

St Andrew's House

St Andrews House

Inspection report

19 St Andrews Road
Earlsdon
Coventry
West Midlands
CV5 6FP

Tel: 02476673745

Website: www.standrewshouse.org.uk

Date of inspection visit:
17 August 2022

Date of publication:
05 October 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

St Andrews House is a care home providing personal care to a maximum of 35 older people. At the time of our visit, 34 people lived at the home. Accommodation is provided across four floors in an adapted building. The provider is a registered charity run by a board of volunteer trustees.

People's experience of using this service and what we found

This is the third consecutive inspection where the provider has failed to demonstrate compliance with the regulations and achieve the minimum expected rating of good.

Lessons had not been learnt and opportunities to improve the service had been missed. There was a continued lack of effective governance, provider and management oversight. In addition, the quality and safety of the service had deteriorated further since our last inspection and action had not been taken to address the breaches of regulations we had previously identified. Systems and processes designed to identify shortfalls and to drive improvement had not been strengthened and had not identified the concerns we found. Some of the providers policies and procedures were not effective.

Action was not always taken to protect people from the risk of abuse. People were at risk of harm because risk associated with their care, the environment risks and fire safety were not always identified, assessed or effectively managed. Some aspects of medicines management and the prevention and control of infection required improvement. Staff were not always recruited safely in line with the providers expectations. Some care plans lacked the information staff needed to provide personalised and safe care. Some action was taken to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to maintain relationships and they spent their time doing things they enjoyed. The atmosphere at the home was relaxed, and people enjoyed the company of each other and staff. Staff felt supported. Despite our findings people were satisfied with the service they received, and people and their relatives felt the service was safe. There were sufficient staff on duty to provide people's care and to support people to do things they liked and enjoyed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 September 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Andrews House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation safety and management of the home. We also identified breaches in relation to protecting people from harm, staff recruitment and overseeing the delivery of care and support.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

St Andrews House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors 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.

Service and service type

St Andrews House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who work with the service. We used the information the provider had sent us within their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also used the information we had obtained during a direct monitoring approach call with the registered manager in March 2022. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who lived at the home and a relative to gather their experiences of the care and support provided. We spoke with nine staff including, the nominated individual, registered manager, deputy managers, permanent and agency care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included five people's care records, multiple medication records and three staff recruitment files. We looked at a sample of records relating to the management of the service including training data, complaints, the provider's policies and procedures and checks completed by the provider and management team to assure themselves people received a safe, good quality service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our previous inspections in 2019 and 2020 the provider had failed to ensure environmental risks, including fire safety were well managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remains in breach of regulation 12.

Risks to people's safety, health and wellbeing were not always assessed and well-managed.

- The management of fire safety risks had not improved. This placed people at risk of harm and demonstrated lessons had not been learnt. Previously, important information needed by the emergency services to keep people safe in the event of a fire, was not up to date. During this inspection we found the same concerns.
- Environmental risks were not always identified and assessed to keep people safe. For example, one person had frequent falls and we saw the carpet edge gripper, in their bedroom was missing. This was unsafe. A deputy manager was unable to explain why the risk has not been identified.
- The same person had fallen on 14 separate occasions between May and August 2022. Some of their falls had resulted in injuries. The person's care records did not contain information to inform staff how to prevent or manage this risk to keep the person safe. A deputy manager told us, "I don't know why there is not one (risk assessment). There should be."
- Another person had a recurring medical condition. Support to treat their condition had been provided by district nurses. However, their care records did not contain any information about the condition or the support they needed to manage it.
- A third person was prescribed a paraffin based emollient cream that was applied to their skin by staff. Fire risks associated with the use of the cream had not been assessed despite this being a requirement of the provider's medicines management procedure. The deputy manager completed a risk assessment during our inspection.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate risks were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In contrast, risk assessments for other people were detailed, up to date and provided staff with

information to help them provide safe care.

- Staff completed fire safety training and understood how to keep people safe in an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had failed to safeguard people from the risk of abuse. The registered manager had not followed the provider's safeguarding procedure. Safeguarding referrals had not been made and investigations had not taken place following two separate allegations of abuse being made. The registered manager was not able to explain the reasons for this. Safeguarding referrals were made at our request.
- Not all staff had completed safeguarding training. This included a staff member who had been instructed to do this by registered manager on 01 June 2022. The registered manager told us this would be addressed and the day after inspection visit confirmed the staff member had completed the training.

People were at risk because systems and processes had not been effectively operated to investigate and prevent abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings people told us they felt safe. A relative agreed with this view.

