Pegmar Limited

St Annes Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Annes Nursing Home is a care home registered to provide personal and nursing care for up to 58 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection visit there were 30 people living at the home.

People's experience of using this service and what we found
Ongoing improvement was needed to ensure that all staff received the provider's mandatory training updates and support through regular supervision. Care records were not always completed accurately which made it difficult to evidence that care was carried out as planned. People had access to healthcare services and were supported appropriately to eat and drink. 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.

People and relatives told us there was a positive atmosphere at the service and they received good quality care. They told us that staff were caring and attentive to their needs. Staff had a good understanding of how people would like to be supported and treated them with dignity and respect.

The clinical lead oversaw the day to day running of the service. They had worked to make improvements to the service since they started and demonstrated an open and transparent approach during our inspection. They completed regular quality audits of the service and had a good understanding of the strengths and key challenges the service faced.

The environment was suitable to meet people's needs. There were policies and processes in place to manage risks related to health and safety, infection control and risks related to people's medical conditions. Staff had a good understanding of how to mitigate risks related to people's care and there were good supplies of equipment in place to promote safe care. There were enough staff in place to meet people's needs.

People's care plans were reflective of their needs and preferences. Relatives told us they felt welcome by staff when visiting and felt consulted about their loved one's care. People told us they felt happy to raise complaints or concerns to the provider and that issues were resolved. Staff had training and knowledge in providing empathetic and responsive end of life care.

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

Rating at last inspection
The last rating for this service was good (published 5 April 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
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 well-led. Details are in our well-led findings below.	**Good**

St Annes Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was completed by 1 inspector, 1 specialist advisor with a background in nursing and dementia care and 1 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 Annes Nursing 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. St Annes Nursing Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post who was also one of the provider's. However, the clinical lead oversaw the day to day running of the service and told us they intended to register with CQC as manager of the service.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since their registration with CQC. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke to 17 people and relatives to gain feedback about their care. We spoke to 11 staff including, the provider, the registered manager, the clinical lead, senior staff, nursing and care staff.

We reviewed records relating to people's care and the running of the service. These included care records for 8 people, 4 staff recruitment file, audits, policies, incidents reports, health and safety records, quality assurance records, medicines administration records and care records.

Good

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe living at the service. Comments included, "I feel safe living here. I am not at all worried" and, "We feel [my relative] is so safe here and well looked after. There has been such an improvement in her."
- The provider had policies and procedures in place to safeguard people against the risk of suffering abuse or coming to avoidable harm. The clinical lead had a good understanding of local safeguarding procedures and had reported, investigated and acted upon concerns raised to promote people's safety.

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

- Risk assessments were in place in relation to people's health and medical conditions. For example, we reviewed care plans and risks assessment for 2 people who had developed pressure sores. Nursing staff had fully assessed their pressure injuries and treatment plans had been put in place. One relative told us, "We are so impressed. There has been a vast difference in [my relative] since she came here. Her legs were ulcerated, now they are ok."
- The clinical lead analysed incidents and accidents to identify trends and actions required to reduce the risk of recurrence. For example, if people suffered a fall, any contributing factors were reviewed and actions such as the use of equipment, increased staffing and ensuring people wore the appropriate footwear were explored. This helped to minimise the risk of people suffering further falls. One relative told us, "At the other home before [my relative] had 26 falls and not one here."
- We observed staff using safe moving and handling techniques. The use of mobility equipment was risk assessed with clear instructions for staff to follow when in use. Care related equipment such as hoists were well maintained and stored appropriately. This helped to ensure people were supported to mobilise safely around the service.
- The provider had appropriate policies and procedures to manage and reduce health and safety risks. This included risks relating to fire safety, environmental safety and legionella. The provider had a business continuity plan in place which detailed how the service would run safely in the event of extreme circumstances such as staffing shortages or loss of utilities.

