

St Anthonys Residential Home (Erdington) Limited

St Anthony's Residential Home (Erdington) Ltd

Inspection report

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Date of inspection visit:
23 August 2016
24 August 2016

Date of publication:
05 October 2016

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

This inspection took place on 23 and 24 August 2016 and was an unannounced inspection. The service was last inspected on 08 July 2014 and was rated Good.

St Anthony's Residential Home is registered to provide accommodation and support for 37 older people who may also be living with dementia. On the day of our visit, there were 37 people living in the home.

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 were protected from the risk of abuse because the provider ensured that staff had received the training they needed so that they could recognise and respond to the risk of abuse.

People were supported by staff that were kind and caring and who took the time to get to know people. People were cared for by staff that protected their privacy and dignity and respected them as individuals.

People were supported by enough members of staff who had been safely recruited and received adequate training to ensure they had the knowledge and skills they required to do their job effectively.

People received care and support with their consent where possible, and the staff ensured that people were supported in the least restrictive ways in order to keep them safe.

People's dietary needs were assessed and monitored to identify any risks associated with their eating and drinking.□

People were supported to receive their medication as prescribed because the provider had systems in place.

People were supported to stay healthy and had access to health care professionals as required.

People could choose how to spend their day and they took part in activities in the home and the community.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints.

The provider had systems in place to audit, assess and monitor the quality of the service provided, to ensure that people were benefitting from a service that was continually developing.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse because the provider had systems in place and staff were aware of the processes they needed to follow.

Risks to people were appropriately assessed and recorded and managed to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective.

People's needs were met because staff had the skills and knowledge to meet these needs.

People received care with their consent, where possible and in the least restrictive ways, in order to keep them safe.

People's dietary needs were assessed and monitored to identify any risks associated with their food and they had food they enjoyed.

People were supported to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People were supported to maintain relationships with people who were important to them.

Arrangements were in place to ensure that concerns and complaints would be listened to and dealt with.

Is the service well-led?

Good ●

The service was well led.

The provider had systems in place to assess and monitor the quality of the service.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

St Anthony's Residential Home (Erdington) Ltd

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 23 and 24 August 2016 and was unannounced. The membership of the inspection team comprised of one inspector.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the Local Authority commissioning service for any relevant information they may have to support our inspection; we also looked at the Health Watch website, which also provides information on care homes.

We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with 12 people, six relatives, five staff members and the registered manager. We looked at the care records of four people, staff files of two staff members and records that were maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service to check people received a good quality service.

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Yes I do feel safe living here. Another person told us, "I have never felt unsafe since I lived here". Relatives told us that their family members were safe living at the service. A relative told us, "Yes [person's name] I feel they are safe living here". Another relative told us, "I have no concerns about [person's name]. They are safe living here. Nothing seems too much trouble for them [the staff]".

The risk of abuse to people were minimised because there were clear procedures for staff to follow in the event that they suspected that abuse was taking place. Staff we spoke with told us that they understood their responsibility to keep people safe and told us that they had received training to do so. Staff were knowledgeable about the types of potential abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto a senior staff member or the registered manager. However all of the staff said that they had never seen anything that they thought was abusive and said that people were safe living at the home. Records we hold showed us that the provider reported concerns as required and referrals were made to the appropriate authority so people could be protected.

People told us that they were confident in the staff's ability to support and manage any risks to their care. One person told us, "They [staff] are very good. They know what to do and they don't rush me". We saw that risk assessments had been undertaken for people in relation to risks that had been identified for example, the risk of falls or developing sore skin. These assessments detailed the action staff needed to take to keep people safe. Staff were aware of what was required in terms of managing risks and keeping people safe. We saw that staff tried to minimise risks to people on a daily basis. For example, we saw that people received the support they needed to move safely around the home. We saw that pressure relieving equipment to reduce the risk of sore skin was in place for the people that needed it. Staff ensured that for people who needed walking aids that these were within people's reach at all times.

Staff understood how to report accidents and incidents and knew the importance of following these procedures to help reduce risks to people. We saw where accidents and incidents had taken place these had been reviewed to help prevent these from happening again. The registered manager had identified that some people had experienced falls and some people had experienced repeated falls. She told us and we saw that an analysis of falls had taken place and measures put in place to reduce the numbers of falls and records showed a significant reduction in falls over a four month period. Staff told us that the measures in place included the supervision of people with known risks of falls and ensuring staff availability in the lounge areas and we saw this on the day of our visit.

