

Delphine Homecare Limited

# Annabel House Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Annabel House is registered to provide nursing and personal care for up to 32 people. Accommodation is provided in single rooms over two floors. Communal lounges and dining room are also on the ground floor. The gardens are easily accessible to people using the service. The home is situated in the town of Weston Super Mare and close to local amenities. There is a car park for visitors and staff. At the time of this inspection there were 18 people resident at the home.

We last visited Annabel House on the 11 and 13 January 2016. Breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Regulations breached were Regulation 12, safeguarding service users from abuse and improper treatment. Regulation 13, Safe care and treatment. Regulation 19, Fit and proper persons employed. Regulation 18, staffing. Regulation 11, need for consent. Regulation 14, Nutrition and hydration. Regulation 9, person centred care. Regulation 17, Good governance.

This inspection of Annabel House was carried out on the 7 and 8 July 2016 and the first day was unannounced.

At this inspection, we found the new manager had taken action to improve consent to care, dignity and respect, training and supporting staff, care planning, pressure care, medicines management, making sure staff knew how to support people properly and quality assurance processes. However sustained improvements were needed to ensure the provider was fully compliant with regulations.

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. However, the provider had appointed a new manager since the last inspection who had started the Care Quality Commission process to be registered as the manager for the service. The current registered manager was in the position of deputy manager.

We found improvements had been made with the management of medicines and pressure care. Quality assurance systems had been introduced to support the manager to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others. Risk assessments relating to people's care had improved and staff were familiar with the needs of people at risk of poor nutrition, falls, and pressure ulcers.

People received a balanced diet and special diets were catered for. The charts used to monitor people's nutritional and hydration intake were being used effectively and this resulted in people having their nutritional needs consistently met. However, we did find some issues in recording of dietary needs. Information sharing between staff had improved and we found records used by staff to review people's needs were now completed.

There had been an increase in staffing levels and people using the service, relatives and staff told us this had been beneficial to them. People did not have to wait for assistance when they needed staff support.

Infection control within the service was good. The home was clean and odour free and there had been an increase in domestic hours to maintain cleanliness.

Training was being provided to support the staff to deliver safe and effective care and support. Staff training needs was being routinely assessed and planned for, and staff received regular supervision.

Staff we spoke with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safe Guards (DoLS) and best interests decisions. The manager was familiar with the process to follow and had taken action to apply for DoLS following people's capacity assessments and in their best interest. People we spoke with considered staff were kind and caring. We observed people's dignity and privacy was being respected and relatives commented they had seen a big improvement in the amount of individual attention people received. Staff were observed carrying out welfare checks to attend to people being cared for in bed.

People had a plan of care that covered all aspects of their daily lives and staff were familiar with these. These were complimented by an 'All about Me' information sheet that had been completed. These gave staff direction on how best to support people and to be mindful of what was important in people's lives. Communication between all staff was good when they discussed people's care at the beginning and end of their shift. The manager had introduced a handover sheet detailing people's individual needs, for example how many staff needed for mobilisation. This helped to ensure important information in relation to people's care and support other staff would need to know was not missed.

Activities were still an area where improvements needed to be made. There was a dedicated new coordinator but they had access to very limited resources that were appropriate for people some of whom were living with dementia.

The complaints procedure was displayed in the home and we found processes were in place to record, investigate and respond to complaints. Complaints raised were taken seriously and action taken to bring about resolution.

## 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 was safe.

People felt safe with the staff and systems were in place to protect people from abuse.

Risks associated with people's needs were now managed safely.

People received safe and appropriate care from suitable numbers of staff.

People were supported to receive their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff had received the training and support they required to fulfil their roles and meet people's needs.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met.

People's healthcare needs were assessed and staff supported people in accessing a range of health professionals.

### Is the service caring?

Good ●

The service was caring.

Staff were attentive to people's needs.

Staff were kind and thoughtful in their interactions with people.

People's dignity was promoted.

Staff were aware of people's individual needs, backgrounds and personalities.

### Is the service responsive?

The service was still not consistently responsive.

People were not always given opportunities for social stimulation.

People received personalised care that was responsive to their individual needs.

People's care plans included information relating to their specific care needs and how they were to be supported by staff.

Where people raised complaints and concerns, they were responded to in a timely manner.

**Requires Improvement** 

### Is the service well-led?

The service was well led.

