Franciscan Missionary Sisters

# St Annes Residential Care Home

## Inspection report

92 Mill Road, Burgess Hill, West Sussex, RH15 8EL
Tel: 01444 233179

Date of inspection visit: 20 January 2016
Date of publication: 15/02/2016

## 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? | Requires improvement |

## Overall summary

The inspection took place on the 20 January 2016 and was unannounced.

St Annes Residential Care Home provides care and support for up to 19 older people. On the day of our inspection 16 people were using the service. The home is a large detached property spread over two floors with a well maintained garden and patio area.

The home had a registered manager. 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.

There were clear lines of accountability. The home had good leadership and direction from the management team. Staff felt fully supported by management to undertake their roles. Staff were given regular training updates, supervision and development opportunities. One member of staff told us "There's training all year round and it's very good. I've done dementia training which was useful". However the provider did not have

# Summary of findings

over sight of the quality of care being given or formal supervision arrangements in place for the registered manager. We identified this as an area of practice that needs improvement.

The experiences of people were very positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. One person told us "This is a lovely safe place to live, I could not wish for more". We observed people at lunchtime and through the day and found people to be in a positive mood with caring and supportive staff interactions.

Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the registered manager employed new staff at the home they followed safe recruitment practices.

The home considered peoples capacity in line with the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed. Staff observed the principles of consent in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Arrangements were in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed. People had sufficient to eat and drink throughout the day.

Staff supported people to eat and they were given time to eat at their own pace. The home met people's nutritional needs and people reported that they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable leisure and social activities in line with their individual interests and hobbies.

Resident and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. Staff and people told us the registered manager took action in response to feedback received. Feedback was sought by the registered manager via surveys which were sent to people at the home. People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. One person told us "If I had any concern I would speak with the manager but there are no problems here".

# 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?**
The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The registered manager used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

**Good**

**Is the service effective?**
The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

**Good**

**Is the service caring?**
The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

**Good**

**Is the service responsive?**
The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities and were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

**Good**

**Is the service well-led?**
The service was not always well led

**Requires improvement**

# Summary of findings

There were no formal supervision arrangements for the registered manager and limited oversight of the management of the home by the provider.

There were systems of quality assurance in place that provided evidence of the monitoring of the service and actions for improvement.

The registered manager was fully involved in the day to day running of the home and had created a culture where there was open communication and people were placed at the centre of their care.

# St Annes Residential 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 took place on the 20 January 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert had experience in older people's services.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the provider. This included statutory notifications sent to us by the manager about incidents and events that had occurred. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with six people, one relative, one visitor, six care staff, kitchen and domestic staff, activity co-ordinator, deputy manager and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining room during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a nurse administering medicines.

We spoke with two health care professionals after the inspection to gain their views of the service.

The home was last inspected 31 January 2014 with no concerns.

Good

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person told us “This is a lovely safe place to live, I could not wish for more”. A health professional said ‘On my visits, I found the staff knowledgeable about the person and very aware of their needs in a caring way. I have never been aware of any safety issues and the care seems effective as well as caring for the individual's needs’.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "I would let you (the Care Quality Commission) know if I came across a situation and the manager didn’t do something. I know they would though”. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the service if they felt they were not being dealt with effectively.

The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Water low risk assessment was carried out for all people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. People who had additional needs and spent the majority of their day in bed were monitored by staff that carried out checks throughout the day at regular intervals.

Medicines were stored in appropriate lockable medicine trolley and also chained to the wall for security, when not in use. A senior carer had access to the medicine trolleys and where responsible for administering medicines to people. Appropriate arrangements were in place in relation to administering and recording of prescribed medicine. Medicines were administered three times a day and also as required. We observed medicines being administered at lunchtime by a senior carer. They took care to ensure that the correct medicine was administered to the correct person. The member of staff also wore a red apron to alert people they were administering medicines and could not be disturbed. The member of staff explained that any refusal of medicines would be documented and re administered following discussion with other staff on the most appropriate way forward. Care staff and the registered manager undertook audits of people’s medicine records. Daily audits and records examined areas such as whether all medicines had been administered and recorded, if not administered had the reason for this had been recorded and addressed. The registered manager explained that any concerns were investigated and raised with the member of staff. Staff had undertaken medicine competencies which were carried out regularly. People who decided to self-medicate had been assessed to ensure it was safe. One person who self medicates told us “The system which St Anne’s has put in place works very well. When I have one week’s medication left, I pass on the repeat prescription and St Anne’s get replacement medication. I trust them and they have never got it wrong”.