Staff knew the procedures for handling emergencies such as medical emergencies. Staff told us that there was always a senior staff member on duty who was available to support and give advice in the event of an emergency.

We saw that staff were always available in the dining and lounge areas to support people with their needs.

When people needed assistance we saw that staff provided the support quickly and were attentive to people. One person told us, "They are busy but they [staff] come quite quickly". Another person told us, "There seems to be enough staff around". Relatives told us that staffing levels seemed adequate but one relative told us that staff seemed busy at times. Most staff that we spoke with told us that they thought the staffing levels were sufficient to meet people's needs. A few staff told us that at times, especially in the morning, it was very busy. The registered manager told us that there were systems in place to assess the staffing levels needed and that adequate staff were on duty to meet people's needs. She told us that there were some vacant posts for care staff and actions had been taken to appoint staff to these positions. There were systems in place to ensure that people were supported by staff that knew them well and maintained consistency of care.

Staff told us that before they started work all employment checks were made. Records we looked at confirmed these checks were made before staff started work. This included references and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults. This meant that systems were in place to help reduce the risk of unsuitable staff being employed.

People told us that staff supported them with their medicines. One person told us, "They help me with my medicines. I know what I have and why. The staff make sure I get them on time". All the staff we spoke with who administered medicines told us that they had received the training they needed to be able to administer medicines safely. Records had been signed to confirm that people had received their medicines. We saw that medicines were stored safely and records were kept of medicines received.

Is the service effective?

Our findings

We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. Staff told us they had training in key areas to meet people's needs such as moving and handling and they told us that they felt they were provided with the appropriate training to support people effectively. A staff member told us, "The training is very good and we are also supported to develop our skills". Another staff member told us that they had been supported to do a leadership course. A relative told us, "The staff seem well trained. Some people can be difficult to manage at times. However, the staff really know what to do. They seem to be happy and well trained staff". We saw staff supported people to walk safely using their walking aids. We saw staff calmly and confidently reassure people who were unsettled. Staff were aware of the equipment people needed to walk safely.

The provider had systems in place to monitor and review staff learning and development to ensure that staff were skilled and knowledgeable to provide good care and support. We saw that there was a training and development plan in place. The registered manager told us that apart from the regular planned training they also responded when staff training needs were identified. For example, they had identified that improvements were needed to how staff recorded information in the daily records to ensure that the records were detailed and captured people's response to care. The registered manager confirmed that workshops had been planned to take place in September 2016 to meet this training need.

Staff told us that they had completed an induction before they started working for the service. A staff member told us, "I shadowed staff and read people's care plans. I felt as informed as possible". Staff who were new to working in care had the opportunity to work through the Care Certificate as part of their induction. The Care Certificate sets fundamental standards for the induction of adult social care workers. All the staff we spoke with told us that they received supervision and they felt supported in their role and that the manager was very approachable.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the registered manager had a system in place for monitoring progress on applications and was aware of the need to notify us when applications had been approved. The registered manager told us that she was waiting on the paper work from the local authority for some applications that had been approved and a number of applications had still not been processed. Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a

person's consent before supporting their care needs. Staff we spoke with told us that they had received training on the Mental Capacity Act (2005). However, not all staff were sure about which people DoLs applications had been made for. The registered manager told us that some further staff support and development was planned to ensure that the training staff had received was embedded into their day to day practice.

We observed lunch and part of the evening meal and saw staff attending to people's needs. The atmosphere was calm and pleasant. One person told us, "The food is really excellent. When I first moved here I explained I liked fruit and fibre cereal and fresh fruit for breakfast and this is provided for me". Another person told us, "I can have a drink anytime even in the middle of the night". We saw that drinks and snacks were provided throughout the day.

We saw that people who had lost weight or were at risk of weight loss were provided with a diet that was modified to boost the number of calories they received through the addition of butter and cream to dishes. We saw that where people had difficulties in swallowing food, soft meals were available. The chef told us and records we saw showed that the information about people's dietary needs had been communicated to them. Fluid and food intake records had been completed for people assessed as being at risk of poor nutrition or dehydration so that staff could check that people were getting enough to eat and drink.

