Mr Trevor Nesbit

St Annes Care Home

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?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced visit on 20 January 2015 and a further announced visit was made on 29 January 2015.

St Anne's Care Home provides accommodation and personal care for up to 40 older people. The home is situated on the seafront in Whitley Bay, Tyne and Wear. There were 30 people living at the home at the time of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were policies and procedures in place to help ensure people were safe and protected from harm and staff had received training related to these. There was a system for dealing with medicines to help ensure these were administered safely.

Summary of findings

People and their relatives told us they felt there were sufficient staff on duty to respond to people's needs and staff said they always had sufficient time to complete their daily duties.

Accidents and incidents were recorded so concerns could be highlighted and risk assessments put in place where appropriate. The premises were well maintained and health and safety checks were carried out on equipment in the home to protect people's safety.

Staff recruitment records showed checks were carried out prior to staff being employed in the home to help ensure they were suitable to work with vulnerable people.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us that she had submitted four applications to the Local Authority, where it was felt authorisations were required to restrict people's liberty in their best interests and to safeguard them from harm. The registered manager said two of these applications had been approved and she was awaiting the paperwork to be returned.

We observed the lunch and evening meals being served at the home. The atmosphere was relaxed and people enjoyed their food. People said the food was tasty and they were given choices.

The staff told us they had undergone appropriate training to meet people's needs and the records confirmed this. Staff received regular supervision and felt well supported by the management.

Staff respected people's privacy and dignity and met people's needs in a sensitive manner. They were able to describe people's individual needs and how they met them.

The records showed the home made prompt referrals to health care professionals if required and this was confirmed by people and their relatives. Health care professionals told us they had no concerns about the home and staff made referrals when appropriate and followed any advice they were given. Two activities organisers were employed and a programme of activities and outings were provided which people could take part in.

People and their relatives said they knew how to make a complaint and felt their complaint would be taken seriously by the registered manager. We looked at five care records and found assessments had been carried out and care plans reflected the people's needs. This meant staff were provided with information regarding people's care.

The registered manager and deputy manager carried out audits and checks to help ensure standards were met and maintained. Annual surveys were sent to people and their relatives to seek their opinion of the service and we found the comments were positive. Surveys had been recently issued and the registered manager was waiting for them to be returned so the results could be analysed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to protect people's safety and well-being. There were policies and procedures in place to ensure people received their medicines in a safe way.

Staff had received training with regard to safeguarding people and they said they would be able to identify any instances of possible abuse and would report it if it occurred.

There were enough staff on duty to meet people's needs and guidelines were in place for staff to safely manage and provide consistent care to people.

Staff were appropriately vetted. Regular checks were carried out to ensure the building was safe and fit for purpose.

Is the service effective?

Good

The service was effective.

People received effective care as staff had a good understanding and knowledge of people's care and support needs.

Staff supported people to eat and drink to help ensure their nutritional needs were met and health and social care professionals were involved to make sure people's care and treatment needs were met.

People's rights were protected because there was evidence of best interest decision making, when people were unable to give consent to their care and

treatment.

Is the service caring?

Good

The service was caring.

People and their relatives were complimentary about the care and support provided by staff.

Staff were patient, spent time with people and good relationships existed. People were supported to maintain contact with their friends and relatives and their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed before they used the service and care plans were in place to give staff information about how individual care needs should be met.

Outings and activities took place and staff supported people to access local amenities and join in activities of their choice.

A complaints procedure was in place and a record was maintained of any complaints received and the outcome of the investigation.

Summary of findings

Is the service well-led?

Good

The service was well-led.

A registered manager was in post.

People and their relatives said the atmosphere in the home was pleasant and friendly. Health care professionals commented that the care staff were very good and the atmosphere was always friendly and welcoming. The staff said the manager was approachable and supportive and they felt the service was well led.

There was a quality assurance system in place to check standards were being maintained.

St Annes Care Home

Detailed findings

Background to this inspection

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

The inspection was carried out over two days. We visited the service unannounced on 20 January 2015 with 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. A further announced visit was made by the inspector on 29 January 2015 to complete the inspection.

We reviewed information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team and the local authority safeguarding adults team to obtain their views of the home. We also spoke with health care professionals who visited the home on a regular basis to seek their opinion about the service.

During our visit we spoke with eleven people who used the service and observed their experiences. We also spoke to five visitors, the registered manager, the deputy manager, four care workers, a domestic assistant and the cook.

