Blackberry Hill Limited

St Anne's Nursing Home

Inspection report

60 Durham Road
London
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23 November 2021
29 November 2021
20 December 2021

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
St Anne's Nursing Home provides nursing and residential care to a maximum of 65 people who are elderly or have physical care needs as well as some of whom live with long term mental health difficulties. The service is provided by Blackberry Hill Limited and there were 53 people in residence at the time of our inspection.

People's experience of using this service and what we found
We found that steps had been taken to address the safeguarding matters that had not been reported to the Care Quality Commission (CQC) earlier in 2021. However, the provider's internal monitoring processes had not identified this until whistleblowing concerns had been reported to the local authority in early October 2021, initially related to medicines concerns. We found the provider's monitoring process had had not effectively identified that this incident was notifiable to CQC. Changes to auditing processes had been made since but it was too early to ascertain if these changes would effectively address the improvements in the longer term.

People were supported to have 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.

The service compiled detailed plans of care and identified risks associated with people's care and support needs. Decisions about what care people needed and how this should be provided were made with the inclusion of people using the service, their families and relevant health and social care professionals.

People using the service and relatives believed that staff were caring. We observed interactions between people using the service and staff which were polite, warm and caring.

The home was clean and well maintained. People were kept safe from fire and other potential hazards, as well as the risks associated with the COVID-19 pandemic.

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

Rating at last inspection
The last rating for this service was good (published on 6 February 2020). At this inspection the service had deteriorated to requires improvement in Well-Led and remains rated as Good overall.

Why we inspected
The inspection was prompted in part due to concerns received about the management of medicines. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led but also parts of effective, caring and responsive which were not rated on this occasion.

We have found evidence that the provider has made improvements since medicines concerns were raised. Please see the Safe and Well-Led sections of this full report.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

St Anne's Nursing Home

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 2014.

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 focused inspection took place on 23, 29 November and 20 December 2021 and the first day of the inspection was unannounced. The inspection team consisted of four inspectors and one Expert-by-Experience who made telephone calls to relatives of people using the service. 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 Anne's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

This inspection was unannounced on the first day and announced on the subsequent two inspection days.

What we did before the inspection
The provider completed a provider information return prior to this inspection. 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 reviewed information we had received about the service since the last

inspection. We used all this information to plan our inspection.

During the inspection
We spoke with five people who used the service and eleven relatives about their experience of the care provided. We spoke with nine members of the care and nursing staff team and the chef. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the interim support manager, operations manager, chief executive officer, an independent consultant and a visiting healthcare professional.

We reviewed a range of records. This included seven care records and multiple medicines records. We looked at four care and nursing staff recruitment records and staff supervision and training. We also viewed records relating to the management of the service, including audits of medicines and other audits regarding the day to day operation of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision, training data and a range of quality assurance records. The provider also provided us with extensive amount of information to support the evidence found during the inspection of changes being made around improvements since concerns were first raised in October 2021.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained unchanged.
This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● The provider took all reasonable steps to minimise the risk of harm or abuse of people. There were detailed and suitable procedures in place for management and the staff team to minimise the risk of abuse. Since October 2021 there had been an increase in anonymous whistleblowing concerns, some describing specific incidents alleging abuse. The provider has co-operated fully with the local authority in raising these allegations and examining what, if any, had foundation or learning points to address. CQC are examining the matter of some allegations of abuse not having been reported earlier in 2021 separately from this inspection.
● People using the service told us "They [staff] are mostly nice", "I am happy here. I have been here more than eight years" and "They [staff] are good to me. I have had no trouble."
● Two relatives described occasions some time ago when they had not been happy with the home., We fed these comments back to the management team of the home for their consideration.
● Relatives told us " [My relative] is kept safe, been there quite a few months now and there's plenty of staff" and "[My relative] seems very happy there are people around and it seems well run." We were also told "[My relative] is safer than when they were living on their own. There's 24-hour care. It's good care all round."
● There was an organisational policy and procedure for safeguarding vulnerable adults from abuse. In discussions we held with members of the management team and care staff it was evident that they were clear about what action they would take if anyone was believed to be at risk of abuse.
● Staff told us that they had regular training about safeguarding people, which training records confirmed. A member of staff told us "If I suspected abuse I would speak to the nurse in charge and document it, if they did nothing I would go to the manager and then head office." Another staff member said "I feel well supported I am aware of safeguarding I would tell the unit manager and if they did nothing I would go to the main manager and then head office and then safeguarding team."