Staffing and recruitment

- Staff were not always recruited safely. This placed people at risk of receiving their care from unsuitable staff.
- The provider's recruitment policy had not always been followed and recruitment checks were not robust. Pre-employment checks had not been completed for two staff who had left, and then returned to work at St Andrews House following short periods of alternative employment. The registered manager told us the checks had not completed because those staff had 'not really left.' This was incorrect.
- One staff member had been unable to provide references from their previous employers. The registered manager confirmed a risk assessment had not been completed in line with the provider's recruitment policy.
- Employment history dates on a staff members application form did not correspond with the employment dates documented on the reference provided by their last employer. When we alerted the registered manager to this they replied, "I see what you mean, the dates don't add up, I hadn't noticed." Furthermore, a character reference had been accepted from a person who was not named by the staff member on their application form.
- At the time of our inspection the provider could not demonstrate they had checked the agency staff working at the home were suitable. The registered manager told us, "We did have some information, but I don't seem to be able to find it."

We found no evidence that people had been harmed however people were at risk because robust recruitment procedures were not established or operated by the provider. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had mixed views when we asked them about staffing levels. Comments included, "I feel frustrated regularly having to wait for staff to be available", "Staff respond quickly when I ask for help," and "I can wait 20 minutes. At lunch time it takes a long time. There's just not enough staff in the day."
- Enough staff were on duty during our visit and discussions with staff confirmed there were enough of them to provide the care and support people needed. However, staff told us working alongside agency staff reduced the time they had to spend with people. One staff member explained this was because they had to keep showing the agency staff what to do.

Preventing and controlling infection

- We were not assured the provider was using PPE effectively and safely. Throughout the inspection visit multiple staff members, were observed either not wearing face masks or wearing their face masks under their chins and noses. Used personal protective equipment had been disposed of in domestic waste bins, some of which did not have lids and were not pedal operated. This posed a risk of cross contamination.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home, soft furnishings and some equipment in use was dirty. Cleaning schedules had not always been completed and records were not available to demonstrate frequently touched points for example, door handles, were cleaned. This was an infection prevention and control (IPC) risk and increased the risk of infection transmission.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Whilst staff had completed IPC training our observations confirmed they did always not put that training into practice.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The home had a named infection prevention and control lead. However, they had not received any additional training to help them carry out this role effectively.
- We were somewhat assured the provider was preventing visitors from catching and spreading infections. A staff member permitted CQC inspectors to enter the home without requesting their lateral flow test results.

We found no evidence people had been harmed however government guidance was not followed to ensure risk associated with infection prevention and control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

Using medicines safely

- Some aspects of medicines management required improvement. Previously, we found prescribed creams in use did not have their dates of opening recorded. Recording the dates of opening is important to ensure creams remain effective and are used within recommended timescales. At this inspection the same issues remained.
- Where people were prescribed 'as required' medicines, information was not available to inform staff why the medicines had been prescribed or when they should administer them in line with prescribing instructions. Following our inspection visit, the registered manager confirmed this information had been made accessible to staff.
- We also found some 'as required' medicine stock did not match the electronic medicine system record. Deputy managers did not know how to investigate the discrepancies. This meant the provider could not be assured people had received their medicines as prescribed.
- People told us they received their medicines as prescribed from trained staff, despite our findings. One person said, "I know what my meds are and I get them about the same time each day."
- Medicines were ordered, received, and disposed of safely.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the registered manager was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some care plans had not been updated when people's needs changed. For example, to include the support they received from health care professionals. This meant people's needs might not be met. Action was taken to address this.
- Despite recording omissions in some care records, staff demonstrated they knew people well and they understood how to provide personalised care.
- Other people's care plans centred on their individual needs and included information about their life histories, preferences and lifestyle choices. Staff told us they used this information to help them to get to know people and talk about things that were meaningful to them.

Improving care quality in response to complaints or concerns

- Complaints were not always managed in line with the provider's policy and procedure. One person had made a complaint about their care in May 2022. Their complaint had not been recorded on the provider's complaints log, or investigated in line with the providers complaint and safeguarding procedures. The registered manager was unable to explain the reason for this.
- People and a relative told us they knew how to raise a complaint and felt able to do so. One person told us, "I complained. It was resolved quickly."
- A copy of the provider's complaints procedure was displayed in the home and included information about how to make a complaint and what people could expect if they raised a concern.

Meeting People's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had some knowledge of the AIS.
- The provider's quality management system enabled information to be produced in a variety of formats, including large font and pictorial.

Support to follow interests and to take part in activities that are socially and culturally relevant to them;
Supporting people to develop and maintain relationships to avoid social isolation;

- People had opportunities to spend their time doing things they enjoyed and were of interest to them. One person said, "Every morning and afternoon there is always something on. There is enough to keep me happy." Another person told us they enjoyed socialising and explained they attended group activities as it

was a good way of 'getting to know people'.

- People were supported to maintain relationships that were important to them. During our visit one person hosted a picnic and another person told us they were looking forward a visit from their daughter.

