

## St Andrew's Court Health Care Limited

# St Andrew's Court

### 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 well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

St Andrew's Court is a residential care home that provides accommodation, nursing and personal care to a maximum of 20 people, including people living with dementia, physical disability and people with a mental health diagnosis. Eighteen people were living in the home on day one of the inspection and fifteen on day two.

The main part of the home contains 18 single occupancy bedrooms over two floors. Adjoining the main building is a two story two-bedroom house providing accommodation for two people. This self-contained house has its own private access independent from the main home.

### People's experience of using this service and what we found

Records were not always completed effectively. A system was in place to monitor the quality and safety of the service.

The safety of the service was maintained through regular checks.

Medicine practices were in line with best practice guidelines and staff received training to meet people's individual assessed needs.

People and staff spoke positively about the management of the service. There was a positive, caring culture within the service and we observed people were treated with dignity and respect.

People were happy with the care they received, they felt safe and well looked after. Care plans included risk assessments for known risks and staff followed support plans to help keep people safe. Care plans and risk assessments were up to date and regularly reviewed.

People were regularly asked their views on the service provided and action had been taken when suggestions were made.

The provider and staff worked in partnership with other health and social care agencies to deliver good outcomes for people and to ensure their needs were met and reviewed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was clean and tidy. Staff had access to and followed clear policies and procedures on infection, prevention and control that met current and relevant national guidance.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 January 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider works in line with the principles of The Mental Capacity Act 2005 to ensure robust mental capacity assessments are in place and include multidisciplinary involvement. At this inspection we found the provider had acted on this recommendation and improvements had been made.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 2 and 8 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Andrews Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation in relation to good governance.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# St Andrew's Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 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.

#### Service and service type

St Andrews Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Andrews Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 1 relative about their experience of the care provided. We spoke with 8 members of staff including the registered manager, operational managers, nurse, care workers and the administrator.

We reviewed a range of records. This included 5 people's care records and medication administration records. We inspected 4 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

We inspected the environment and spent time observing interactions between people and staff, and infection prevention and control practices.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had not ensured medicines were managed and administered safely. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely received, stored, administered and destroyed if they were no longer required.
- Staff received medicine management training and checks on their competency to administer people's medicines were completed.
- Medicines management was audited regularly with systems in place for investigating any potential medicine errors.
- Where people were prescribed pain relieving medicines, on an 'as required' basis, clear guidance was in place to ensure staff had information about when these medicines should be given.
- Where people were unable to communicate, staff used comprehensive information to assess and manage signs of pain.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to appropriately assess and manage risks to people's health and safety. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There was a system in place to report and record incidents and accidents. However, there was minimal evidence to support the monitoring and analysing of accidents, incidents or falls. The registered manager was responsive to our feedback during the inspection and were in the process of making improvements in this area.
- Regular checks of the environment were completed to make sure it was safe. For example, a competent person checked the fire panel, fire exits and security.
- Risk assessments were in place and reviewed regularly to minimise risks. These provided staff with a clear description of any risks and guidance on the support people needed.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.

#### Staffing and recruitment

- The provider had effective systems in place to help ensure suitable staff were recruited. Various pre-employment checks were carried out on staff, including employment references, proof of identification and criminal records checks.
- There were enough staff on duty each shift to safely support people. Staff rotas confirmed this and during our inspection we saw staff responding to people's needs and requests promptly.

#### Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. People told us, "I feel safe, I really love it here as it feels like home".
- The registered manager worked with the local safeguarding team to address concerns when they were raised.
- The provider had a whistleblowing policy in place and staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns. Information was available in the office, which supported them to raise concerns with external agencies.

#### Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

Arrangements for visiting the care home were in line with the government guidance at the time of inspection. There were no restrictions on visitors to the service.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had Failed to ensure sufficient numbers of suitably qualified, competent and skilled staff were deployed. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received an induction, ongoing training, and regular opportunities to discuss their work, training, and development needs. A staff member said, "The training is above and beyond."
- The provider's training matrix confirmed staff had received training to meet people's individual needs.
- Staff were positive about the support they received. A staff member said, "I just think it's a breath of fresh air having the support you have here."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were completed to assess people's needs and choices. An effective electronic care planning system was in place to assess and record people's needs and choices.
- Assessments of people's needs were comprehensive identifying people's risks and support needs. This meant staff had key information to support people effectively.
- Care plans were person-centred and included social and cultural care information on people's social history, preferences and things that were important to them.

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

- Arrangements were in place to support people to receive a healthy and balanced diet; to ensure they received the individual support and encouragement they required to meet their nutritional and hydration needs.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Procedures were in place to share information with external health care professionals to support people with their ongoing care.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies.

#### Adapting service, design, decoration to meet people's needs

- The environment was appropriately adapted to meet people's needs and included good signage to help people orientate around the home.
- People's bedrooms were personalised with family pictures and memorabilia. There were also spaces for people to sit and relax in the home. People accessed communal rooms where they could socialise.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA and associated DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.
- The MCA and DoLS procedures followed best practice guidance and legislative requirements. Mental capacity assessments had been completed where people lacked mental capacity to make certain decisions. Best interest decisions had been made with the involvement of others such as relatives and or advocates.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and mitigate risks or take adequate steps to improve the quality and safety of the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems and processes that monitored quality and safety. This included regular internal checks and audits and covered a variety of areas such as health and safety and medicines management. However, systems used to record actions were disjointed.
- Records did not always evidence important information about people using the service. For example, handover records did not always capture actions needed and completed to ensure staff understood peoples most current needs.

We recommend the provider develops a system to ensure records are reflective of the service's needs.

- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Regular spot checks had taken place. The registered manager explained if staff were observed not meeting the service standards a meeting will be held with the staff member and an investigation would be carried out to ensure appropriate action is taken.
- The provider was aware of regulatory requirements. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events.

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

- The registered manager knew people well including their needs and preferences. We observed interactions between people and the registered manager that were positive. The registered manager was a visible presence at the home and people and staff all told us they were approachable. Staff told us,

"[Registered Manager] is very supportive and approachable, [Registered Manager] is just amazing".

- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.
- St Andrews Court was welcoming, and the atmosphere was warm and supportive. People were treated with respect and in a professional manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The registered manager had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

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

- The registered manager worked closely with relatives and staff to make sure people received consistent support. One relative told us "This is the best home my relative has been in and the staff and manager are very approachable".
- The provider sought people's and staff views through surveys, supervisions and meetings.
- Staff we spoke to said they had regular supervisions and they find them useful as well as discussing further development.

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- Staff worked with local services to make sure people had access in a timely way. This included community nurses and GP surgeries.