Assessing risk, safety monitoring and management
● The service assessed the potential risks that people faced and responded to risks that were identified and that emerged as people's needs changed.
● Risk assessments covered a range of different areas that included general common risks, for example how safe people were if able and wanting to go out alone, as well as risk assessments tailored to each person's day to day care and support needs. Up to date guidelines were in place for staff to follow. The premises were also checked to ensure they were fire safe and that equipment and facilities were safe to use, records we viewed showed that was the case.

Staffing and recruitment

● The provider used effective procedures when recruiting staff to minimise the risk of employing unsuitable nurses, healthcare assistants and other staff working with people at risk of harm.
● We looked at the recruitment records of four of the five staff who had been recruited in the last year. The recruitment record contained the necessary background information about references, proof of identity, criminal records checks and confirmation that the staff member was eligible to work in the UK. Qualifications were verified and registration for nurses with the nursing and midwifery council was confirmed.
● A member of staff told us "I have been here for years. Yes, recruitment and selection practise were good I had a DBS [Disclosure and Barring Service] and a good induction" and "When I started, I had a lot of training and shared my ideas, I have experience and they knew that."
● Our review of staff rotas showed that staff were deployed in suitable numbers across each floor of the home. Whistleblowing and other comments that the provider had received had made reference to how there was a perception for some staff that there was favouritism when allocation shifts and areas of the home that care staff worked in. We discussed this with the nominated individual and were told that changes had been made to the way in which the rota was being managed to ensure transparency and fairness. There were suitable catering, ancillary and other non-direct care and nursing support provided.

Using medicines safely
● People who used the service now received their medicines safely. This had improved since a medication error had occurred in late September 2021 when a person had been administered an 'as required' medicine inappropriately. Visits by local health colleagues and audit of medicines carried out by the provider had identified that improvements were required, for example in guidance for administration and recording of medicines. Specific supervision meetings had also subsequently been held with staff who had medicines administration responsibilities to clarify and assess medicines administration awareness and practise.
● Relatives told us "[My relative} takes their medicines themselves but staff dispense it", " Staff come round on time with the trolley" and "I have seen staff do give [medicines] on time and they record it in the book."
● At this inspection we viewed multiple medicines administration records (MARs) and found that these had been completed correctly and reflected the medicines stocked for people in the home. Some people had medicines prescribed as required (PRN). People had appropriate PRN protocols and medicines administered had been recorded on the MARs and separate PRN record.
● People who were administered controlled drugs were protected from their misuse by staff following correct procedures in line with statutory requirements. This showed improvements had been made since a previous concern about a previous incident had been identified.
● If people were given their medicines covertly appropriate best interests decisions had been carried out together with the prescriber and dispensing pharmacist.
● The service ensured that medicines was audited and monitored to ensure shortfalls were responded to. During medicines audits carried out since October 2021, we saw that the audits highlighted improvements needed which we saw had been addressed by the time of our inspection.
● Staff we spoke with were clear of the medicines procedures to be followed and had received training in the safe administration of medicines.
● Medicines had been disposed of safely by the home. However, we found that the pharmacist did not always confirm with their signature when receiving unused or disposable medicines for the service. We discussed this with the nominated individual and were reassured that they will discuss this with the pharmacist and stress the importance to have a traceable audit trail of medicines disposed of by the service.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● 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 using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

• A COVID-19 risk assessment was in place for people using the service and staff. The provider was aware of individual circumstances, for example ethnicity or underlying health conditions, which could potentially pose increased risk for some people.
• The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.
• We were assured that the provider was meeting shielding and social distancing rules.

Visiting in care homes
The provider was facilitating visits to people living at the home by relatives. The provider was co-ordinating visits to people in a planned way to ensure that not too many visitors were present at the same time. We saw people visiting their relatives in the home at various times during our inspection. A relative who spoke with us during their visit said that the staff at the home had been very helpful in organising this with them.

Care homes (Vaccinations as Condition of Deployment)
From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

Learning lessons when things go wrong
● Systems were in place to monitor and review any incidents, near misses or other welfare concerns to ensure that people were safe. Since concerns were raised in early October 2021 the subsequent examination of the initial concerns had found other areas of improvement needed. The provider was working in co-operation with the local authority on a quality improvement plan.
● People's risk assessments and care plans were updated at regular intervals, or more frequently if there were any concerns arising from an incident or identified changes to people's care and support needs.

