McLaren House Limited

# St Andrews Court

## Inspection report

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West Midlands
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10 August 2018

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## Ratings

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|---|---|
| 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

We carried out an unannounced comprehensive inspection of this service on 8 and 10 August 2018.

The home is registered to provide accommodation and personal care for adults who have a mental health related illness. A maximum of 12 people can live at the home. There were 11 people living at home on the day of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good overall with the rating of Requires Improvement for safe. This was because the provider needed to improve their medication systems. The rating for safe remains as Requires Improvement following this inspection as medication management required further improvement and reporting procedures needed to be improved to ensure where required a notification was sent to CQC. We have made a recommendation about the management of some medicines.

The provider had a programme of audits in place to monitor the quality and safety of people's care and support. The provider continually strived to make things work better so that people benefitted from a home that met their needs. However, further improvements are needed to demonstrate the provider's overall governance on how reportable incidents are recognised and sent to the Care Quality Commission as part of their regulatory responsibilities.

People told they felt safe living at the home and that staff supported them to maintain their safety. Staff told us about how they minimised the risk to people's safety and that they would report any suspected abuse to the management team. People got the help needed because staff offered guidance or support with their care that reduced their risk of harm.

There were staff available to meet people's needs and respond to requests for support in a timely way. People told us they received their medicines from staff who managed their medicines in the right way. People also felt that if they needed extra pain relief or other medicines as needed these were provided. Staff wore protective gloves and aprons to reduce the risks of spreading infection within in the home.

People told us staff knew about their care and support needs. Staff told us they understood the needs of people and their knowledge was supported by the training they were given. Staff knowledge reflected the needs of people who lived at the home. People told us staff acted on their wishes and their agreement had been sought before staff carried out a task. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People who lack mental capacity to consent to arrangements for necessary care or

treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed their meals, had a choice of the foods they enjoyed and were supported to eat and drink enough to keep them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us they enjoyed spending time with staff, chatting and relaxing with them. We saw people's privacy and dignity was maintained. People's day to day preferences were listened to by staff and people's choices and decisions were respected. Staff knew it was important to promote a person's independence and to ensure people had as much involvement as possible in their care and support.

People were involved in planning their care, which included their end of life planning where required. The care plans reflected people's life histories, preferences and their opinions. People told us staff offered them encouragement to remain active and maintain their hobbies and interests. People also told us they enjoyed the social aspect of the home.

People were aware of who they would make a complaint to if needed. People told us they were happy to talk through things with staff or the registered manager if they were not happy with their care.

People enjoyed living in the home which met their needs and continued to develop their independent living skills. The registered manager and staff demonstrated their commitment to care for people. They linked with care provider forums ensured people had access to the local community. The service had a good links with health and social care professionals.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

People's risk had been assessed and recorded.

The management of people's medicines and recruitment of staff required further improvement.

People felt safe and protected from the risk of abuse and there were sufficient staff on duty to meet their needs. The home environment was clean and the provider had systems in place to manage the risk of the spread of infections. Incidents and accidents were monitored and used to make improvements in the service.

### Is the service effective?

**Good**

The service was effective.

People were supported to make their own decisions about their care. People's care needs and preferences were supported by trained staff. People's health needs were supported with input and advice from other professionals. People developed menus and chose what to eat.

### Is the service caring?

**Good**

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

### Is the service responsive?

**Good**

The service was responsive.

People were promoted to make everyday choices and had the opportunity to engage in their personal interests and hobbies.

People and their representatives were encouraged to raise any comments or concerns with the registered manager.

## Is the service well-led?

Requires Improvement

The service was not always well-led.

Improvements were needed in relation to the provider's governance systems to continually monitor and assess the quality and safety of service provided.

The provider and registered manager had failed to submit a number of statutory notifications to CQC.

People and staff were complimentary about the overall service. There was open communication within the staff team and regular health and safety checks were in place.

# St Andrews Court

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Inspection site visit activity started on 8 August 2018 and ended on 10 August 2018. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning some people's care.

During the inspection, we spoke with nine people who lived at the home and one visiting Community Psychiatric Nurse (CPN).

We spoke with two care staff, the deputy manager and the registered manager who were both registered mental health nurses. We reviewed the risk assessments and plans of care for three people and their medicine records. We also looked at provider audits for environment and maintenance checks, Deprivation of Liberty Safeguards submissions, an overview of the last two months incident and accident audits, staff meeting minutes and 'residents' meeting minutes.

