

# St. Anthony's Residential Home Limited

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## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Anthony's is a care home that provides personal care for up to 16 predominantly older people. At the time of the inspection 11 people were living at the service. Some of these people were living with dementia.

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

There was a relaxed and friendly atmosphere at the service. People made choices about where and how to spend their time. People told us they were happy with the care they received and believed it was a safe environment. Staff were supportive and attentive to people's needs and wishes.

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.

There were enough staff available to meet people's needs and people received timely support from staff when needed. Staff had time to engage in social interaction and activity with people. Staff knew how to keep people safe from harm.

Records of people's care were individualised and detailed their needs and preferences. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

The programme to regularly review care plans and risk assessments had fallen behind. However, a plan to rectify this was in place and the care plans of people with the highest needs had been updated with the remaining care plans were due to be reviewed within the next two months. In the meantime because staff knew people well, and any changes to people's needs were effectively communicated, people's needs were being met.

Some care plans lacked details of people's end of life wishes and life histories. We have made a recommendation about this.

The medicines system was well organised and staff received suitable training. People received their medicines on time.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. The environment was safe and people had access to equipment where needed.

Staff had received appropriate training and support to enable them to carry out their role safely.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

People were involved in meal planning and staff encouraged them to eat a well-balanced diet and make healthy eating choices.

People and their families were given information about how to complain and details of the complaints procedure were displayed at the service. The provider and staff knew people well and worked together to help ensure people received a good service. People and staff told us the provider was approachable and listened when any concerns or ideas were raised.

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

The last rating for this service was Good. (Report published on 28 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

# St Anthony's Residential Home Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one 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 for older people.

#### Service and service type

St Anthony's is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. This information helps support our inspections. We used all of

this information to plan our inspection.

During the inspection

We spoke with nine people who used the service, one visitor and a healthcare professional. We also spoke with the provider, three senior care staff, four care staff and the cook.

We reviewed a range of records. This included three people's care records and a sample of medicine records. We looked at records in relation to staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff knew what actions to take to help ensure people were protected from harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- People told us they were happy living at the service and felt safe. Comments included, "I feel very safe living here, it's like living at home" and "I feel safe living here as the staff always help me."
- The provider had appropriately used multi agency safeguarding procedures when they had a safeguarding concern.

Assessing risk, safety monitoring and management

- Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.
- When people were at risk of developing pressure areas air mattresses were in place to help protect their skin integrity. The mattresses were checked regularly to ensure they were correctly set in line with people's weight.
- Some people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included information for staff on how to identify when a person was becoming upset and guidance on how to provide reassurance and support.
- Staff supported people to move around and transfer safely. Lifting equipment had been regularly serviced.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's assessed needs. Staffing levels were adjusted if people's needs changed.
- People and their relatives told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner. One person told us, "I kept falling at home and now I can be helped as I have a call bell right next to me and the staff answer me quickly when I ring it."
- Staff had been recruited safely and all necessary pre-employment checks had been completed.

Using medicines safely

- People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Some people were prescribed 'as required' medicines to help them to manage pain or anxiety. Protocols were in place explaining the circumstances in which these medicines should be used and details of each use was recorded.
- Medicines were audited regularly with action taken to make ongoing improvements.

#### Preventing and controlling infection

- Staff used gloves and aprons when supporting people with personal care.
- The service was clean and there were appropriate cleaning schedules in place to help manage infection control risks.
- People had their own slings for hoists which reduced the risk of cross infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any patterns or trends could be highlighted.
- When untoward events happened action was taken to mitigate the risk of reoccurrence.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice. Training was delivered face to face, at the service, either by the provider or with an external trainer.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place regularly, as well as group staff meetings, where staff could discuss any concerns and share ideas. Management also completed annual appraisals with staff.
- Newly employed staff completed an induction comprising of training in a range of areas and a period of shadowing more experienced staff.

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

- People had access to a varied diet. Kitchen staff were aware of any dietary requirements and preferences.
- People told us they enjoyed the food and were able to choose what they ate. Comments included, "The food is lovely here, we have a good varied choice and it is always hot", "If I don't like what is on the menu, I can choose something else, I love the roasts and cottage pie" and "The meals are lovely, I love the pasties, as they are homemade, and the roast dinners are nice."
- Care plans included information about people's dietary needs and their likes and dislikes. This included any information about specific aids people needed to support them to eat and drink independently.
- Hot and cold drinks were served regularly throughout the day to help prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.

