

Rayson Homes Limited

# Anna S Proctor House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Anna S Proctor House Care Home is a residential care home providing personal care to up to 14 people with a learning disability. At the time of inspection 9 people were living at the home, which is based in one adapted building.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** People did not always receive the right support with their medicines. Staff focused on people's strengths and promoted what they could do, so they had fulfilling and meaningful lives. Staff supported people to take part in activities and pursue their interests in their local area. 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.

**Right Care:** People received kind and compassionate care. Staff protected and respected people's privacy and dignity and understood how to protect them from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet the person's needs and keep them safe. Staff and people worked together to assess risks and staff encouraged and enabled people to take positive risks.

**Right Culture:** Staff evaluated the quality of support provided, but this was not always effective at improving standards. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well. Staff placed people's wishes, needs and rights at the heart of everything they did.

For more details, please see the full report which is on the 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 4 February 2020).

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 the provider remained in breach of regulations.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anna S Proctor House Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management and governance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Anna S Proctor House Care Home

## **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

An inspector, a medicines inspector and an Expert by Experience carried out this inspection. 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

Anna S Proctor House Care Home 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. Anna S Proctor House Care Home is a care home without 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 5 people and 2 relatives about their experience of the care provided. We reviewed a range of records. This included 2 people's care records and 9 medicine administration records, with accompanying documentation. We spoke with 5 members of staff, including the registered manager and support staff.



# 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. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The provider had a medication stock count in place to check that medicine were administered as prescribed, however when discrepancies were noted these were not always escalated for investigation.
- There was no information for medicines prescribed as 'when required'. Whilst staff could explain how these medicines would be administered this was not clearly documented to support staff to make consistent decisions.
- Guidance and records were not always in place to support the safe administration of topical medicines. We found that guidance was not consistent for how often some creams should be applied. Where creams were applied by care staff this was not clearly or accurately documented.
- The provider's audits had not picked up the issues we found on inspection.

Systems had not been established to manage medicines safely. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Some people had periods away from the service and a system was in place to control the transfer of medicines.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly ensure people were kept free from harm due to the lack of risk assessments and fire practices. 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 to risk assessment and fire safety and the provider was no longer in breach of regulation 12 in those areas.

- Fire drills were regularly carried out. Drills took place at different times during the day and night to ensure all staff were familiar with safety procedures.

- Risks to people were assessed and action taken to reduce the chances of them occurring. Staff we spoke with were knowledgeable about how to keep people safe.
- The premises and equipment were monitored to ensure they were safe to use. Required test and maintenance certificates were in place.

#### Preventing and controlling infection

- The provider had departed from national guidance in the use of personal protective equipment (PPE). A risk assessment had been carried out and staff were using PPE when personal care was delivered, but not generally around the home. This was regularly reviewed to see if there was any impact on people's safety.
- The provider was responding effectively to risks and signs of infection.
- The provider was promoting safety through the layout and hygiene practices of the premises.

#### Visiting in care homes

- The provider was supporting safe visiting to the service. One relative told us, "I can see [named person] when I want. They are good that way."

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse. Staff received safeguarding training and said they would act to keep people safe. A relative told us, "They manage [named person] really well and keep her safe."
- Lessons were learnt when things went wrong. Accidents and incidents were monitored to see if improvements could be made to keep people safe.

#### Staffing and recruitment

- Staffing levels were monitored to ensure people received safe support. We observed that staff were visible in communal areas and quickly responded to requests for help.
- Staff told us there were enough staff at the service. One member of staff said, "It is always busy but we get everything done."
- The provider's recruitment process minimised the risk of unsuitable staff being employed. Employment histories were checked and Disclosure and Barring Service checks carried out.



# 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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's support needs and choices were assessed before they moved into the service to ensure appropriate support was available. For one person, we saw this assessment had not led to all relevant care plans being put in place. We spoke with the registered manager, who said the process for doing this would be reviewed and improved.
- Staff regularly assessed people's support needs and preferences to ensure they received effective support.

Staff support: induction, training, skills and experience

- Newly recruited staff were effectively inducted into the service. This included 'Meet and Greet' sessions with people and staff, so they could get to know each other before they started. One member of staff said, "I did all of my training when I joined. You get paid to do it"
- Staff were supported with regular training that gave them the skills needed for their roles. One person told us, "The staff are trained."