The service had appointed a new manager who was in the process of being registered with Care Quality Commission.

Improvements has been made to regularly assess and monitor the quality of the service provided to people but these had not yet been sustained over a sufficient period of time.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

**Good** 

# Annabel House Care Centre

## 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 7 and 8 July 2016 and was unannounced. The inspection was carried out by one adult social care inspector and one specialist advisor with a nursing background.

We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events, which the provider is required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider supplied us with a range of documents, which gave us key information about the service. Prior to our inspection, we spoke with the local authority safeguarding and contracts and commissioning teams.

During the inspection, we spoke with the new manager, who was also the head of clinical care, the current registered manager who was working in the position of deputy home manager, one registered nurse, four care staff, two members of the housekeeping team, one relative and eight people who use the service. We looked at eight care records, eight recruitment files and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, how they assessed and monitored the quality of the service, and reviewed Deprivation of Liberty Safeguards (DoLS) applications and safeguarding alerts for the home.

# Is the service safe?

## Our findings

The service was safe.

At the last inspection the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was failing to protect the people who were living at Annabel House from abuse and improper treatment. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

Staff told us that they had received training on how to protect people from the risk of abuse. Staff we spoke with were knowledgeable about the different types of potential abuse and what action they would take if they saw anything that suggested people were at risk of harm. Staff spoken with told us they had never witnessed anything in the home that they considered was abusive. Records we hold showed that the manager had reported incidents of potential abuse appropriately and acted when issues were brought to their attention.

We observed the ordering, storage, administration and disposal of medicines in line with the homes medicine policy. The medicine policy had been updated on an annual basis. There were adequate storage facilities for medicines including those that required additional security. People told us, "I get my tablets on time" and "I always get my medicines on time". Another person said, "I think I have a chest infection and [they made sure that] the Doctors coming later".

Fridge and room temperatures had been recorded daily to ensure the optimal storage of medicines, such as those used for diabetes. We saw that, when a problem with the fridge had been detected, the fridge temperature rose, the pharmacy had been promptly contacted for advice and the situation resolved. Where people were administered medicines covertly the correct procedures were being followed.

All of the liquid medicines in the medicine trolley had been dated when opened in accordance with good practice. We observed a master list of staff signatures so that in the event of an error the staff member concerned could be promptly identified.

Medicine audits were conducted two weekly. During a recent audit, two medicines errors were identified. Correct procedures were followed and the subsequent learning disseminated amongst dispensing staff. Staff training involved on line training plus on going competency assessments. We observed a recent staff competency assessment. A total of two registered nurses and three care staff currently dispense medicines in the home. All training was up to date. Staff we spoke with were confident that the medicine system was safe.

We looked at a selection of Medicine Administration Records (MARS) and medicine stock and found them all to be correct. We also saw that every MAR sheet had photographs of all the people living in the home and receiving medication, and all these were dated and current. This ensured that the photographs were an accurate representation of the individual, which ensured that the right medicine was given to the right

person. Allergies were noted on all the medicine records A local general practitioner visits the home every two weeks and also reviewed all medications.

At the last inspection, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was failing to provide people living at Annabel house with safe care and treatment. At this inspection, we found that the provider had made the improvements necessary to meet the regulation.

We looked at the care files for eight people and found comprehensive risk assessments in place. We visited at all the rooms in the home and observed a number of risk assessments displayed in people's rooms that identified possible risks and detailed behaviour management plans to lessen the risks. The risk assessments contained detailed actions to be taken to lessen the risks to people and staff were aware of these.

We looked at all the pressure relieving mattresses (specifically designed to prevent pressure areas developing) used within the home and all were set to the correct setting for the person's weight. The manager had introduced a system where people's up to date weight was written in the person's room so that setting could be adjusted when a person's weight went up or down. This ensured that people were at a reduced risk of developing pressure related wounds because special air mattresses were set correctly.

One person was at high risk of pressure sore development and had a lesion on their body. We observed that a wound care protocol had been implemented including a completed body map indicating the site and size of the lesion, a comprehensive wound care plan and a dated photograph of the lesion. This meant that staff were able to provide the correct support for this person.

We saw on-going documentation for both initial and on-going wound assessments. Skin inspection sheets were completed for all people who were at risk of developing pressure areas on their skin. Information was available to staff explaining what factors make people more susceptible to pressure sore development and what can be done to minimise the risk. We observed a named slide sheet in the people's room. Slide sheets are used to help people to be slid up their beds or over on to their side. The use of these sheets also reduced the risk of tearing people's skin.