Staffing and recruitment

- People and relatives told us that there were enough staff in place. Comments included, "I think there are enough staff" and, "I think there are plenty of staff."
- During the inspection we observed that there were sufficient staff to meet people's care needs. People had access to a call bell system which alerted staff if they required support or assistance. The clinical lead completed audits of call bell response times, which helped them determine how staff could be best utilised and whether people's requests were being quickly responded to.

● We checked 4 staff files to assess whether the provider was following safe staff recruitment processes. We found that the provider had made checks around staff's conduct in other health and social care roles and with the Disclosure and Barring Service (DBS), which provide information including details about convictions and cautions held on the Police National Computer.
● However, in 3 staff files we found some minor historical gaps in employment which the provider had not fully accounted for. After the 3rd day of inspection, the provider sent us evidence of a full work history for the 3 staff. The clinical lead gave us assurances all other staff files would be fully reviewed to help ensure there were no other discrepancies in recruitment documentation.

Using medicines safely
● There were safe arrangements in place for the receipt, storage, administration and disposal of medicines. This included arrangements around the use of topical creams and controlled drugs. Controlled drugs are medicines which are subject to strict legal guidelines around their use.
● People's care plans detailed information about their prescribed medicines. This information included reasons for prescription, possible side effects and people's preferred routines around administration. We observed nursing staff carrying out a medicines administration round and found they were following appropriate procedures in line with best practice.
● 'When required' (PRN) medicines were available for people in relation to the management of pain or anxiety. PRN medicines care plans clearly documented when these medicines should be offered and how staff should measure the effectiveness of administration. This included information about recognising where people were in pain but could not verbally communicate this. This helped to minimise any pain they experienced.
● There were appropriate care plans and risk assessments in place for people who received their medicines covertly. The provider had taken appropriate steps to consult people, relatives and professionals to help ensure the decision to administer medicines covertly was as least restrictive as possible and in people's best interests.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished. One relative told us, "We can visit whenever we want."

Requires Improvement

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. At this inspection the rating for this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had completed mandatory training updates in line with the provider's policy. This included training updates in safeguarding, health and safety, infection control and The Mental Capacity Act. The clinical lead confirmed that there were 13 staff overdue their training updates and told us they were addressing this with staff.
- A significant number of staff had not received regular supervision in their role in line with the provider's policy. The provider's policy stated that staff should receive supervision every 2 months. This meant there was limited opportunity to review staff's working performance and development needs. The clinical lead acknowledged the need to introduce a more effective system to improve the level of supervision staff received.
- Nursing staff were supported to maintain their professional registrations and attend training relevant to their role. Some care staff had obtained additional qualifications in health and social care, which helped to promote their knowledge and skills.

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

- People's nutrition and hydration needs were documented in their care plans. There was clear guidance in place where people had been assessed as requiring a modified diet to manage risks related to eating and drinking, such as choking. Staff had been pro-active in making referrals to speech and language therapists to obtain professional advice to reduce any identified risks.
- People's fluid intake monitoring records were not always accurate. We reviewed fluid monitoring records for 5 people who had been assessed as being at risk of dehydration. In 2 records we found instances of long gaps between records of fluids offered. In 4 cases, issues were identified in the electronic care planning system, which meant total amount of fluids offered and received did not always correspond with actual amounts recorded by staff. This made it difficult to determine or monitor the exact amount the people received.
- The clinical lead told us they would address this issue with the software developers of the electronic care planning system. This would help ensure fluid monitoring records were accurate.

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

- People were supported to maintain their health. People's health needs were identified in their care and support plans. The clinical lead ensured timely referrals were made to external healthcare services when people required additional support. This included referrals to mental health services, speech and language

therapists, community nursing teams and social workers. This helped to ensure people received appropriate input in promoting their health.
● The provider had arranged weekly visits and consultations with the local GP. This helped to ensure people's changing needs were quickly responded to. Comments included, "They [staff] definitely call a doctor if you need one."
● Care records were not always accurately completed and did not always reflect the care people received. For example, one person's care records for May 2023, established that the person was receiving appropriate care around repositioning however, the record keeping was not reflective of the care received and gaps in care entries had not been identified or addressed by senior staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care and nursing needs were assessed prior to admission to the service. The clinical lead reviewed information from professionals to develop people's care plans. This helped to ensure that people had the right support and suitable care related equipment in place.
● People's assessments and care plans reflected considerations around their equality characteristics and individual preferences. The provider had considered people's gender, ethnicity, religion, culture, disability, medical conditions, likes and dislikes and personal interests when carrying out assessments and planning people's care and support.
● The provider had developed policies and procedures in line with national guidance and best practice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 me.