People felt there was enough staff to meet their needs. One person told us “Most of the time, we have enough staff. If they are short, one of the Sisters comes to help us”. A member of staff told us “We are a bit stretched at times and we have used agency staff, but things do get done”. Staff rotas showed staffing levels were consistent over time and that consistency was being maintained by permanent staff. We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us they had used agency staff for a while and had a good supportive team of permanent staff. The registered manager continually assessed peoples support needs through a dependency tool. This enabled them to look at people’s assessed care needs and adjust the number of staff on duty based on the needs of people using the service. The provider was currently recruiting more permanent staff around busier times of the day.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Good

# Is the service safe?

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings.

Good

# Is the service effective?

## Our findings

People felt staff were skilled to meet their needs and spoke positively about the care and support they received. One person told us "The staff are good and helpful. If I need anything they are always there to support me. A health professional told us 'The resident we had lived there for three years and felt very comfortable and wanted to remain at the home. The care they were receiving was effective and person-centred and were able to express their choices which they acknowledged and respected'.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest decision considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff observed the key principles of the MCA in their day to day work. Staff members understood the importance of gaining consent from people before providing any care. One member of staff told us "I think it's all about making safe choices for people when they can't make them for themselves". Another staff member told us "When people get older, sometimes they can't make decisions for themselves. We're there to help them and to keep them safe". Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us Staff members also recognised that people had the right to refuse consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Although no applications had needed to be made we found that the provider and the registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People at risk of malnutrition or dehydration were monitored. People's weights were recorded regularly and a 'MUST' malnutrition screening tool was used. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It includes management guidelines which can be used to develop a care plan. People received support from specialised healthcare professionals when required. One person told us "When I don't feel well, they really try to get to the bottom of it and the Dr always comes in. They are dedicated to us and keeping us fit and healthy " The registered manager confirmed that staff liaised with GP's, dieticians and speech and language therapists in supporting people to maintain good health.

Kitchen staff told us how they managed people's dietary needs and how likes and dislikes and changes in people's special diets were communicated. Staff were knowledgeable about people's likes and dislikes and dietary requirements, including those requiring special diets for religious or cultural reasons. We observed good communication between the kitchen staff and care staff. Care staff advised the chef of changes made to people's diets following input from visiting professionals, such as dieticians and Speech and Language Therapists. There was a choice of meals on offer and kitchen staff told us they would prepare other food for people on request. We noted care staff asked people about their food preferences for the following day's menu. One person told us "Oh yes the food, it is very good and I enjoy it very much". Another said "I think the food is very good and of a good standard, there is always a choice of main course which suits me".

We observed the lunchtime experience in the dining room. People could choose their meals from a daily menu displayed and alternatives were available if they did not like the choices available. People could choose where they would like to eat, some ate in their rooms or the dining room. Staff asked what people would like and served the food at the table so people could decide how much they would like. We found staff to have a gentle and understanding manner. Some people received assistance to eat, either straight away or after having the chance to start themselves. All staff assistance was appropriately

Good

# Is the service effective?

provided. For example, at seated level and in front of the person, maintaining verbal contact and at a pace to suit them. There were sufficient staff to ensure that everyone was served in a timely way. Staff ensured that people had drinks and that these were topped up when required. There was a lively atmosphere with many people chatting and the meal time appeared to be an enjoyable and sociable experience.

Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. Care staff were also supported to achieve a diploma in health and social care. Competency checks were undertaken to ensure staff were following the training and guidance they had received. The registered manager told us how they had introduced the new Skills for Care care certificate for staff and incorporating it into their induction and training. The certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills, knowledge, values and behaviours to enable staff to provide high quality care. Staff we spoke with were happy with the training opportunities on offer. Comments from staff included “Yes, training is done here. We all get training every year " and “There’s training all year round and it’s very good. I’ve done dementia training which was useful. We have some more training tomorrow actually in fire safety”.