The home had a number of separate seating areas and we observed people choosing where they wanted to spend their time. Handrails were available throughout the home and we observed people being supported to be as independent as possible. There was an unhurried atmosphere with residents encouraged to 'take their time' when mobilising.

We noted that signs displaying the correct way to wash hands were in all the bathroom and sink areas. There was plenty of hand washing materials and paper towels in place. This helps to support good hand washing technique, which is important in preventing cross infection.

At the last inspection the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not ensuring people were supported by staff who had undergone the necessary recruitment checks to ensure they were suitable to work with people with support needs. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

We looked at eight staff files and saw a safe system of recruitment was now in place. The recruitment was thorough and helped to protect people being cared for by unsuitable people. We saw the files contained an application form, interview notes, references and terms and conditions of employment. Checks had been



carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable adults. All staff that worked at Annabel House were now having DBS checks prior to starting work directly with people.

Registration dates and numbers were included for registered nurses, which means that they were registered with the Nurses and Midwifery Council and demonstrated that they were able to practice as nurses safely and legitimately which protected the public by reducing risks of bad practice. Where new employees had training with their previous employer, evidence of this was copied and kept in their files. The manager followed up any questions or anomalies that became evident during the recruitment of new staff.

The manager told us there was some use of agency staff to cover absences. They usually had the same, regular agency staff who were familiar with the home and known to people. The manager had recruited recently to increase the number of employed staff, and they were waiting for the necessary checks to complete before the new staff started work.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there were enough staff to support them when they needed it, although they felt staff were very busy. One person told us, "There are enough staff. I'm treated with respect" and another said, "I think there are enough, I love them all". Staff told us their workload was manageable and allowed them to spend time with people and get to know them. One staff member said, "We have the right amount of staff to residents, we are busy but not rushed". We saw staff were able to go about their duties in a calm, unrushed manner. We reviewed the rotas for the previous three weeks and saw that the staffing levels were consistent. We asked the manager how they calculate the numbers of staff needed and they said they based it on the needs of the people within the home and would increase numbers if needed.

People told us that they felt safe living at the home. They told us if they had any concerns that they would speak to staff or the manager. One person said, "After so many years I feel safe". Another person said, "I definitely feel safe." Another person told us they felt safe because, "The front door is always locked and only staff are allowed access to open the door for visitors". We saw that people using the service looked relaxed and comfortable in the presence of staff.

We observed personal evacuation plans for 17 of the 18 people living in the home. The fire list we observed detailed two people who were not resident at the time of our visit. The manager immediately rectified this list when we informed them. We noted that the majority of the personal evacuation plans were dated 2014/15 so were in need of updating to accurately reflect the residents mobility and understanding of the fire procedure. The manager told us they would update the plans. We saw records for the weekly testing of the fire protection systems were accurate and up to date.

The home did not have a 'grab bag' for use in the event of an emergency. This is a bag that contains items such as high visibility vests, a torch and spare batteries, a mobile phone with emergency contact numbers, blankets, water, resident medication details and staff contact details. When we discussed this with management they immediately went out and purchased these items and planned a staff meeting to inform staff. The home had a business continuity plan in the event of evacuation and had reciprocal arrangement with another home to ensure accommodation for everyone.

# Is the service effective?

## Our findings

The service was effective.

At the previous inspection, there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all staff were receiving supervision in line with the provider's policy and there were shortfalls in staff training. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

Staff we spoke with told us the training provided, including induction training, was good and provided them with the skills, knowledge and understanding they required to carry out their roles effectively. One staff said, "The training's good here and they make sure we're kept up to date." Another member of staff told us, "I have recently completed my manual handling training, which was very good. They make you hoist people, not just talk about it. You get to experience it yourself [being hoisted]". Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence.

All newly employed staff worked through a probationary period and were required to complete induction training. This was to make sure staff were competent and confident to carry out their roles. Care staff who did not have a qualification in care were supported to undertake the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

The manager was in the process of changing the way training was delivered. They had moved to a rolling programme of mandatory training delivered throughout the year. Staff were booked onto this training. The manager said this was proving more effective than the previous system. The training matrix showed when staff were due to attend a training update and the provider told us failure to attend mandatory training such as fire safety and moving and handling would be followed up with individual staff members. Training on the Mental Capacity Act and Deprivation of Liberty Safeguards had been recently completed by all staff and further training on this topic was planned. Training was also provided on topics related to the needs of people living at the home. For example, training had been booked on the management of falls and diabetes. In addition to face to face training staff were supported to complete E learning training packs on subjects such as mental health awareness and dementia.

