored confidentially in a locked cabinet. Staff were able to explain to us the importance of protecting people’s confidentiality by not leaving private information laying around and not discussing people’s needs in a public place.

Requires improvement

Is the service responsive?

Our findings

Most of the people who we spoke with told us they knew how to complain and that the complaints procedure had been discussed with them before they entered the home. Some of the people who lived at the home told us they did not know how to complain as they had 'no cause' to complain.

There was a complaints procedure available which was given to people and their families when they entered the home. When we looked at the complaints procedure we could see that it needed to be updated as it made reference to a previous regulator.

We could see there had been a complaint from a neighbour in the last twelve months concerning one of the people who lived at the home. We followed the complaint procedure through and could see that the registered manager had responded appropriately.

We asked people to tell us about activities which take place in the home. Three people told us they were bored and there was not much for them to do during the day. People told us there were not many activities and that they watched television a lot as it was "On all day" in the lounge. During the course of our inspection we did not see any activities taking place. The television was on throughout in the main lounge and some people were reading. We asked people if there were any day trips out, the registered manager told is that people did not like going out, however this was not documented in people's care plans.

We could see that all people were assessed before they came into the home, and there were care plans in place to support people; however we found they were lacking in detail and did not give us a good indication of how the person wanted to be supported and what the support means for them. For example, one person whose care plan we looked at had diabetes. There was no plan in place to support this person with managing this condition and how it affects their everyday choices, such as food and drink. Also, some of the information in people's files was from a number of years ago and we could not find evidence to suggest it had been reviewed. When we highlighted this to the registered manager they did tell us they were in the process of changing all of the files around and becoming more 'streamlined'.

The service worked well with other agencies to make sure people received the care and support they needed. We could see that staff referred to a range of health care professionals for specialist advice and support to ensure people's needs were appropriately met. For example, We were advised by the registered manager that they had volunteered to be involved in the 'Care Home Innovation Programme' (CHIP). This means there is a laptop available in the home were staff and people who live at the home can partake in video calls with trained nurses and doctors out of hours if they are feeling unwell or need to obtain advice regarding an injury or medication. The manager explained the staff member or the person could speak face to face with the medical professional, and show their injury or medication to the professional over the video link. We could see that this did not replace GP visits, as people who needed to see their GP's were able to and were supported by staff to do this. We could see that staff had kept detailed notes after GP visits had taken place.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post who had been there for a number of years.

Everyone we spoke with was complimentary about the registered manager. We asked people and their relatives what they liked best about the home. One person said "It's perfect; there are no problems at all." Relatives were also complementary about the registered manager and the staff.

Everyone knew who the manager was, and told us they felt comfortable going to the manager with any issues. Staff said the culture of the home was open and transparent and commented on the 'homely' feel of Annandale.

We were told resident meetings were taking place, and people who we spoke with confirmed this, however we were unable to see copies of any minutes. The registered manager told us the minutes had not been typed up.

We looked at some of the current quality assurance systems and processes in place to help assure the service and drive forward improvements. A quality assurance policy was in place and this provided a framework for staff to follow when assessing the quality of the service. The registered manager showed us some audits (checks) which were completed by them. This included areas of practice such as, health and safety, care plans, medicines, premises inspection, staff supervision, training and incident reporting. Where improvements had been needed in some areas, actions had been drawn up and were being working through. For example, reviewing some of the contents of peoples care plans to ensure it contained up to date information, we could see that the registered manager had completed some of this action. However, the audits had failed to highlight the issue we found relating to medication and PRN plans not being in place. Also, due to the lack of knowledge regarding the MCA and DoLS procedure, the managers audits had failed to highlight that peoples liberties were being unlawfully restricted.

People living at the home were able to complete satisfaction surveys which enabled them to share their views about the home. The last surveys had taken place in July 2014, and from these surveys, all of the people had said they wanted to change the way the surveys were being carried out. The registered manager showed us some examples of different types of satisfaction surveys they had produced none had been returned at the time of our inspection; however, the registered manager informed us that they had only recently been sent out.

The organisation had a range of policies and procedures and these were available for staff to refer to. The policies were subject to review to ensure they were in accordance with current legislation and 'best practice'.

Staff understood what whistle blowing was and that this needed to be reported. There were clear processes in place for reporting incidents and accidents. Incidents were reviewed by the registered manager to identify any patterns that needed to be addressed and how these were being followed up. Staff told us that they met after an accident or incident, to look at the reasons that they happened and ways to avoid similar occurrences happening in the future.

The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of any notifiable incidents in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider must act in accordance with the principles of the Mental Capacity Act 2005 (3) .