Staff had supervisions throughout the year and an annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. We spoke with the registered manager who told us how they worked closely with the staff every day and always offered guidance and support if needed. One member of staff told us “Yes, that’s all done. I can say what I want and talk about things like training”. Another staff member told us, “I can go to the manager any time I need to but one to one’s are good too”.

Good

# Is the service caring?

## Our findings

Staff provided a caring and relaxed environment. People told us they found staff were kind and caring. One person told us "Staff are caring, yesterday I went to see a consultant about some treatment. On the way home my son's car broke down on the motorway and we had to wait over an hour for the breakdown services to come. I was freezing by the time I got back, but they made me a lovely hot cup of tea and some warm food as it was well passed supper time when we got back. It was a godsend for me and I felt much better afterwards".

We observed good interaction between people and staff who took care to ask permission before assisting people. We observed staff being kind and respectful to people. We observed one staff member holding a person's hand while they spoke with them who had become unwell at lunchtime. The member of staff showed patience while the person decided what they wanted to do, they asked the person if they would like to go back to their room and if a wheelchair would help so they didn't have to walk. This showed staff were compassionate and caring towards people and were knowledgeable about the people they were looking after. It was evident throughout our observations that staff had enough skill and experience and the care given was of a consistently good standard.

People told us that staff treated them with respect and dignity when providing personal care and otherwise. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asking if they could come into their room to speak to them. Staff explained to us the importance of maintaining privacy and dignity and one staff member told us "A lot of people here can do things for themselves. We treat them as we would want to be treated". Another staff member told us "Some of the people really like their privacy and don't want to mix all that much. We respect that".

Staff showed passion in promoting people's independence. One member of staff told us "We have a lot of people that are independent and like to go out to the local shops or use the communal kitchens to prepare their own food and drink". We were shown a small fridge in the communal kitchen that belonged to one person. This person liked to prepare their own breakfast and drinks throughout the day and told us "I have my own bits in the kitchen, I can prepare my own drinks and food, I am more than capable". Another person told us "I feel this is the place for me. I walk to town once or twice a week. They encourage independence and encourage us to take exercise and keep independence for as long as possible. I came here twice for respite, liked it and decided to come here to live. I am very happy".

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. They were also involved in the running of the home. Resident meetings provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes from the recent meeting confirmed people spoke about food and staffing. Where people made suggestions, the registered manager acted upon these. A survey had recently been sent to people and comments of completed surveys were positive.

People's rooms were personalised with their belongings and memorabilia. People showed us their photographs, ornaments and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. One person showed us their room and told us "I have a lovely room with all my things in, My view overlooks the garden and I can see the birds and what is going on outside".

Mechanisms were in place to support people to maintain relationships with those who mattered to them. Visiting times were not restricted, people were welcome at any time. People could see their visitors in the communal lounges or in their own rooms. Visitors told us they could visit at any time and were always made to feel welcome.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

# Is the service responsive?

## Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "The staff are so supportive and help with all my needs".

A relative told us "I have a relative who is in a home in North London which costs more and is not a patch on St Anne's. We are both very involved in St Anne's and we both know all the other residents, talk to them all and now I am involved in St Anne's Church and take part in the services. Each month we attend the resident meetings. Most of the residents attend and some ask for different food, some complain about small things, but St Anne's always listens and I know the menu has been changed to fit in with one of the resident's wishes".

A health professional told us 'The care (X) was receiving was effective and person-centred and they were able to express her choices which they acknowledged and respected. They received support with all her personal care, enjoyed the meals and was able to request their choice. They attended the activities of their choice and received support if they went out into the community.

They used the call bell four-five times at night and advised that the care staff responded quickly to this. If they raised any issues the manager dealt with this and provided a timely and appropriate response. The manager was able to provide an up to date care plan which was well laid out in the file. She knew the resident well and was able to recall a lot of details about their care needs'.

There was a visible person centred culture which had been embedded by the registered manager and staff. Staff we spoke with were passionate about their approach to each person and spoke of people having choices on what they would like. One staff member told us, "It is putting the residents at the centre of everything". Another staff member told us "We do things for residents how we would like them done or we would want for our parents".