A planned programme of staff supervision and appraisal was in progress and to date all staff had received supervision and appraisals in line with the providers' policy. Supervisions and appraisals provided an opportunity for the manager to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff said they felt supported, and the manager had an open door policy and they could raise any concerns straight away. During our inspection we observed staff regularly going into the manager's office for an informal chat.

At the last inspection, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. The provider was failing to safeguard people living at Annabel House from improper treatment. Including inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

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 so that they can 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 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.

The manager told us, and we saw the paperwork, that ten standard DoLS applications had been submitted to the local authority, and were awaiting best interest assessments. We looked at the care records of people who had DoLS in place. The manager had a good understanding and knowledge of the MCA and DoLS. Our discussions with staff showed they had a good understanding of the legislation. For example, one nurse we spoke with knew which people had DoLS authorisations.

A total of eight people were in receipt of covertly administered medication. We looked at the records of all of these people and found that they all had general practitioner consent for this mode of administration, the reasons why covert administration of medicines was in the best interest of the person and when possible the involvement of family members in the decision. In the event of a resident not having any family or friends, an Independent Mental Capacity Advocate (IMCA) had been involved. Mental capacity assessments had been completed for all of these people. Covert administration of medicines forms had been completed for all.

At the last inspection, the provider was in breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to obtain the consent of people for their care and treatment at Annabel House. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

No one in Annabel House had bedrails in place to prevent them falling out of bed, instead they used low beds and floor mats. We looked at one person's care plan as they had a pressure mat in place on the floor to detect their movement. We saw that a mental capacity assessment had been completed which stated they lacked capacity to understand why it was there. We saw there was a best interest meeting recorded, plus information to show who had been involved in making this decision. When we discussed this with the manager and nurse they provided explanation as to why this restriction was in place and this was the least restrictive option for this person and in their best interests.

People and their families told us that staff asked for their consent when they were supporting them. We observed staff sought people's consent before providing care or support, such as offering to provide support to help them mobilise. One member of staff told us, "Where people have capacity I say is it okay if [to do personal care] or do you want to get up yet. Where people lack capacity we work to their routines. I explain what I am doing, for example personal care and make a best interest decision. I keep talking with them and explain what I am doing even if they don't respond". We saw staff checking with people and seeking consent

before supporting them. Daily records of care showed that where people declined care this was respected.

We saw evidence people had been consulted as part of the care planning process. For example, we saw consent forms had been signed by the person or their representative to show whether they had agreed to participate in areas such as having a flu jab and having their photograph taken.

At the last inspection, the provider was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was failing to ensure that people who used the service had adequate nutrition and hydration to reduce the risks of malnutrition and dehydration. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

We observed weight charts completed for all people and if a resident had lost weight this led to a referral for a general practitioner visit to establish if dietary supplements were required or if a referral was needed to the speech and language team (SALT). When dietary supplements had been prescribed, we noted that these were being given and recorded on the diet and fluid charts. We looked at all the food and fluid charts and noted that they were all dated and completed. The required fluid intake was detailed on each food and fluid chart.

However, the home had four people with diabetes but we only observed one person identified as diabetic on the kitchen dietary information board. The chef told us they knew that four people did but this information would be needed if the home were to employ a new chef or use an agency member of staff. We also noted on the staff handover sheet that details the needs of all the people in the home, one person with diabetes was not identified. We informed management and they immediately rectified the discrepancy.

There was good feedback from people about the food. One person said, "The foods good with lots of choice. I get enough to drink". Another person said, " Three meals a day and tea and coffee when I need it." Other people said they enjoyed the meals and described the food as 'quite good' and 'good'.

The dining area had tables with tablecloths, flowers and cruet sets. Comfortable dining chairs with cushioned seats. We observed residents having a variety of breakfasts in accordance with their choices. Some people ate a cooked breakfast and others toast scrambled eggs or porridge. Dignity was preserved for people who in trying to eat independently accidentally spilt food by having large napkins that if they wished were secured at the neck or just covering the persons lap.