Inspected but not rated

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs, and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination.
● Electronic care records contained a pre-admission assessment, and the service sought all available information from relevant person's, including the person themselves and their relatives about their current care and support needs.
● Details about people's cultural, religious, disability, age and relationship need's and personal preferences were included in people's care plans. This helped staff to understand people's individual needs.
● Monthly reviews of people's care did not show that the person had been spoken with about their care. The nominated individual said that they would ensure that staff use the feedback that they received from people during their day being 'resident of the day'. Resident of the day is used to review a person's care and experience of the service and to see if any changes could be made to enhance a person's experience of care at the service.

Staff support: induction, training, skills and experience
● The service provider usually operated effective systems to promote staff induction and training and provided staff with the support they required to carry out their work. However, the nominated individual told us they could not locate any written evidence that a specific instruction had been given to a member of staff who had made a medicine error.
● Relatives told us 'I think they are trained and they seem to know what they're doing", "Yes they are, some of the staff have been there for a long time" and "Staff seem to be trained. They're kind. A couple of them are very good with [my relative] who is very happy."
● Almost all the staff we spoke with had been working at the home for quite some time. They told us that they participated in regular supervision and other meetings and felt that they were trained properly to carry out their duties.
● The staff training matrix we viewed showed that refresher training was identified, and timescales were listed for updating training. The provider was, at the time of this inspection, focusing on improvement with compliance of the staff team with completing mandatory training. Information that was provided showed that mandatory training completion was showing steady improvement.
● The service had a predominantly long-term staff team who were very familiar with people using the service. This was beneficial for the people living at the home as staff knew them and their families and this helped to ensure continuity of care.

Supporting people to eat and drink enough to maintain a balanced diet

● People told us "Food is lovely. It is beautiful", "I like parties, sometimes they have a birthday party for people" and "the food is ok."
● Catering staff in the kitchen had information about peoples' dietary needs. We looked at three people's records, this information did not always match the care plan information. Staff providing care to people were able to tell us for example, that one person had needed to use adapted cutlery when eating, although now didn't need to. This was not updated in their care plan. We did, however, observe this person using standard cutlery and they had no difficulty doing so.
● Another person had two sets of guidelines about what type of food consistency they required in the same folder for catering staff to refer to. We raised this with this with the nominated individual who replied they would action this immediately to ensure only current information was available for reference to avoid any risk of confusion.
● The service effectively promoted people's diet and nutrition. People's nutritional needs was monitored and if there were concerns about people's nutritional intake and drinking, this was addressed. Speech and language therapy guidelines to prevent the risk of people choking were in place.
● People were provided with a varied diet. The chef told us about what they do to ensure a varied menu was available. However, we did see on one floor that it wasn't clear which seasonal menu was being followed, we mentioned this to the nominated individual who told us they would speak with the chef.
● We observed people's mealtime experience at lunchtime. People could choose to eat in the dining area of each floor or in their own bedroom. People who were unable to get out of bed were supported by staff to eat when needed.

Supporting people to live healthier lives, access healthcare services and support
● People were supported to use community healthcare services as and when necessary, although due to the COVID-19 pandemic many community services had been curtailed. We were told by different staff that appointments at hospitals had taken place whilst considering the potential risks of COVID-19 and how best to minimise this risk.
● Two people using the service told us about having been able to see a doctor and chiropodist. Relative's told us that they believed there were doctors and other healthcare professionals visiting, although not as much as before the pandemic.
● The home ensured the information about people's current physical health was up to date and shared with health and social care professionals involved in their care and treatment.

Ensuring consent to care and treatment in line with law and guidance
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 MCA.
In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.
● The management team members and staff we spoke with were clear about the responsibilities of the service to comply with the MCA and DoLS legislative requirements. DoLS were in place and the necessary

authorisations had been obtained for those requiring this.

● Where there were concerns about people's capacity to make a decision best interests meetings were held with staff, people's relatives and others involved in their care. The service did not assume, even if people were subject to deprivation of liberty safeguards, that people lacked capacity to make any decisions.

Inspected but not rated

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. We have not changed the rating as we have not looked at all of the caring key question at this inspection.