People's health needs were being monitored and actions taken to ensure they were met. People we spoke with told us that they had access to healthcare when they needed. One person told us, "I can see the doctor when I need to". Relatives told us that they were kept informed about their family members' health and well-being. A relative told us, "When [Person's name] was unwell and needed to go to hospital the communication from the home was fantastic".

Is the service caring?

Our findings

We observed that staff were caring towards people. We saw that people were relaxed around staff. There was a happy, calm and relaxed atmosphere throughout our visit. One person told us, "All the staff here treat me as I wish to be treated. If something upset me I would tell them [the staff] and they would rectify it".

People were supported to make choices and decisions about their care and how it was delivered. This included how they spent their day and what time they went to bed. We saw that staff respected people's choices. We saw that people were free to move around the home and some people enjoyed walking or sitting in the garden or spending time in their own bedroom. Some people had made decisions about managing aspects of their finances and arrangements were in place to secure these.

People received care from staff who knew and understood their likes, dislikes and personal support needs and people were able to spend their time as they chose. We saw that staff were patient and kind with people and kept people informed when they were supporting them. We saw staff sit and spend time talking with people.

Staff demonstrated that they respected people's rights by affording them privacy when they wanted this. We saw that when people needed help with personal care staff ensured that they closed bedroom and bathroom doors. People's privacy and confidentiality was maintained. Staff were aware of the need for confidentiality. We saw that staff were discrete when passing on information and a handover between staff took place in a quiet area away from the communal areas of the home. We saw that post boxes had recently been installed into people bedrooms so that people's post could be delivered to them safely and confidentially.

We saw staff had a positive approach with people and encouraged people to do tasks for themselves. One person told us, "I get myself partly washed and the staff help me with the things I find difficult". A relative told us, "They are wonderful staff and they are always keen to promote people's independence and they [staff] step in when they need to".

We saw that people looked well cared for. People were dressed in their own individual styles of clothing that reflected their age, gender, personality and culture. This showed that staff respected people's dignity by recognising the importance of looking clean and well groomed.

We saw that staff took account of people's diversity. Different religious services were held in the home and people told us that they were supported to attend these services. One person told us, "The church service is very important to me".

Relatives told us they were made welcome when they visited. One relative told us, "I feel happy and relaxed here when visiting [Person's name]". Another relative told us, "I visit the home regularly and I am always made to feel welcome. I see people here are treated with great dignity".

A quarterly newsletter was produced to keep people informed about St Anthony's. This asked people for

comments about the service as well as telling them about upcoming events taking place in the service. The newsletter also promoted the role of Dementia Friends and a relative who is a Dementia Champion held an awareness session at the home. (Dementia Friends is a programme supported by the Alzheimer's Society UK to help people to understand the effects of dementia and what they can do to help people living with dementia).

Is the service responsive?

Our findings

People that we spoke with told us that staff knew their needs and cared for them well. People told us that staff had consulted with them about how they wanted to be supported. One person told us that they could get up and go to bed when they wanted and that they spent their time as they chose to. They told us, "It's my routine, they [staff] do things the way I like them to be done. They have fallen in with me and how I like things done. I am very happy here". We saw that staff were available to respond to people's needs. For example, if a person wanted a drink or help with personal care.

One person told us how they had chosen St Anthony's care home for themselves and they made the decision to move in when they were ready. They told us, "I made the decision to move in here. I know a good home when I see one. This is a good home". A relative told us that they were involved in the assessment of their family member before they moved into the home. They told us, "The manager visited us at home. They asked lots of question. It was a thorough process and they made sure they could meet [Person's name] needs".

We saw that people had things to do that they found interesting. They were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. We saw a religious service took place on the morning of our visit and a bowling activity took place in the afternoon which people enjoyed. A person told us, "I like to do some knitting" and they showed us what they were making. Another person told us that they were going to a day centre for the day. We saw that the ring and ride service had arrived to take them. We saw that many people enjoyed walking and sitting in the garden which was well maintained and had a variety of plants and flowers and seating areas. A staff member we spoke with told us how they supported people to do things that they enjoyed. They told us that some organised activities took place each day including games, quizzes and pampering sessions. They told us that people were also supported to enjoy activities in the local community including visits to a local café, going for a walk and visits to the cinema.