● Care was provided within the principles of the MCA. Care planning reflected that people were assumed to have capacity to make decisions about their care. Where people were not able to make decisions for themselves a best interest decision was made involving relevant people.
● If required, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Adapting service, design, decoration to meet people's needs
● The service was suitable for people's needs. There were good levels of natural light and people had access to a secure garden space. There were a range of communal areas available for people to use for eating, socialising, or quieter time.
● The clinical lead told us they had identified where adaptions were required to help ensure the service was dementia friendly. This included increasing the visibility of toilets and bathrooms using signs, contrasting coloured toilet seats to help people to safely navigate when using the facilities, introducing contrasting

coloured handrails in communal areas to make them more visible and decorating people's bedroom doors with points of reference to help people orientate around the home. At the time of inspection, some of these adaptions were in the progress of being completed.

● There was appropriate equipment in place meet people's needs. This included mobility aids such as stand aids and hoists. There were arrangements in place to store equipment safely and securely.

Good

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. At this inspection 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 and relatives were positive about how caring staff were. Comments included, "The staff are very caring" and, "The staff are so kind and caring with [my relative]."
- Relatives told us the positive atmosphere at the service had benefited their family members' wellbeing. Comments included, "[My relative] has started talking to us again. When she was in the other home, she was non-verbal so we have seen a vast improvement", "They [staff] are very kind. They talk to him, even if he can't respond", and, "The atmosphere always seems so nice when we come here."
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- People and relatives were involved in planning and reviewing their care. Comments included, "We are involved in [my relative's] care plan and are kept updated."
- Staff demonstrated a good understanding of people's needs and respected their preferences, such as how they liked to spend their day and their lifestyle choices.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people in a respectful way which promoted their dignity. We observed staff supporting people patiently, speaking to them in a respectful manner and being attentive to their requests. One relative commented, "[My relative] is treated so well and with dignity."
- Staff recognised people's wishes around privacy. They respected when they wished for personal space and private time.
- Staff understood the importance of supporting people to maintain a level of appearance and dress they are accustomed too. Comments included, "[My relative] likes that the hairdresser comes and she always has clean clothes on."
- There provider had policies and procedures around information sharing and storage of care records. This helped to ensure people's private information was only shared in line with their instruction and wishes.

Good

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. At this inspection 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's care plans contained details of their medical backgrounds, life histories and preferred personal care routines. Care plans were reviewed at regular intervals or when people's needs changed.
- People's level of independence was documented in their care plans. This included identifying where people wished to be independent in aspects of their personal care or daily routines.
- The clinical lead had made efforts to encourage people who received care in bed to be supported out of bed to take part in activities around the home. This included making referrals to occupational therapists to order specialist equipment and furniture to support this. One relative told us, "The [staff] got [my relative] a new chair about a month ago to help her to feel more comfortable when sitting out of bed."

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

- Relatives told us they were made to feel welcome at the service and were able to visit when they wished. They said there were quieter communal lounges available if they wished for privacy during their visits. This helped people maintain links with friends and loved ones.
- The service organised a programme of structured activities which people could participate in. This included exercise, games and external entertainment. The clinical lead told us they were in the process of recruiting a new activities coordinator who would be responsible for planning a programme of activities in line with people's interests.
- People were supported to follow their faith with both physical and virtual visits to their chosen place of worship.

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.