Requires Improvement

# Is the service safe?

## Our findings

At the last inspection in November 2015 we rated this question as 'requires improvement' as improvements were needed in relation to guidance for staff to follow to ensure people received 'as required' (PRN) medicines in a safe and consistent way. At this inspection we found the provider had made some improvements, but further improvements were required.

When people needed medicines 'as required', there was minimal information in place in relation as to why and when the medication should be administered. The provider agreed that further information and detail was needed to ensure safe administration of these medicines where people required their medicines to be administered.

Where people managed their own medication, the provider had not offered people the resources or equipment to store and manage their own medication safely. At the time of our visit people required a staff member to access their medication as it was stored centrally with other people's medicines in the home. The deputy manager agreed that an alternative was required to further promote independence with this daily living task.

We recommend that the provider considers current guidance on managing people's PRN medicines alongside their prescribed medication, promoting self-medication and they take action to update and embed their practice accordingly.

Where required people were supported by both nursing and care staff to take their medicines every day. Staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. One person told us, "Staff make sure I take my medication at regular times each day." Records were completed for people's routine prescribed medications. People's medicine records were checked frequently by the management team to ensure people received their medicines as prescribed.

The staff files we looked at contained completed application forms and staff were interviewed to check their suitability before they were employed. Staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. However, the provider had not obtained a full employment history, along with any explanation of any gaps. When nursing staff had been recruited the provider had obtained their professional registration, but had not obtained evidence to assure themselves that nursing training had been completed. In response the registered manager told us that all nursing staff worked for the NHS and therefore had their training provided. The registered manager agreed to seek assurance and training certificates to demonstrate nursing staff knowledge had been kept up to date. The provider required further evidence to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

Staff we spoke with described what action they would take if they were concerned about the way a person

was being treated. The provider's policies and procedures provided staff with guidance and steps to take to keep people safe. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority. The PIR stated, 'We will continue to review and update the Home's Policies and Procedures to ensure it is operating in line with legislative changes.' However, the registered manager had not notified the Care Quality Commission (CQC) as needed and the records had not indicated where staff should review and consider submitting a statutory notification to CQC. The registered manager told us they would review their incident process to ensure further incidents are reported as required as part of their registration.

The care folders that we reviewed in relation to people's care and support needs included a history of risk, for example associated risks with people's mental health and physical needs. Risks had been assessed accordingly and documented correctly within the person's folder with guidance from external professionals. These were incorporated into the care plan for staff to follow to provide care safely. This was reflected in the PIR that stated, 'Risk Assessments are carried out on each patient due to their mental health conditions and are reviewed on a 3-monthly basis.' Staff we spoke with knew the type and level of assistance each person required to maintain their safety. We saw staff were available and knew the support and guidance they needed to offer.

All people we spoke with felt the home was a safe environment and had no concerns about their well-being. One person told us that, "I do speak to staff when I feel vulnerable and they are very loving to me." Consideration had been given to providing a safe environment for people and fire safety procedures and checks were also in place.

Staff had completed reports and reported to the management team where a person had been involved in an incident or accident. One person told us that following an incident, "Staff were very professional in the way they responded and very caring." The registered manager had then identified how or why the incident may have occurred and whether a referral to other health professionals was needed to reduce the risk of reoccurrence. The registered manager told us they took learning from any untoward incidents, and records showed where people's risk had been reassessed and updated in their care plans.

People told us about the staffing levels at the home. One person told us, "There is always enough staff on duty at all times." We saw that staff were available in the communal areas and responded to requests when people needed them. We saw staff assisted people without rushing and making sure nothing further was needed. People's dependency levels were reviewed by the registered manager to ensure there were enough staff to meet people's care needs.

People we spoke with told us the home environment was clean and their rooms were kept clean. One person told us, "The home is lovely and clean all the time." The home environment was free from clutter on the days of the inspection. People's rooms and communal areas were kept clean by people and staff. People's laundry was collected and washed within a separate laundry area or by the person themselves. We saw staff who prepared food observed good food hygiene practices and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. We saw staff used personal protective items such as gloves and aprons.

Good

# Is the service effective?

## Our findings

At the last inspection in November 2015 we rated this question as 'good'. At this inspection we found the service remained Good.

People had shared their needs and choices with the management team before they moved into the home. The provider had completed assessments of people's care needs to assure themselves they could provide the care needed. One person told us, "I talk to all staff about my support." Care plans showed that care was provided in line with current guidance and advice that had been given by community health professionals and GP's was followed. The visiting CPN told us they had been involved during the assessment process to ensure the placement was appropriate.