Staff were attentive to people's needs. For example, one person had not eaten their toast and was supported to the toilet by care staff. On their return, they asked to sit in a different seat. A staff member noticed that they had not eaten their toast so made them some fresh toast and a fresh cup of tea, which they enjoyed.

The cook was aware of people's likes and dislikes, allergies, preferences and special dietary requirements. Menus were planned monthly, and people were given a choice of two hot options the day before, or they could have a jacket potato, salad and cold meat or an omelette. Staff closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action where required using food and fluid charts.

People told us they could choose where to eat, either in the dining room or in their room. People were encouraged to eat well and staff provided one to one support where needed. Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event and staff engaged with people in

a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. We saw that there were enough members of staff supporting people with their meals. One staff said, "We will need more staff if more people need support at mealtimes, we have just enough so we aren't rushed and we can make lunchtimes a lovely time". Another member of staff told us, "We try to encourage people to eat their meals downstairs in the dining room so it is a social occasion, where people can meet and chat to each other".

Care records we reviewed showed people had access to a range of NHS services such as GPs, tissue viability nurses, speech and language therapists, chiropodists and dentists. The manager told us one local GP had been carrying out fortnightly visits to the home which had proved beneficial as it had reduced the number of hospital admissions and ensured reviews of people's needs were carried out in a timely manner.

We saw designated nurses acted as link nurses for specialist areas of people's care and treatment. For example, we saw there were link nurses for wound care and palliative care. One staff member spoke enthusiastically about their role as a link nurse and described how they disseminated their learning and shared best practice with other staff through meetings and training sessions. Staff we spoke with were aware of the link nurses. They told us the system worked well and always contacted them if they required help or guidance.

# Is the service caring?

## Our findings

The service was caring.

People told us they felt cared for at Annabel House. One person told us, "The staff are lovely and very kind." Another person said, "The care here is excellent, I can't fault it." A relative told us, "When I am here I find it brilliant. The staff always seem to be offering tea and coffee, they make me feel welcome. If they ask for something it's done quickly, they don't have to wait. They do seem to listen"

During the day of the inspection, we observed support being provided by staff. We spent time in the communal areas of the service during our inspection. Throughout the inspection, people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw that the interaction between people and staff was very relaxed. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

People's dignity and privacy was respected. Doors and curtains were closed when personal care was being provided for people. We observed a person being moved by way of a hoist, staff clearly explained what was going to happen and the person was moved from wheelchair to sitting room chair quickly and easily. The person had a named hoist sling for their sole use. People had a specific care plan related to dignity, which focused on how they wanted to be supported in areas, such as with their personal care.

Staff had good knowledge of the individual likes and dislikes of people and understood the importance of respecting people's choice, and privacy. They spoke with us about how they cared for people and we observed that personal care was provided in a discreet and private way. One member of staff said, "I love working here, it's a pleasure to come to work". Staff knocked on people's doors and waited before entering. A member of staff told us that when supporting people, "We have do not disturb signs on the door. I make sure the curtains are closed; door shut and put a towel over their lap. I explain what I am doing; if they can do it themselves I encourage them". Staff were very respectful of people's privacy and were able to speak with people privately. There were also rooms available for people to meet privately with friends and family should they wish.

The movement of the people at the home was unrestricted and they were able to choose where they spent their time. We spoke with some people who chose to spend their time in their own rooms. They said the staff respected this and offered them opportunities to join others if they wished. People were involved in decisions about their care. People were able to choose where they spent their time. One relative told us, "My loved one spends time where they want to." We observed people using a variety of places within the service. Some people spent time in their rooms or in one of the lounges. Some people chose to have their lunch in their room, whilst others had it either in the lounge or in the dining room.

People's life histories were documented in their care plans. This is important as it helps staff gain an understanding of people's life experiences. Staff were able to tell us about people's backgrounds and past

lives. They spoke about people respectfully and fondly.

Bedrooms were decorated and furnished to reflect people's personal tastes. People had photographs, their own furniture and other personal items in their rooms, which helped to give their surroundings a familiar feel.

Relatives told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. People appeared well groomed and cared for, clothes were clean and ironed.

People and their families were involved in decisions about the running of the service as well as their care. Relatives told us they knew about their relatives care plans and the staff would invite them to attend any care plan review meeting if they wished.