- The provider assessed people's communication needs and documented them in their care plans. Where people spoke English as a second language, the provider utilised staff who spoke people's native tongue to help develop aids, which helped people to communicate their needs.

Improving care quality in response to complaints or concerns

- People and relatives told us that they were comfortable raising a complaint and that they were confident

issues would be addressed. Comments included, "If we had to complain about anything we would go to the front desk and they would deal with it" and, "[The clinical lead] is so good. If I had a complaint, I would talk to her and she would sort it, she is so helpful."

● The provider's complaints policy detailed how complaints and concerns would be responded too. Records reflected that complaints were responded to appropriately in line with the provider's complaints policy.

End of life care and support

● Care planning documented people's wishes and preferences around end of life care. The clinical lead told us this information was reviewed as people's needs or wishes changed.

● Staff worked in partnership with other health professionals, such as the palliative care team to support people's care needs towards the end of their life.

Good

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 this key question was rated good. This key question has been remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- The registered manager was also the provider and did not directly oversee the service. The clinical lead was responsible for the day to day running of the service and for overseeing the nursing care. The Nominated individual told us they were in the process of recruiting a new clinical lead, which would see the existing clinical lead apply to CQC as manager of the service.
- The clinical lead had developed a service improvement plan in line with feedback from health and social professionals since September 2022. Actions included making improvements around medicines management, care for people at risk of acquiring pressure sores and updating key policies and procedures. At the time of our inspection, some actions around staff training and staff supervision were still ongoing and needed embedding into the service.
- The clinical lead held themed staff meetings to help embed improvements in line with actions from their service improvement plan. Themed staff meetings included sessions to promote good oral healthcare and training in specific care related equipment. This helped ensure staff had a shared understanding of how and why improvements were needed.
- The provider had made responsible decisions around new admissions to the service. The clinical lead told us that they had made considerations around the numbers of new admissions and the complexity of potential new residents to help ensure people's needs could be met. They said that at present their focus was on improving the quality of care to promote a safe and good quality service.
- The clinical lead completed regular audits of care records, infection control, medicines records and health and safety. The clinical lead had recognised that improvements were needed around the accuracy of staff's recording of care. They informed us at the start of the inspection of these issues and how they planned to address them with staff.
- We found one example of an incident that should have been reported to CQC through a statutory notification. The clinical lead took immediate action to submit this notification and gave assurances that incidents would be reviewed to ensure all relevant notifications were submitted.

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

- People and relatives told us they were happy with the service and the standard of care. Comments included, "I couldn't speak more highly of the home. We would definitely recommend it as [my relative] has got a lot better since she has been here."
- People and relatives were positive about the clinical lead and management team. They told us they were

a visible presence and that they were approachable. Comments included, "[The clinical lead] is lovely and she always encourages me to say if I am concerned about anything. I do think she responds well and I feel listened to."

● The clinical lead told us how they had worked hard to improve the staffing culture at the service by setting clear expectations around behaviour and performance. They said, "I looked at how nursing and care staff worked together and started to change things to encourage staff to support each other more."

● The provider had clear vision and values for their service. The clinical lead had set out the range of needs the service could accommodate, which helped ensure new admissions complimented existing residents and staff were confident in providing their care. They told us, "We recognise that we are currently not set up to support people with challenging behaviour because of the impact this would have on residents and staff."

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 provider had policies and procedures in place to help ensure they were honest and transparent with people if mistakes occurred or if things went wrong.

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

● The provider sent periodic questionnaires to people and relatives to gain feedback about their care. The provider gathered all feedback received and sent lists of actions required in response for the clinical lead to address.

● The provider had a 'resident of the day' system, which was where a person's needs were reviewed periodically and they were asked to give feedback about their care. This included discussions around menu choices, activities and staffing. This helped to gather people's views about their care.

Working in partnership with others

● The provider worked with other health and social care professionals, such as social workers, district nurses and community mental health teams to help ensure people had appropriate levels of care. This included contacting professionals for their input when people's needs changed.