We looked at five care records, five medicines administration records, accident records and other records related to the management of the home.

Good

Is the service safe?

Our findings

People we spoke told us they felt safe living in the home. Comments included, “Yes, I feel safe,” “The staff are always available and are very nice” and “I have no complaints about my care and it is the same during the night. My call bell is always answered quickly.” A relative said, “[relative] is safe here. There is always someone around [staff], you never need to go looking for someone.” A relative who had returned a survey stated, “Well done, happy and satisfied to the highest degree that [relative] is in safe hands and well looked after.”

Staff told us, and records showed they had undergone training on protecting vulnerable adults. They were able to describe the different forms of abuse and the procedure to follow if they needed to report any concerns. Comments included, “I would be happy to raise any concerns with the manager” and “I would report anything to the manager. If I wasn’t happy about what was done I would go to CQC.” There were policies and procedures in place to help safeguard people from abuse which meant the provider had taken action to reduce the risk of abuse happening. The registered manager was aware of incidents that should be reported and the authorities and regulators who should be contacted.

Four people told us they were given their medicines when they needed them. We observed a medicines round and the staff member explained to people what the medicines were for and waited until it was taken.

The registered provider had policies and procedures in place for administering medicines. Medicines were administered by senior staff who had been trained and assessments were carried out every six months by the supplying pharmacist to ensure they were competent to do so. We looked at the system for dealing with medicines within the home and we found the medicine administration records (MARs) were completed and medicines were stored securely.

There was a system for dealing with people’s personal allowances and money or valuables they had deposited at the home for safe keeping. We saw receipts were kept for each expenditure. These were signed by the person and a member of staff or two members of staff where people could not sign for it themselves. This meant people were protected from potential financial abuse.

The registered provider had arrangements in place for the on-going maintenance of the building and routine safety checks were carried out. Risk assessments were in place for fire, smoking, laundry, Control of Substances Hazardous to Health (COSHH) and spillages.

A contingency plan was in place and contained information about procedures to follow in an emergency, for example telephone numbers and temporary accommodation details if people needed to move out due to an emergency situation. Information was available to inform the staff how each person should be evacuated from the building in an emergency and these were reviewed regularly in case people’s needs changed.

Accidents and incidents were recorded and monitored by the manager. This information was also analysed by head office to ensure actions were put in place to prevent further incidents. The manager kept a falls log which was forwarded to the local authority for their attention.

We looked at the staff recruitment files and found them to be well organised and there was evidence to show the appropriate checks had been carried out before staff commenced work. These included identity checks, two written references, one of which was from the person's last employer and Disclosure and Barring Service checks, to help ensure people were suitable to work with vulnerable adults. We saw application forms which included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people. Staff were also required to sign a form each year stating they had no new convictions.

At the time of our inspection there were 30 people living at the home. The registered manager, deputy manager, senior care worker and three care workers were on duty. In addition the domestic supervisor, two domestic assistants, laundry assistant, cook, kitchen assistant and maintenance person were present. The registered manager told us that an activities organiser was employed three days each week. We did not see people waiting for care to be provided and staff were constantly talking to people, asking how they were and did they require any help.

Good

Is the service effective?

Our findings

People told us staff met their needs and they were well trained. One person said, “They are all very good and know what they are doing.” Another person said, “I have no problems with them [staff]. People said the staff always asked permission before they provided assistance. Comments included, “The staff always ask for my permission before doing something for me, for example if I want to be taken to a lounge” and “The staff ask what I would like and listen to what I say.” A relative told us, “Staff all seem very nice and well trained.” Another relative said, “The staff know what to do and nothing is a bother.”

The training records showed staff had undergone health and safety training, such as moving and transferring, fire safety, food hygiene and infection control. The registered manager kept a training matrix to ensure training was updated when necessary. Staff had also completed training to meet people’s individual needs. For example end of life care, catheter care and challenging behaviour. Staff told us they received good training to carry out their roles effectively. One person said, “We get lots of training, the manager is very keen to give us training.”

The records showed that regular staff supervision sessions and annual appraisals were carried out. Supervision sessions are used to review staff performance, provide guidance and to discuss their training needs. Staff confirmed they received regular supervision sessions and they were able to discuss training needs and other issues. The supervision records showed policies and procedures were discussed and what had gone well and what had not since the previous supervision session.