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the nurse's office and only accessed by staff authorised to view it.

## Is the service responsive?

### Our findings

The service was not always responsive to people's needs.

People were not always supported or encouraged to follow their own interests at the service. Throughout our inspection we found there was a lack of activities on offer at the service, even though we saw a programme of daily activities posted on a board in the hall, none of these took place. The newly appointed activities co-ordinator did engage with people on a social level through talking with them, but there was not any structured activities offered. This meant most people's only stimulation was the television or radio. A relative told us that activities were a problem but, "The girls do what they can and [name] does their best but they have nothing to use that's appropriate for my loved one". They added, "It would be lovely to have a garden party, weather permitting". We noted some future activities were advertised on noticeboards.

Although some people told us they were happy to occupy their time staying in their bedroom or going out, we saw people mainly lacked any stimulation other than having the television or music on in the lounges. We discussed this with the manager who advised that this was an area that was lacking and they had spoken some months ago with the provider about buying items for the home. The provider had not done this. The activities coordinator told us that they had bought items for the home with their own money. The activities coordinator had a number of ideas following training they had had but the lack of funds was stopping them from fulfilling their ideas. They also told us that they tried to support people individually. Overall, we observed that while there were some activities available to those more able to engage, there were not enough options for people who were less able to engage.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the previous inspection, there was a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always receiving care in line with their care plans. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

People and their relatives were involved in planning their care. One person said, "I think the home is very good and staff are brilliant". A relative told us, "We are happy with the home. Been in and out of several homes, so far this is one of the best". All people living at Annabel House had care plans in place outlining what support they required, and we were told that staff were now required to read the care plans. We asked a number of staff members about people and their care needs and they were able to tell us about them. The manager had introduced "Resident of the Day"; this meant that one person was the focus of all staff for that day from the manager to the housekeeping staff. The person's care plan was also audited, a room audit that will check pressure mattress settings and their medicine administration charts reviewed. People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift, these focused on issues and actions affecting



people, which provided the opportunity for staff to be made aware of any changes to the needs of the people they were supporting.

In the last three months, the manager has overseen a change in the care planning documentation. Previously care plans had been generic and had not adequately reflected people's needs; with the new documentation, we found this had improved. The new documentation was person centred and contained detailed descriptions of individual preferences in relation to night time routines, communication, mobility and dietary preferences. For example, their likes and dislikes, what time they preferred to be assisted with personal care and how they preferred to spend their time. The manager had reintroduced the key worker system. The key worker's role was to provide a focal point for that person and maintain contact with the important people in the person's life. They also supported them with their shopping, managing their clothes and maintaining their room. One member of staff said, "I key work two people, I make sure they have everything they need, that they are looked after, their rooms are tidy and their care plans are up to date."

We observed a risk assessment in a person's room that detailed uninhibited behaviour. Staff were directed to gently encourage the person to return to their room in order to preserve their dignity and allow them privacy. We found the service was responsive to people's changing physical needs with evidence of referrals to other health professionals recorded in people's notes.

People and their relatives told us they knew how to complain. The service had a complaints procedure and policy for people and relatives to follow if they wished to raise any concerns. A relative told us, "The manager is always around and anything you bring up they address straight away now". We reviewed the service's complaint folder and policy. There had been one complaint in the previous six months. This had centred on a person who lived in the home shouting and alarming another person. Staff had responded by contacting the person's social worker, developing a behaviour escalation plan and providing one to one care for each daytime 12-hour period. The subsequent learning from the incident had been shared amongst the care staff. We noted that the complaints policy was clearly displayed in all people's rooms and also in the main foyer.

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. One person said, "I went to a resident meeting and we asked about having a mini bus for trips out". We looked at the minutes of previous meetings and where concerns and requests were raised, we saw that these had been actioned and responded to. The manager sought feedback from people and their families on an informal basis when they met with them at the home or during telephone contact.

They also sought formal feedback through the use of quality assurance survey questionnaires sent to people. We looked at the feedback from the latest survey, from April 2016, which was all positive in respect of the care people received, comments included; "care staff very attentive to my father", "talking to him as an equal without being patronising", "a caring friendly end to a nice day" "your hard work and very caring attitude is much appreciated", "she was always happy and well looked after", "please accept my sincere thanks for all your combined efforts to care for my dear husband during his last few weeks on this earth". Everyone who had completed the survey confirmed they would recommend the home to others. There were also compliment cards from relatives displayed in the hallway for people to read.