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

- People received effective support with eating and drinking. Where necessary, people's nutritional health was monitored.
- People were involved in planning and cooking at the service. One person told us, "The food is alright." At meal times we saw people were given food they had chosen.

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

- Staff worked effectively with external professionals to ensure people could access the healthcare they needed. One person we spoke with said, "They get the GP quickly."
- People were supported to maintain and promote their health and wellbeing. Care plans contained evidence of partnership-working with external professionals to achieve this.

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.

- Staff applied the principles of the MCA when supporting people. This included supporting people to make as many decisions as possible for themselves.
- DoLS were appropriately applied for and monitored.

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

- A large-scale renovation programme was being carried out to modernise and further customise the service. This included installing new kitchen and dining facilities, and modernising people's rooms. We saw people had been involved in deciding how they wanted their rooms to be completed and decorated.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were happy and well treated by staff. Comments included, "They (staff) make us happy" and, "They (staff) are kind."
- Relatives told us staff were caring and supported people well. One relative we spoke with said, "The staff have all been amazing...I can't speak highly enough of them."
- Throughout the inspection we saw kind and caring support being delivered. This included staff carrying out welfare checks on people, engaging them in conversations they enjoyed and comforting them when became anxious.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions for themselves and to express their views. This ranged from day to day decisions about what they wanted to do through to choices on the support they received.
- People's decisions were respected and acted on. A relative told us, "They are on top of everything, they don't just leave things, they sort things quickly."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff were friendly but polite and professional when delivering support. For example, staff knocked on doors before entering people's rooms. One person told us, "My door is closed, there's a key in the door."
- Staff supported people to maintain and improve their independence. For example, staff encouraged people to do as much as safely possible for themselves. One person said, "I put my nightie on, I put my own clothes on. They wash my clothes for me."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support based on their choices and needs. Records showed how people and their relatives were involved in designing people's care.
- Regular reviews of people's support took place. These involved people and relatives, and ensured care responded to people's preferences. One relative told us, "We have had meetings, catch-up meetings, where we discuss how it is going."
- Staff were knowledgeable about people's support needs. Effective systems were in place to update staff on any changes to these.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to express themselves and make their voices heard. Staff were knowledgeable about how best to communicate with people. A relative told us, "They (staff) have come up with systems that work."
- Easy read signage and documentation was in place to help people connect with their environment and care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain social interests and activities of importance to them. These included trips out, enjoying watching sport and helping around the home. A relative told us, "They do music and things like that."
- Family and friendship links were maintained and promoted. Relatives told us how they were always welcomed into the service and that people regularly visited them at home.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. People were regularly asked if they had any issues they wanted to raise. A relative told us, "They have a complaint policy, I have never had to use it."

End of life care and support

- At the time of our inspection nobody was receiving end of life support, but systems were in place to provide this. Care plans contained records of discussions between people and staff about their final wishes and choices.

# 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

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- After our last inspection the provider submitted an action plan setting out how medicines management would be improved. However, at this inspection medicines were still not being managed safely.
- The provider and registered manager carried out a range of quality assurance checks at the service. These had not identified or addressed the issues we found with medicines management.

Good governance systems had not been put in place. This placed people at risk of harm. This was a continued breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some aspects of the service had improved since our last inspection, for example fire drills and safety systems.

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

- People and relatives spoke positively about the service, and relatives told us staff helped people to achieve their outcomes. One relative said, "I can't speak highly enough of the service."
- The registered manager was a visible presence at the service, and known to people and relatives. One relative told us, "You can speak with the manager about anything. She is very approachable."
- The provider and registered manager had regular and open communication with people, relatives and staff. One member of staff said, "They're a good company to work for. The manager is here and you can ask for help."

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

- Systems were in place to obtain and respond to feedback. For example, recent resident meetings had involved people in planning Christmas decorations and a party at the service.

Continuous learning and improving care; Working in partnership with others

- Staff worked in successful partnership with other agencies in supporting people at the service.
- The registered manager was in regular contact with external professionals to seek guidance on how to improve the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed safely. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Good governance systems were not in place to assess, monitor and improve the quality and safety of the services. Regulation 17(2)(a)