

Advice Doctor Limited

Annabel House Care Centre

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

Annabel House Care Centre is a care home providing personal and nursing care for up to 30 people aged 65 and over. At the time of the inspection there were 21 people living at the home. The service is laid out over two floors, with communal areas such as two lounges and a dining room on the ground floor.

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

Changes had been made to COVID-19 testing systems and audits to ensure risks to people were managed and reduced.

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

The service was clean, homely and well maintained. There was a happy and friendly atmosphere.

People were supported by staff who were kind and caring. People were treated with dignity and respect. People's healthcare needs were met. Medicines were managed and administered safely.

Staff were responsive to people's needs and knew them well. Care plans were person centred and supported people to retain their independence. Staff were supported in their roles by an induction, supervision and regularly training.

There was an open culture where feedback was welcomed. Audits monitored the quality of the service and improvements were made as needed. The service was well-led and managed.

We made a recommendation around supporting accessible communication.

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

Rating at last inspection and update

This service was registered with us on 22/07/2019. The last rating for the service under the previous provider was good, published on 23/08/2018.

The service was rated requires improvement in the domains of safe and well-led (published 12 April 2021). An overall rating was not given at the time as the service had not been inspected across all five domains, due to CQC methodology in response to the COVID-19 pandemic. The service was found to be in breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Annabel House Care Centre

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 Care Act 2014.

Inspection team

The inspection was conducted by 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.

Service and service type

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

The manager had changed since the last inspection. The manager was not yet registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people and six staff members which included the manager. We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, infection prevention and control systems and audits were reviewed.

After the inspection

The Expert by Experience spoke to eight relatives.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were assured that the provider was accessing testing for people using the service and staff. Since our last inspection in February 2021 the provider had promptly made changes to ensure systems for testing staff and people for COVID-19 were effective and recorded properly.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives told us they were happy with the visiting arrangements. A relative said, "Yes, it's really good."
- The home was clean, tidy and well-maintained. One relative said, "It's clean." Another relative said, "Definitely. It's wonderful. There's no smell, it's lovely."

Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level deemed safe by the provider. The manager and staff told us staffing had been difficult due to a range of factors. Recruitment was in process for vacant positions.
- Observations showed staff were responsive and attentive to people's needs. A relative said, "There's always plenty [of staff] around."
- The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included Disclosure and Barring Service (DBS) checks and checks on previous employment.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person said, "I am happy here." A relative told us, "They [staff] keep their eye on the ball, they're observant."
- Staff received regular training in safeguarding adults and knew how to identify and report any safeguarding incidents. A staff member said, "I would let the nurse know and write down in the daily notes any [safeguarding] concerns."

- The manager was clear about how safeguarding concerns should be reported to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- People were safe living at the service. A relative said, "They [staff] look after her very well. She's safe."
- Individual risks had been identified for people. For example, around nutrition, mobility and healthcare. Guidance was in place to mitigate risks whilst retaining people's independence. For example, the support people needed to mobilise and how this may change on different days.
- At the last inspection health and safety information was not always organised. The manager had ensured this had improved. Assessments, checks and records were up to date and accessible.
- Regular checks were conducted on fire safety systems and equipment. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required. The manager said further practical guidance would be included to guide staff.

Using medicines safely

- Medicines were stored, managed and administered safely. Temperatures of medicine storage areas were monitored, which included the medicine fridge and trolley.
- Medicine Administration Records (MAR) were completed accurately. At our last inspection known allergies for people were not showing on their MAR. This had now been addressed and MARs were accurate.
- Protocols for, 'as required' medicines were in place. Further information was needed for some protocols to support staff in understanding when a medicine might be required and how the person would communicate this. This had been addressed by the second day of the inspection.
- Medicines that required additional storage in line with legal requirements were stored appropriately and systems for stock checks were in place.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. A monthly analysis was undertaken to look at patterns and trends and monitor if actions were effective.
- The service monitored areas, including complaints and safeguarding, to ensure lessons were learnt.

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.

This is the first rating for this domain. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had made DoLS applications as required. Care plans clearly reflected people's DoLS status.
- People's capacity had been assessed in relation to specific decisions and best interest decisions were made in partnership with relevant professionals and family members.
- We highlighted where some capacity assessments required a review to ensure they were updated and reflective of the current situation. The deputy manager addressed this.

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

- People's protected characteristics under the Equality Act 2010 were identified and respected. This included people's wishes in relation to their culture and religion
- People were supported to retain choice and control. One staff member said, "People can make choices." We observed how staff supported people in their daily choices and respected what they wanted. For example, around food and drink choices. A relative said, "They [staff] ask if she's ready," when care is delivered.

Staff support: induction, training, skills and experience

- Staff received an induction when they started at the service and ongoing training and supervision relevant to their role. One staff member said, "I have completed all my mandatory training."

- Since our last inspection in February 2021, training and supervision was being monitored and audited to ensure it was up to date. Staff told us they were well supported. One staff member said, "I have regular supervision and other staff are supportive."