Ensuring people are well treated and supported; respecting equality and diversity

- The providers equality and diversity policy gave a clear statement about the values of the organisation and the right of people to have their diversity respected and be treated equally regardless of their background and heritage.
- Relatives told us "They [staff] are quite nice and attentive. They have a joke with [my relative]", "On the whole, they're lovely" and "We ring about his well-being and it's hard to get a reliable picture. One says he hasn't been well and then you speak to another and they say, 'Hasn't he?'. It's a bit frustrating, but I suppose it's part and parcel of a care home." We raised the issue about some relatives wanting better communication with the management team about people's well-being.
- When staff spoke with people, we observed that they did so with courtesy and respect.
- Staff we spoke with understood the concept of respecting people's differences. Staff were able to tell us about how people expressed themselves and made their personal preferences known.

Inspected but not rated

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 good. We have not changed the rating as we have not looked at all of the responsive key question at this inspection.

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

● People received personalised care and support. People's care plans reflected people's choices, wishes and what was important to them. Care plans showed that people and where relevant, their relatives, were involved in decisions to do with their care. We saw a few examples, not significant in nature, where updates to specific information in different areas of care were needing completion and fed these back to the provider's management team for action.

● Staff understood people's emotional support needs. Care plans were in place that included guidance for staff to follow to provide people with the support they needed with any behaviours that could be challenging. However, there were a couple of examples where the descriptions of the behaviours required clarification and updating. We fed this back to the provider's management team who told us that they are reviewing how information is updated to ensure wording is suitably clear.

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

● People were supported to maintain and develop friendships and relationships with people who mattered to them. This had been quite challenging during the pandemic and the provider had worked at keeping people using the service, relatives and others informed of the arrangements in place to keep people safe and to adhere to government and public health guidance.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found that steps had been taken to address the safeguarding matters that had not been reported to CQC earlier in 2021.
- However, the provider's internal monitoring processes had not identified some safeguarding issues, along with other day to day management issues until whistleblowing concerns, initially around a medicine error, had been reported to the local authority in early October 2021. We found the provider's monitoring process had had not effectively identified that this incident was notifiable to CQC.
- We were told by relatives that "I would recommend this home. It's well run, it's a nice home. There's nothing wrong with it" and "Definitely recommend is as it was recommended to us and we're quite happy, in fact very happy."

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

- Audits to monitor the service and to check about the experiences of people were carried out. These included checks of health and safety, accidents, medicines, incidents, complaints, people's and staff documentation. CQC found that these improvement were being been made since whistleblowing concerns were raised. Prior to this the provider's processes for monitoring the service had not been suitably identifying potential improvements needed at the service. It is, however, too early in this improvement process to ascertain if the changes will be embedded into continuous service improvements in the long term.
- There had been examples of safeguarding concerns not being reported to CQC earlier in 2021. The provider had subsequently notified these concerns and apologised for the fact that these had not been raised. However, this is further evidence regarding the issue of auditing systems not having been robust enough to identify these omissions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff who spoke with us said that senior managers were more in evidence at the home and had offered the opportunity to speak with an independent consultant deployed by the provider about any concerns they had.
- Staff meetings and supervision meetings were used to share information about people and the service.

Improvements had been made to these systems since the concerns raised in October 2021. These improvements included clinical supervision of nursing staff and changes to the areas covered at the daily meeting held to discuss events and planning for the day ahead.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Communication between people, their families and staff that we observed was engaging and staff were approachable and listened to what people wanted to say.

● We observed staff taking an interest in what people were doing and how they were feeling. Staff listened to people, offered people choice and respected the choices people made.

● No one we spoke with made any specific comments about their diversity needs although general comments people did make demonstrated that people believed that the service showed respect for them and their relatives.

● We were provided with examples of online surveys being carried out via an independent satisfaction survey organisation. These showed that people who completed these surveys had a good degree of satisfaction with the service provided.

Continuous learning and improving care

● There was increasing confidence amongst staff we spoke with that improvements were being made. There was a mixture of views about a culture of good communication and continuous improvement and learning within the service, although most told us they felt that management overall was more accessible and approachable.

● Staff told us that "If I saw poor practise, I would tell the nurse. I know about whistle blowing." Staff also told us "There is good teamwork. I feel supported. I have done competency assessments. This is a lovely place to work. We are listened to. I am very happy I feel well supported. "

Working in partnership with others

● The home liaised with other health and social care professionals. The effectiveness and success of this liaison had been reviewed in response to concerns, although improvements were being made in consultation with the local authority in response to concerns raised. Information provided to CQC showed that action was being taken to address the improvements required and this was ongoing.

● Care and nursing staff had sought advice and guidance from health and social care professionals where there were any concerns about a person's wellbeing and changes to people's needs. Weekly meetings between the home and healthcare colleagues were continuing.