End of life care and support

- No one living at the home at the time of our inspection was at the end stage of life.
- Some staff had completed end of life care training. The registered manager told us other staff were scheduled to complete the training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated as requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

In 2019 the provider had failed to comply with regulations and make or sustain service improvements to benefit people. At our inspection in 2020 the provider had continued to fail to operate effective systems to monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had introduced some new systems and processes to improve governance of the service however, not enough improvement had been made at this inspection and the provider remains in breach of regulation 17.

Information gathered during our last three inspection of St Andrews House demonstrates the provider has continually failed to meet the required standards to achieve a rating of good in this key question.

- The provider has continued to fail to comply with the required regulations. St Andrews House has been inspected on three occasions since November 2019. At each of those inspections breaches of the regulations have been identified. In addition, the provider has failed to make or sustain improvements needed to achieve a minimum overall CQC rating of good.
- Service oversight was inadequate and remained ineffective. The provider and registered manager had failed to take the necessary remedial actions to address the regulatory breaches we had identified at our previous inspections. This demonstrated lessons had not been learnt.
- The quality and safety of the service had deteriorated. The lack of provider and management level oversight had resulted in some previously evidenced standards not being maintained, including safeguarding people from the risk of abuse.
- Following our inspection in 2019, we placed conditions on the provider's registration to focus improvement activities. This included the requirement to provide us with a monthly report detailing the monitoring checks completed and improvements made. During this inspection we found the reports that had been submitted to us contained inaccurate information. For example, one report informed us the nominated individual completed regular mock inspections at the home. That had not happened. Another report sent to us documented all care plans and risk assessments were comprehensive and up to date. Our inspection findings confirmed that was incorrect.

- The provider's audits and checks to monitor the quality and safety of the service and to drive forward improvements remained ineffective and placed people at risk. Concerns we found had not been identified, including those relating to risk management.
- The provider had failed to ensure their policies and procedures were effective. Their medications management procedure did not reflect the home used an electronic medication administration records system. We had identified the same concerns in 2019 and 2020.
- The provider had failed to ensure the management team followed their policies and procedures, including staff recruitment. This placed people at risk.
- The provider had not ensured national guidance was consistently followed to prevent and control the spread of infections and manage medicines safely. This placed people at risk.
- The provider's statement of purpose (SoP) was not up to date. The SoP had not been updated and shared with us as required by the regulations following management changes happening at the home. A statement of purpose is a legally required document that includes information about a provider's service. Action prompted by CQC was taken to address this.

The provider's governance arrangement and quality assurance systems remained ineffective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had failed to ensure their nominated individual had the necessary skills and knowledge to effectively fulfil the role. The nominated individual told us, "Yes, it's fair to say I have limited knowledge of the regulations. They added, "My involvement is not great. [Registered manager] does most of it."

This was a breach of regulation 6 (Requirement where the service provider is a body other than a partnership) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported and valued. One staff member told us, "We have staff meetings and we can have our say. I do feel listened to and valued by all the managers. I have supervisions and we all get an appraisal; they are helpful to see how I am performing."
- The registered manager told us the provider was supportive and responsive to their requests for additional resources, including the purchase of specialist scales which were used to weigh people.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were satisfied with the service provided and described their home as comfortable and friendly. One person told us, "The atmosphere is good." Another person said they would recommend their home to other people.
- People's feedback was listened to and used to make service improvements. Regular 'residents' meetings were held to gather feedback from people about the day to day running of St Andrews House. One person told us, "You bring things up and things do get sorted out." The person gave the example of mint and apple sauce being served with roast dinners in response to their feedback
- Staff had completed equality and diversity training.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour.
- The management and staff team worked closely with health and social care professionals involved in

people's care. The registered manager told us, "Working together is really important to make sure the residents are getting the right support."

- During this inspection the registered manager and deputy managers were disappointed with our inspection findings. Through conversation the management team demonstrated their on-going commitment to making service improvements to improve outcomes for people. The registered manager said, "The last two years have been challenging but I don't think we are far off reaching that overall good (rating). It's silly things that are letting us down."

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 (1) (2) (3) HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not ensured action was taken following allegations of abuse.</p> <p>The provider had not ensured all staff received safeguarding training.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (a) (2) HSCA RA Regulations 2014. Fit and proper persons employed.</p> <p>The provider had not ensured required checks were completed prior to staff being employed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 6 HSCA RA Regulations 2014 Requirements where the service provider is a body other than a partnership</p> <p>Regulation 6 (b) (3) HSCA RA Regulations 2014 Requirement where the service provider is a body other than a partnership</p> <p>The provider had not ensured the nominated individual had the competencies, skills and knowledge to properly supervise the</p>

management of the carrying on of the regulated activity.