People we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. One person told us, "Staff are fully competent." Care plans showed that people had been supported to move towards their goal of living independently. One person told us, "With all the experience the staff have they tick all the boxes."

Staff told us about how they understood how to support and respond to people's needs. They told us about the courses they had completed and how it had helped them understand people's conditions better. For example, how to support people living with mental health needs. All staff we spoke with told us they were supported in their role with structured routine meetings and individual discussions with supervisors to talk about their responsibilities and the care of people living in the home.

People we spoke with told us they enjoyed their meals and had plenty of variety on offer and one person told us, "Staff ask for the residents to complete their menu choices." Staff understood the need for healthy food choices and knew people's individual likes and dislikes. One person told us, "Staff give me help with cooking…and provide healthy diets." Where people required assistance and prompts to eat their meals, we saw staff sit with people to offer guidance. Staff were clear that at certain times a person may require full support with eating and drinking due to their fluctuating mental health needs.

People's mental health needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. A healthcare professional we spoke with told us the service was proactive in supporting people with their health and well-being needs. Staff tailored their support to people's needs and attended appointments with people when appropriate to do so.

People's health care needs were considered upon admission to the home. Each person had an up to date physical health assessment to identify and recognise any physical health needs. This included consideration of well women's checks and screening of medical conditions. One person told us, "I have regular blood tests." There were yearly diary plans completed which detailed the support required, by whom and appointments had been made with a variety of health professionals.

People had seen opticians, dentists, chiropodists and other professionals had been involved to support people with their care needs, for example, hospital appointments. One person told us, "If I feel I need the dentist I would ask for support." Staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

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 Act 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 told us they decided what they did each day and we saw people making these choices. We saw staff listened and responded to people's request or decisions. One person told us, "Staff are always helpful to me and I try and do things myself." Some people using the service were also subject to Community Treatment Orders (CTO). This is a legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community. We found relevant records were maintained and care and treatment was delivered in line with the CTO.

Staff we spoke with understood that people had the right to make their own decisions. One person told us, "Staff talk to me about my support needs every day." Staff also knew they were not able to make decisions for a person and would not do something against their wishes. Where a person had been assessed as needing help or support to make a decision in their best interests this had been recorded to show who had been involved and how the decision had been made.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made to the local authorities as required where the management team had identified people's care and support potentially restricted their liberty.

People chose how they spent their time at the home and were supported in communal areas that were accessible along with, a kitchen area, utility room and their own bedroom. The outside garden area was used by people and people spent their time in the communal lounge or their bedrooms. There were several communal areas to choose from including quiet areas.

Good

# Is the service caring?

## Our findings

At the last inspection in November 2015 we rated this question as 'good'. At this inspection we found the service remained good.

People we spoke with told us the staff were kind, caring and attentive to them. One person told us, "Staff are brilliant, outstanding." The atmosphere in the home was quiet and calm and staff and people were seen to enjoy each other's company. People were pleased to be at the home, and told us it was beneficial to their wellbeing and their plan to return to independent living. One person told us, "Staff are kind and caring without a shadow of doubt."

People told us the staff involved them with the care they wanted daily, such as how much assistance they may have needed. People told us their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. One person told us, "Staff definitely know me very well." Records we saw reflected that people were offered choice around personal care, wake up times and how they wanted to spend their time.

People told us about the support they needed from staff to maintain their independence within in the home. Two people told us staff offered them encouragement and guidance when needed. Staff were aware that people's independence varied each day and on how they were feeling. One person told us, "We are frequently asked on a daily basis how we feel about our care."

People told us that staff supported them according to their wishes. Staff understood how to protect and promote a person's human right to be treated with respect and to be able to express their views. All people we spoke with said staff encouraged them to be involved in their care and that staff asked them how they would like their care to be given or knew their preferred routines. One person said, "Staff are caring, considerate and compassionate."

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. When staff were speaking with people they respected people's personal conversations. Staff spoke respectfully about people when they were talking and having discussions with us about any care needs. One person told us, "Staff treat me with respect and observe my dignity."

People told us the importance of having their independence respected and encouraged during their time at the service. One person told us, "I have my own room and no one bothers me." This was important for them as part of their plan of care to return to full independent living.

Good

# Is the service responsive?

## Our findings

At the last inspection in November 2015 we rated this question as good. At this inspection we found the service remained good.

