

St. Andrew's Residential Care Home Limited

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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 ●

Summary of findings

Overall summary

We undertook an unannounced inspection of St Andrews Residential Home on 10 May 2018.

St Andrew's is a care home located close to Oxford town centre. The home is registered to provide accommodation for up to 24 people who require care and support. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our visit 24 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people well and many referred to them as family. Staff respected people as individuals and treated them with dignity whilst providing a high level of emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

People were positive about the food and told us they enjoyed the meals. Where people had specific dietary needs, these were met.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely and were protected from the risks of infection.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were

supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

St Andrew's Residential Care Home Limited

Detailed findings

Background to this inspection

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

This inspection took place on 10 May 2018 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with 12 people, six relatives, a visitor, six care staff, the maintenance man and the registered manager. During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "I am safe here, absolutely" and "Yes, there are always plenty of people around". One relative said, "I know that he [person] is safe in all aspects living here".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd report any concerns to my manager and CQC (Care Quality Commission)". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "There is enough staff here and we've just taken on some more". During our inspection, we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified in their care plans. People were able to move freely around the home and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of pressure damage, guidance had been sought from healthcare professionals and this guidance was followed.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "We have lots of supplies, gloves and aprons, there is plenty".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration, we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. For example, where issues with the use of bedrails were identified alternative measures were put into place to manage the risk of people falling out of bed. This evidenced the service learnt from incidents and errors.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. A relative commented, "I have peace of mind knowing that she [person] is looked after so very well".

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. Staff also had further training opportunities. One staff member said, "Yes I am supported, very much so. I have supervisions which are useful".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "It's about decisions. We need to understand their [people's] level of understanding, we never assume. We must work in their best interests". We saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, no one at the service was subject to a DoLS authorisation.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of pressure damage the district nurse had informed care plans with current guidance and best practice.

People were positive about the food and received support to maintain their nutrition. One person said, "I have my regular breakfast and they are always looking out for me". We observed the midday meal experience. The meals were served hot from the kitchen and looked wholesome and appetising. People ate their meals where they chose and where people required support this was provided appropriately. Where people had specific dietary requirements, these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Signage was clear to enable people to navigate the home and identify rooms easily.

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "The staff are very good here and are all very genuine", "I have peace of mind here, they are all wonderful carers and everyone seems to know us well" and "I am in the right place living here".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "This work gets under your skin. I've been here 14 years altogether, the residents are great" and "I love the residents and this place is like a second home with extended family".

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. Staff comments included; "I always give plenty of choice and I ask what they want to do. If they can I support them to do it".

People were involved in planning their care and the day to day support they received. Records showed people were involved in reviews of their care and staff told us they involved people in their support.

People were treated with dignity and respect. A relative commented, "They seem to care and respect the residents". When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion. One staff member said, "I knock on doors and introduce myself every time. I make sure they feel comfortable with everything".

People received emotional support. Care plans highlighted emotional support needs and staff told us how they provided this support. One staff member said, "I share with them and build trust so that when they need it I can empathise and support people emotionally".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one person had sensitive skin and an individual laundry procedure was in place for this person that reflected their needs. One staff member spoke with us about treating people as individuals. They said, "I think this is the biggest strength here. We are not institutionalising people. We don't stick to routines, it's all about individuals".

People had access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Staff supported people to have access to information. For example, we saw one staff member clean a person's glasses for them when they noticed they needed cleaning.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person felt unwell and staff called the GP who assessed the person and prescribed additional medicine. Records confirmed the person's new medicine was in place and their condition was improving.

People were offered a range of activities they could engage in. These included; puzzles, games, music and arts and crafts. During our inspection we observed a well attended musical event that people clearly enjoyed. A hairdresser regularly visited the home and religious services were routinely held. People commented on the activities. Their comments included, "There is an emphasis on sociability here", "I like the singing" and "The entertainments here vary but there are some good ones".

No one at the home was currently receiving end of life care. People's advanced wishes were, however, recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that all people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included; "This comes back to individuals. We treat people equally but as individuals".

The service had systems in place to record, investigate and resolve complaints. No complaints had been recorded since our last inspection and historical complaints were dealt with compassionately, in line with the provider's policy. Details of how to complain were displayed on notice boards in the home.

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people and the registered manager.

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Registered manager] is great, she is brilliant. Very caring and very supportive. She is fiercely loyal to this home", "[Registered manager] is really nice and supportive" and "The manager is very good. This is a well-run home".

The service had a positive culture that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "I want St Andrews to continue to be a safe and happy home where our residents come first".

The registered manager monitored the quality of service. For example, audits were conducted by the registered manager. Action plans arising from audits were used to improve the service. For instance, one audit identified were experiencing disturbed sleep patterns due to the need to frequently change their pads. The registered manager sourced and introduced different pads that did not require frequent changes, improving people's sleep.

The registered manager looked for continuous improvement. Surveys, resident meetings and staff meetings were used to improve the service. Survey results were very positive. Regular meetings were held with people and their relatives who also engaged in frequent email and text communication with the home. Where people made suggestions these were acted upon. For example, new menus were introduced following people's feedback.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. The registered manager also attended external meetings, such as the Oxfordshire Care Home Association. The registered manager said, "I also network with other local care home managers. It gives us updates, information and ideas".