Everyone we spoke with said the food was tasty and they had plenty of choice. Comments included, “There is always plenty to eat and I can have what I want for breakfast” and “The food is very good. I’d recommend it.”

We observed lunch being served in the dining room and the bar lounge. The tables were set with tablecloths, utensils, glasses and cups and napkins were provided. There was a choice of main course and dessert. People said they had been asked for their choice but had forgotten. However, the staff had a list of what people had ordered and checked this with them before they served the meal.

One person had changed their mind and were provided with an alternative meal. Juice, tea and coffee were served during the meal. Refreshments were served mid-morning and mid-afternoon. We heard two people say they would like a cup of tea in between these times and staff provided this for them.

Food and fluid charts were in place for people who had been identified as being at risk of malnutrition and dehydration. People's weights were checked regularly so action could be taken if required and referrals made to relevant health care professionals, for example dieticians and speech and language therapists.

The cook told us she had completed training related to nutrition and was aware of people’s special diets, such as diabetes and soft diets and she had information on people’s likes and dislikes. The kitchen staff helped serve the meals so they could speak with people about the food and whether they had enjoyed it.

Staff asked for people’s permission before they undertook a care task. For example, a member of staff asked someone if they would like help to access their bedroom and another staff member if they could help someone pour a cup of tea.

The CQC monitors the application of the Mental Capacity Act 2005 (MCA) and the operation of DoLS which apply to care homes. DoLS is a legal process used to ensure that no one has their freedom restricted without good cause or proper assessment. There was a policy in place which related to people's mental capacity and DoLS. Four DoLS authorisations had been submitted to the local authority. The registered manager told us two had been approved so far and she was awaiting the paperwork.

Documents were in place to confirm individual mental capacity assessments had been carried out to ascertain whether people required best interest decisions to be made on their behalf. For example, whether it was in a person’s best interests to remain at the home.

Referrals had been made to health care professionals where necessary, for example, GPs, dieticians and dentists. People told us a doctor was called straight away if they felt poorly. A visitor said the staff always requested a visit from a GP if necessary.

Good

Is the service caring?

Our findings

People told us they were well cared for and confirmed that staff respected their privacy and dignity. Comments included, “The care plan was discussed before I came here and I do get the care that was agreed,” “I get a bath every day and staff are sensitive and respectful,” “They show me respect and I am very comfortable with them,” “They are very caring, respectful and polite,” “We are very well looked after” and “It’s a good place to be and I have a fabulous view.”

Relatives felt the care was good and the staff were very caring. Comments included, “Everyone works really hard. [Relative] is well looked after” and “We have no problems at all and the staff keep us well informed.”

We spoke with health care professionals who visited the home on a regular basis. They commented people were well cared for and the staff were proactive with seeking advice if they had concerns about people’s health. One person commented the staff were very good at encouraging people to eat a good diet and if there were problems they looked at ways to provide food to help boost their calorie intake. Another person commented the staff engaged with the people and provided good care.

We saw a recent complimentary letter from a relative which stated, “[Relative] was difficult but the staff did a good job of managing outbursts.”

We observed staff spent time talking with people and asked them if they needed any assistance. They knocked on people’s doors before they entered in order to respect their privacy. The staff were aware of people’s individual needs and how these should be met. We saw a staff member quietly suggest that a person should put her feet up after lunch and assisted her to her bedroom. We saw staff singing with another person to cheer them up as they were feeling a little depressed. One person was sitting in the office and the registered manager sat with her to offer reassurance.

We saw staff were supportive and sympathetic towards the relatives of a person who was receiving end of life care.

The registered manager told us she had contact numbers for advocacy services. Advocates can represent the views for people who are not able to express their wishes. The registered manager said no one required an advocate as people had support from relatives. However, a person who came to the home for respite care required this service.

Good

Is the service responsive?

Our findings

People confirmed that staff were always available to respond to their needs and they were offered choice. Comments included, “I get a bath when I want one,” “The staff offer to take me out and I can get up when I want to and have breakfast when I want,” “My call bell is always answered quickly” and “There are always staff around. We’re okay in here.”

A relative told us, “There are always things [activities and events] going on and we see the photos. People get out a lot more now and [relative] likes to sit and chat to her friends. Another relative said, “There’s lots of things going on. We got a list of them.”

A healthcare professional told us, “I have no concerns about this home. The carers are very good and contact me if necessary and carry out instructions very well.”