People received care that had been appropriately assessed, planned and reviewed. The registered manager told us they had been working on improving people's care plans to ensure they were detailed enough with key information. Each person had an individual care plan. A care plan is something that describes in an accessible way the care and support being provided to an individual. Each section of the plan covered a different aspect of the person's life, for example personal care, mobility, mental health, continence, communication and emotional support. Care plans were personalised to the individual and information was readily available on how the individual preferred to be supported. Information was clearly available on the person's past, such as family members, their employment history and what was important to them. Reviews took place regularly, assessing the effectiveness of the care plans and whether any changes to the person's needs had taken place. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one person's care plan explained how they liked to have a cup of Horlicks at bedtime and to have the hallway light left on through the night as security. Another care plan detailed how a person had been referred to an occupational therapist so they could be assessed to have a walking aid as they felt they needed one to build up confidence after a previous fall. When speaking with staff they showed knowledge and understanding of the people they cared for.

We observed a staff handover meeting for care staff coming on duty for the afternoon. Staff discussed each person in some detail, how they had been emotionally, what their nutritional intake was like and what they had been doing and whether they had any visitors. This was then recorded in people's care plans. Throughout the inspection calls bells were answered without any undue delay. The response time was also audited and monitored by the care manager to ensure staff were answering in a timely manner.

We spoke with the activities co-ordinator about their role and responsibilities. We were told a variety of social and educational activities were on offer, including trips out and activities mass in the Church, knitting club, arts and crafts and discussion groups. People were also able to see staff on a one-to-one if they preferred. People's interests and hobbies were discussed when they moved in to the home and a plan of activities drawn up and recorded in their care plans. We observed one person painting pictures of flowers on greeting cards. They told us "I have always enjoyed this hobby and my daughter-in-law brings me paper and envelopes. I make up the paper into card format, paint

Good

# Is the service responsive?

them and use them to write to my friends. This way I can remain in contact with friends who live a long way away and I love to paint. The art classes we have are also fun were we have a good laugh".

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the home and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "If I had any concern I would speak with the manager but there are no problems here".

Requires improvement

# Is the service well-led?

## Our findings

People spoke positively of the registered manager. Comments included "I was worried when the previous manager left, but the new one seems to be good. We are all getting to know her and she us", "The new manager was a breath of fresh air and that she has big plans to improve St Anne's. I think she is marvellous" and "It's been a good appointment".

A health professional told us "I have met the registered manager once and she was an effective manager as she informs her staff about my patient's visits to my Speech Therapy groups when we have communicated by phone. Also, she came across as knowing her residents well and this comes across in her interactions with her team and the residents".

The registered manager told us they were supported by the provider and they could contact the provider by telephone when needed. The registered manager told us that the provider had visited the home and carried out checks. We did not see any recording of checks carried out by the provider. The registered manager had not received a formal supervision but had an informal supportive relationship with another home manager. The absence of any formal support or oversight for the registered manager could mean that the provider was not always assured of the quality of the service being provided at St Annes Residential Care Home.

**We recommend that the provider seek guidance around methods for assuring the quality of service provision and supervision methods for supporting the registered manager.**

The registered manager and deputy manager were approachable and supportive and took an active role in the day to day running of the service. People appeared very comfortable and relaxed talking with them. While we were walking around the home with the registered manager, positive interactions and conversations were being held with people. We observed staff approaching the registered manager throughout the day. The registered manager took time to listen and provided support where needed. The manager told us "People are offered choice and independence here at St Annes. We have good links with the community and having a chapel within the home is so beneficial for people".

Staff were positive about the home and the management team. Staff felt able to raise concerns and they were confident concerns would be acted on. One staff member said, "The best thing about working here are the residents. We get to know them and it's a home from home". Another staff member told us, "I love working here because it's such a friendly and relaxed place". Staffs comments around the management of the home included "The manager is quite new but they're honest and open", "I think it's well run. I wouldn't stay if it wasn't" and "It's good because I can talk about how things are going and what's on my mind".

Regular audits of the quality and safety of the home were carried out by the registered manager. These included the environment, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought from surveys which were sent to people at the home.

We were also told how staff had worked closely with health care professionals such as GP's and district nurses when required. The registered manager told us how they worked with many external teams to ensure people are receiving the appropriate care. The registered manager had also undertaken a train the trainer course in dementia. This enabled the manager to hold training sessions for staff in this subject.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.