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

- External healthcare professionals visited the service as necessary to help ensure people's healthcare needs were met.
- A visiting healthcare professional told us staff communicated well with them and any guidance and advice was followed, commenting, "Staff have the knowledge to know when to make referrals to our team and there is a good working relationship."
- People received regular health checks including opticians, hearing, and dental checks to ensure their health and wellbeing needs were being met.
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste.
- Access to the building was suitable for people with reduced mobility and wheelchairs. A stair lift was available if people needed it to access the upper floors.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

#### 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 Act requires 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The service had assessed people's mental capacity to make specific decisions. However, not all of this information was recorded in people's care plans. We discussed this with the provider who assured us this would be included as part of the programme to update all care plans.
- DoLS applications had been made appropriately, although at the time of the inspection none of these applications had been processed by the authorising authority.
- Decisions taken on behalf of people, who were unable to make decisions for themselves, were in line with the best interest principle. Where possible, friends and relatives who knew the person well were involved in the decision-making process. The service recorded when people had power of attorney arrangements in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There was a relaxed atmosphere in the service and staff were friendly and supportive. People were positive about staff and their caring attitude and told us they were treated with kindness and compassion.
- Comments made by people about staff approach included, "Staff here are very caring, I like it here, everyone is friendly", "I am in a loving big happy family, staff are cheerful, it is marvellous, and staff are always there if we want to talk "and "I am quite happy and looked after well by the care staff."
- People had equal access to opportunities. A suitable vehicle was available and shared areas were accessible to all.
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer people comfort and reassurance.
- Where people had limited ability to express their needs and choices, care plans detailed their ways of communicating, and these were known and understood by staff.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. Some people chose to spend time in their own rooms while other preferred the service's shared lounge and conservatory.
- At lunchtime one person wanted to eat their desert before their main meal. This preference was known to staff and they facilitated this request, providing their main meal when they had eaten the desert.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when carrying out personal care. They ensured doors were shut and privacy was respected.
- Staff supported people to maintain their independence. For example, at lunchtime some people had plate guards, adapted cutlery and their food cut up to enable them to eat independently. Staff were available to support, if needed, to help ensure people's dignity was maintained while still promoting their independence.

- People's personal relationships with friends and families were valued and respected. People told us their relatives were always made welcome and were able to visit at any time.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 care because there was a stable staff team who knew people well and had a good understanding of each person's individual needs.
- Staff were updated about people's changing needs through effective shift handovers and comprehensive notes written each day about people's physical and emotional well-being. This helped ensure people received consistent care and support.
- Care plans were individualised and detailed people's needs and preferences. There was a system in place to carry out monthly reviews. In the last three months this system had fallen behind and some care plans had not been reviewed in line with the provider's policy. However, management were in the process of completing reviews of all care plans, having prioritised reviewing people with the highest needs first.
- Some care plans lacked information about people's background and life histories, which help staff gain an understanding of people and engage in meaningful conversations.

End of life care and support

- The service sometimes provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- When people were receiving end of life treatment specific care plans were developed.
- People's views, before they needed end of life care, on the support they wanted at the end of their lives were not consistently sought and recorded.

We recommend the provider gathers information about people's life histories and end of life wishes to further develop person-centred care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about support people might need to access and understand information. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- Care plans recorded information about people's interests, past hobbies and how they enjoyed spending their time.
- People told us they had enough to do and enjoyed the activities provided twice weekly by external entertainers and daily by staff. People told us, "I like the music here", "I like the entertainment, especially the violin and piano players, I like to sing along with them" and "We have singers here twice a week, I enjoy singing along."
- Where people chose to stay in their rooms staff called in regularly to have a chat or read to them, which helped to prevent them from becoming socially isolated.
- Birthdays, cultural and religious festivities were celebrated.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People told us they would be confident to speak to management or a member of staff if they were unhappy.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and provider had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis, at the service, on meeting people's individual needs and providing person-centred care.
- People and visitors told us they thought the service was well managed and management and staff were approachable. Comments included, "Staff are very friendly and helpful", "The care is always good here, it is a very organised home and the residents are always happy", "If I am not happy, I can talk to the owners about anything" and "The owners are approachable."
- Staff were committed to providing the best possible care for people. They demonstrated a thorough understanding of people's individual needs and preferences.
- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service is jointly owned by two people, one of whom is the registered manager. Both owners jointly managed the day-to-day running of the service, with at least one of them working at the service every day.
- Since a deputy manager left in August 2019 a new management structure had been put in place. The owners were supported by three senior care workers and a stable team of care staff, housekeeping and kitchen staff. A newly appointed administrator was completing their induction at the time of the inspection. The roles and responsibilities of each senior care worker and the administrator had been clearly defined.
- Staff spoke positively about the owners and the way they managed the service. They told us they felt valued and were well supported. Commenting, "I have been here for a year, I've worked in other homes but this is the best I have ever worked in", "I have worked here for 22 years, I have had lots of training and can

raise issues with the owners if I need to. We are like a big family" and "I can speak to the owners if I need to at anytime."

- The management carried out regular audits of care plans, incident/accidents and medicines. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved. As detailed in the responsive section the programme to regularly review care plans had fallen behind due to the recruiting of the new management team. However, a plan to rectify this was in place and was due to be completed within the next two months.
- Important information about changes in people's care needs was communicated at staff handover meetings each day.
- The provider had notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed at the service.

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

- People and their relatives were regularly asked for feedback on the service's performance through informal conversations and meetings.
- Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us, if they made any suggestions about improvements to the service, these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.