# Is the service well-led?

## Our findings

At the previous inspection, there was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst the provider and previous manager had been conducting quality audits of the service, identifying shortfalls and plans considered to improve them, no action had been taken. At this inspection, we found that the provider had made the improvements necessary to meet the requirements of the regulation.

Since our last inspection, the provider had recruited a manager who is in the process of being registered with the CQC. The new manager has been in post since June 2016 but was employed as the clinical lead since May 2016 and had been supported in their role by the previous manager who was now the deputy manager and the compliance and administrative officers from the provider's other home.

An audit of all quality assurance and clinical governance had been undertaken. This was to ascertain if staff were following the systems in place to provide quality care to people. These audits included medicine administration; care plan assessments and recording, health and safety in the environment, infection control and the monitoring of people's capacity to consent and those who were deprived of their liberty.

The manager had a number of new quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, the manager completed audits on call bell response times, with the aim of all call bells being answered within a minute. From the evidence shown and from feedback given by people call bells were answered quickly. The manager was also frequently monitoring care records and paperwork to ensure people were receiving the care they needed. The compliance officer was attending the service weekly to complete audits on the care being given and completing observations of staff practice, which were fed back to the manager and acted on if practice observed was lacking in care. This ensured people were being cared for by staff whose practice was monitored on a consistent basis. These audits had become part of the services overall action plan to make and maintain improvements. The audits were very thorough and identified issues that needed to be addressing, for example they had identified when care plans were not being followed and this had been addressed.

We examined three large folders of policy documents. All of the policies had been regularly reviewed and updated in September 2015 with any changes detailed. We looked at the following four policies and crosschecked that they were being used in accordance with the policy. People's Rights and Advocacy. We observed evidence of IMCA involvement seen in both care plans and covert medicines. People's Rights, Handling their Money and Valuables. We observed details in a people's room of how much money they have each week and how to obtain it. The person was aware of the procedure. People's Right, Worship in Chosen Faith. A person told us how a vicar visits them each week and how they attend the local church. People's Rights in Expressing Sexuality. We observed a risk assessment detailing a particular behaviour and directing staff to ensure the person is guided to room to preserve their dignity and provide privacy.

We received many positive comments about the new manager from people, staff and relatives. A relative

told us, "[Managers name] is approachable and they do listen, they go around the home and deal with things, they don't ignore things." A member of staff said, "It's much better now new staff are coming in. [managers name] is good, morning to night they walk around and ask residents how they are. Things are better managed". Another member of staff said, "Things have improved, the new manager is making a difference".

The new manager had a vision for the service to become the best it could be to care for older people. Staff shared in this vision, one member of staff said, "We are like family, we want to see people happy and safe." Another member of staff said, "We want people to be happy and to know they are safe with you."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We all work together as a team now and support each other". A relative told us, "Staff morale has improved, they all seem happier now, and the nurses support the carers". Staff had regular supervision and meetings to discuss people's care and the running of the service. One member of staff said, "There are regular supervisions. I always go to staff meetings". Staff felt the manager was supportive to their roles and listened to their opinions. Staff told us that the manager was always around that they were very accessible, "The manager is approachable. There has been a lot of change for the better". Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a handover sheet to share information. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The manager's gathered people's views on the service by talking to them and through the use of questionnaires. The manager spent time every day talking to people and gaining direct feedback from them and staff. In addition, the manager was holding regular meetings with people and relatives to discuss the running of the service and to keep them informed of any developments at the service. One relative told us, "Management is a lot more approachable than in the past, we are kept informed." This showed that the management listened to people's views to improve their experience at the service.

The new manager told us that they had regular monthly meetings with the provider and the manager from Annabel House' sister home. During these meetings the monthly audits were discussed and plans put in place to address any shortfalls. Through this process, the provider could have an over view of what was happening in both of their homes and offer support and guidance if needed.

Discussions with the new manager and deputy manager identified that they worked well together to ensure the service ran smoothly. The manager was aware of the requirements of their registration with the Care Quality Commission and adhered to these conditions, including the submission of notifications of significant events that occurred at the service. All documentation requested at the time of our inspection was quickly provided and presented as clear, detailed and easy to read.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider was not designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.
Treatment of disease, disorder or injury	