The care records we looked at contained assessment documents which had been completed before people came to live in the home. Care plans had been put in place so staff were provided with information about how each person’s care should be delivered. Each person had a document in place, “This is me.” This contained information about daily routines, food preferences and personal care and activities choices. We noted for example, that one person’s record stated that they liked to wear a tie and they were wearing one at the time of the inspection. People and their relatives confirmed they were involved in any discussions regarding the care provided. The care plans were evaluated each month so any changes in people’s needs were updated. Handover sessions were held at the beginning of each shift to help ensure staff had adequate information about each person’s needs.

There was a list of activities displayed which included events and outings. These included visits to the theatre, a clothes party and outings to Whitley Bay Lighthouse and Amble. Activities within the home included church services, manicures, exercises, ball games, hand massage, dominoes and wi-fi games. Staff were spending time talking to people and a sing a long took place. Some people told us they felt there was too much exercising on the activities programme and two people said they sometimes felt bored. The registered manager told us that an activities organiser was employed but was not on shift at the time of our inspection and staff were responsible for arranging activities in her absence.

People said they knew how to make a complaint but had never needed to do so but felt confident the registered manager would take this seriously. Comments included, “I have never had to make a complaint as the staff are so nice and helpful,” “I would tell them if something was not right” and “There’s nothing to complain about.” Four visitors said they had never had cause to make a complaint.

During the teatime one person went to complain to the registered manager that they had been given a cup of tea and they usually had a teapot on the table so they could help themselves. The registered manager immediately addressed this and a teapot was provided.

The complaints procedure was displayed in the entrance to the home and it formed part of the service user guide. Three complaints had been received since the last inspection and appropriate action had been taken.

Good

Is the service well-led?

Our findings

The home had a registered manager who had been in post since April 2014.

People told us the home had a pleasant and friendly atmosphere. Their comments included, “It’s a pleasant place to be” and “I don’t think I would find anywhere better.

Relatives said they were always made welcome and the atmosphere was pleasant. One relative said, “When I visit at lunchtime or teatime I am often asked if I would like a meal with [relative].” Other comments included, “It’s really nice and the staff are very approachable” and “We are made very welcome and the staff are lovely.” Comments from two health care professionals included, “The atmosphere is always friendly and welcoming” and “It’s well run and the manager and deputy are very experienced. The atmosphere is always relaxed.”

During our visit the atmosphere was calm and peaceful and the registered manager was walking around the home and speaking with people. One person said, “We see her often and she stops to talk.”

Staff said they had a good relationship with the registered manager. Comments included, “I have no problems with the manager,” “I would be happy to raise any concerns, she is very approachable” and “It’s a good place to work and well led.”

Monthly meetings were held for people and their relatives and minutes were recorded. We noted the last meeting had discussed Christmas menus, social events and colours for the redecoration of the dining room. A relative told us, “We could attend the meetings but we don’t as we have no concerns.”

Staff meetings were held every two months and the minutes of the last meeting showed discussions took place on training, handovers sessions, safeguarding procedures and respecting dignity.

Various audits were carried out to check the quality of the service provided. These included the system for dealing with medicines, the care plans, the premises and the dining experience. A senior manager from head office visited the home each month to speak to people and the staff regarding the standards in the home. They also audited a sample of records, such as care plans and staff files. This meant that systems were in place to ensure standards were monitored and any improvements were implemented to benefit the people who lived at the home. The registered manager had reported events that affected people’s welfare and health and safety to CQC as required by the regulations.

Quarterly surveys were issued to people about various aspects of the service, such as choice, menus and activities. An action plan was then drawn up to address any issues people may have.

The registered manager had recently issued surveys to people and their relatives, visiting professionals and staff. Some surveys had already been returned and comments included, “We are happy with the care [relative] is receiving. We are kept well informed of [relative’s] care needs and welfare.” The relatives we spoke with said they could not recall completing a survey but they did not feel this was important because they could speak to the registered manager and the staff if they had any issues.

A reward scheme was in place where people could nominate staff whom they felt provided good care to people to receive a small gift for their performance which helped motivate staff..

The registered manager said she used various websites to keep up to date with best practice and a senior manager attended conferences which were relevant to home.

There was information on display in the reception area of the home, for example service user guides and how to report abuse but the leaflets were hard to find. We discussed this with the registered manager who said they would address this immediately and would also provide a menu so relatives could see the choices available.