People made decisions about their care needs and these had been detailed in their plans of care. People's care plans were updated when their needs changed. People confirmed their care needs were reviewed regularly and support was received if any changes were needed. One person told us, "Staff really seem to listen to me."

People's plans of care were structured and developed around their own health and care needs; personal preferences and lifestyle choices. The wishes of people, their personal history, the opinions of relatives and other health professionals had been recorded. One person told us, "Staff encourage me to follow my interests and support me to as much as I want."

Each person had individual social lives and interests and one person told us, "I have plenty of time to follow my interests." Staff told us that people chose how they spent their time, and were happy to spend time socialising with people in the home talking or making suggestions for people about things to do. People used facilities at the home to develop their independent living skills, such as household chores and gardening.

Staff told us they recorded and reported any changes in people's needs to the management team who listened and then followed up any concerns immediately. People's needs were discussed when the staff team shift changed and information was recorded and used by staff on their shift to ensure people received the care they needed.

The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given share this information with others when required. Staff told us they addressed the needs of each person as an individual.

The provider had equality and diversity policies and procedures in place, which staff knew about and told us the policies were easily accessible if needed. Staff identified people's needs as part of the initial assessment process and during reviews with people. People also knew that advocacy support was available to them and had benefitted from that service.

All people we spoke with said they would talk to any of the staff if they had any concerns. One person told us, "I'd speak with the manager if I had any complaints." People said the registered manager always asked them how they were or if they wanted to talk about anything. One person told us, "The formal complaints process is on the notice board." All staff and the registered manager said where possible they would deal with issues as they arose. One person told us, "The manager is alright she really listens to me." The registered manager had processes in place to record, investigate and respond to complaints, although no

complaint has been made. The PIR stated, 'The service ensures that residents feel comfortable in approaching any staff member with their concerns as they know these will be taken on board and acted upon without delay.'

We spoke with the registered manager and staff about how people were supported at the end of their life. An end of life care plan was completed which recorded the wishes of the person in the event of their death in detail. No one at this location was in receipt of end of life care, however the registered manager demonstrated a compassionate approach where they had advocated for a person's end of life wishes.

Requires Improvement

# Is the service well-led?

## Our findings

At the last inspection in November 2015 we rated this question as 'good'. At this inspection we found the service had not sustained the rating because the provider's governance systems had not identified areas that required improvement. These areas were medicines, recruitment and submitting statutory notifications

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. This has not happened despite the registered manager assuring us they understood their role and responsibilities and the requirements of the Health and Social Care Act 2008. They had not been clear on when notifications needed to be sent to us under the requirements of their registration and we had not received a number of notifications as required.

This is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009. We are deciding our regulatory response to this and will publish our actions if made.

The provider used a range of different measures to assess and monitor the quality and safety of all aspects of home life. Audits were completed and included areas such as care planning documentation. Where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure the improvements were made. However, further improvements needed to be made so the provider can demonstrate continuous and sustainable improvements. The improvements will need to show how the provider is considering current best practice guidelines, such as the National Institute of Clinical Excellence (NICE) guidelines.

Any accidents and incidents were reported on. These were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible and formed part of the auditing process.

People were complimentary about the management team at the home and told us positive relationships had been developed. We were told by one person, "It's brilliant living here, I love it." People were asked for feedback about the service they received and the way they were looked after. This was done during informal daily discussions, planned care reviews, and 'resident' meetings. One person told us, "I like to be supportive of staff during the meetings. We discuss cleanliness etcetera, attitude to staff and service users and activities."

People felt part of the home and one person told us, "The manager is nice kind and respectful." They all

found the management team accessible, approachable and supportive. The registered manager welcomed everyone in to the home and chatted with them all about how things were going.
Staff we spoke with understood the leadership structure and the lines of accountability within the home; they were clear about the arrangements for whom to contact out of hours or in an emergency. Regular staff meetings were held and staff told us they were encouraged to make suggestions. There was a positive atmosphere in the home and we observed that the staff team worked well together, effectively communicating to ensure people's needs were met.

The registered manager felt supported and worked with specialists in the local area to promote positive working relationships, for example, the local authority commissioners and people's social workers and local CPN teams. The registered manager had developed partnerships with external stakeholders to support people to move to independent living and their goals to improve people's well-being. This had worked well for people as those partnerships had been successful in people remaining safe and secure in their home.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating in the entrance hall way.