Staff that we spoke with were able to give a good account of people's needs. Staff told us that when a new person came to live at the home they were given the information they needed about their needs. Staff told us that a handover of information took place at the changeover of each shift so they had the information they needed to be able to respond to people's changing needs. Staff worked in teams and knew who they would be supporting for that day to ensure continuity with people's care.

The registered manager told us that work was taking place to improve people's care records. Records we saw and staff we spoke with confirmed that the changes ensured that care records were clearer and information was easier to locate.

People received visitors throughout the day and we saw they were welcomed and participated in daily events. Relatives told us that they were always made to feel welcome when visiting the home.

Residents and relatives told us that regular meetings took place and we saw that the dates of the meetings

were displayed and promoted through the homes newsletter and all residents and relatives were invited to attend. Records of the meetings showed that meals, activities and the development of the service were discussed. We saw that there was a suggestion box at the entrance of the home welcoming people living at the home and visitors to make suggestions that would benefit the running of the service. A relative told us that they had made a suggestion about a clock being situated by the signing in and out book and this suggestion was acted on.

People were able to raise issues or concerns that they had. One person told us, "I would tell the staff if there was something I wasn't happy about". Another person told us that there had been some things that needed sorting when they first moved in and the staff and manager had helped them with these. Relatives told us that the registered manager was approachable. A relative explained that their family member preferred certain food items and when they told staff it was dealt with immediately. Another relative told us that they had raised some concerns and that these were dealt with to their satisfaction. The complaints procedure was displayed in the entrance of the home. Records we saw showed there was a structured approach to investigating complaints in the event of one being raised.

Is the service well-led?

Our findings

The management team consisted of a registered manager, deputy manager and senior care staff. The registered manager and deputy managers were visible in the home and spent time talking to people. They demonstrated that they knew people's specific needs well. There were good relationships between people living at the home and the staff team. Staff told us that they felt supported in their role and that they were clear about their role and responsibilities. A staff member told us, "I really enjoy my job. The manager is approachable and supportive". A relative told us, "Everything the manager says is followed through in practice". Another relative told us that they had continued to see improvements at the home since the manager had been in post.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. We saw that when incidents had happened in the service the registered manager had notified us about these as required to do so by law. We asked the provider to complete a provider information return (PIR) to tell us how the service was providing care that was safe, effective, caring, responsive and well led and improvements they plan to make. The PIR was completed and returned as requested and reflected our findings.

The registered manager told us that she kept her knowledge up to date and read relevant guidance and attended conferences and training sessions. The PIR told us that the service subscribed to the Caring Times and the registered manager had attended seminars and conferences. The service was also a member of the Birmingham Care Consortium.

We saw that some quality assurance and audit systems were in place for monitoring the service. This included surveys to relatives where they were encouraged to share their experiences and views of the service. We saw that internal audits were used to identify areas for improvement and to develop and improve the service provided to people. The registered manager had developed an action plan and they shared this with us during our inspection. This set out the improvements that they had identified through their systems as needing improvement. The action plan detailed what was needed, how the improvements would be made and a timeline for achieving these. We saw that many of the actions had been achieved. For example, we saw that new personal emergency evacuation plans had been designed and updated for all people. These ensure that there is a plan in place to support people in the event of a fire emergency. We saw that a new medication systems had been introduced and that staff had received training on the system. A system for completing and monitoring DoL applications had been introduced so that the service was compliant with the legislation. The action plan also detailed areas that were still under development for example; there were plans in place to enhance activities for people living with dementia. There were also plans for the manager to carry out a dignity audit and this would then be followed up on an annual basis. The provider told us in the PIR that they would be introducing a new quality assurance system in the near future. This showed that systems were in place to drive continuous improvement.

There were systems in place to promote open communication. This included meetings to capture people's views and the views of their relatives. Records of residents meetings showed that people were kept informed and involved about the running of the home. Staff were familiar with the provider's whistle blowing procedures and safeguarding procedures and told us that they knew how to raise any concerns to external organisations if people's care or safety was compromised.