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

- People were supported to eat and drink enough. One person told us how much they enjoyed the food provided. "[Name of staff member] is a brilliant cook. They make what I want." A relative said, "It's good quality food."
- Staff were knowledgeable about people's food preferences and risks around eating and drinking. We observed staff supporting people in line with their care plans at mealtimes.
- Staff ensured people were hydrated. We observed people regularly being offered hot and cold drinks. A relative said, "Yes, I'd give them top marks for that, they're always offering [drinks]."

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

- The environment was well maintained and designed to meet the needs of people, for example, people could move around the service easily. There was signage on doors. One relative said, "The standard is well above other homes we looked at."
- People's rooms were decorated with personal effects such as ornaments, furniture and pictures.

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

- People were supported to access healthcare and additional professional support. For example, GP, chiropodists and specialist nurses.
- People were involved in their healthcare and people's wishes were respected. For example, for one person who did not want to have a dental check-up.
- Risk assessments and protocols were in place around specific health conditions. Information was clear in people's care plans so staff knew how to support people in their preferred way.

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

This is the first rating for this domain. This key question has been rated 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 were supported by staff who were kind, caring and knew them well. Relatives told us, "Staff are very pleasant" and, "The staff are very good. It's friendly."
- There was a calm and happy atmosphere in the home. A relative said, "Staff are very attentive." Another relative said, "It's really lovely. [Name of person] has been transformed from an anxious and depressed person, to someone who laughs and jokes. They have bonded with staff and made two friends. [Name of person] is really happy."

Respecting and promoting people's privacy, dignity and independence

- Care plans promoted people's independence. Describing what people could do for themselves and where they needed support.
- Staff were observed supporting people with respect and dignity. One relative said, "[Staff] know [relative] is a private person and they respect that." Another relative said, "[Name of person] is totally respected. They've [staff] got to know the person they were before."
- Staff were observed engaging in different styles of communication with people. A relative said, "[Staff] speak nicely to [Name of relative]." Another relative said, "Staff are very patient."

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

- People's care plans reflected their views and opinions of how they would like care and support to be received.
- The service had been given several compliments. One compliment read, 'You treated [Name of person] with utmost care and compassion. All of you were so caring, warm and friendly and you made us feel like nothing was too much trouble. You took the time to get to know [Name of person] likes and dislikes and you could not have been kinder to us. Your home was clean and warm and bedroom was so comfy and cosy.' Another compliment said, "I cannot stress enough how much I appreciate the care given by everyone at Annabel House. You got [Name of person] smiling again."

Is the service responsive?

Our findings

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

This is the first rating for this domain. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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.

- Information was shown in some different communication formats. The noticeboard in the dining room which displayed information such as the menu, date and time was not always accurate. This may be confusing for people in orientating themselves and making daily choices.
- The manager acknowledged the format of information displayed could be developed to be more accessible to people. For example, the menu and complaints procedure.

We recommend the service considers how information is shown to support people's communication needs.

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

- Care plans gave an overview of people's history, interests and areas that were important for them. For example, one care plan showed how a person's previous employment and interests affected their sleeping routines.
- Care plans described people's preferences. For example, one care plan described their preferred hairstyle and how they liked it cut. One relative said, "They do [Name of person] hair and nails and their clothes are immaculate. That's important to them."
- Care plans directed staff how to support people in a person-centred way. For example, if a person did not wish for care and support the strategies in place to support them at another time. Relatives told us people could get up and bathe when they wished.

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

- People chose how they spent their time. A range of activities were on offer. Such as table tennis, word games, arts and crafts and armchair exercises. A relative said, "They get [Name of person] to do things they never did before. They didn't want to get up before. Now they are up all day." People had visitors and went out with family and friends.
- We observed staff engaging people in one to one activities. For example, colouring, chatting, and beauty therapies. A relative said, "[Name of staff] has been very good. They realised [Name of person] is quite reclusive and have drawn them out. [Name of person] is much more happy and content."

Improving care quality in response to complaints or concerns

- People, relatives and staff were encouraged to raise concerns and complaints. The complaint procedure was displayed in people's rooms.
- Concerns and complaints were investigated and responded to. One relative said a complaint they had raised was handled, "Very well." The home was open and honest when things could have been done better and actions were taken to make changes.

End of life care and support

- People's end of life wishes were documented in their care plan. The service had been complimented on the care and support people received at the end of their life. One relative said, "Thank-you for your wonderful care and support."

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had not ensured governance systems monitored and reduced the risk in relation to COVID-19. The provider had not ensured systems were operated effectively for staff testing for COVID-19. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Audits were conducted regularly by managers and the provider. These monitored areas such as medicines, training and infection control. COVID-19 testing systems for staff were operated effectively and regularly checked.
- Recruitment audits did not review people's right to work or name change. The manager said this would be included in future audits. Care plan audits had been identified for further development.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.
- The provider had displayed their CQC assessment rating at the service and on their website.
- Staff told us they had seen positive changes in the service. One staff member said, "There has been good changes with management." Another staff member told us about the accessibility of the provider and how they encouraged staff to raise any concerns directly.

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

- People, relatives and staff told us the service was well-led and managed. A relative said, "[The manager] is very accessible." Another relative said, "I can talk to the manager or they come and find me when I visit."
- There was a positive staff team and culture. One staff member said, "We are a good little team. Staff are flexible and all help out."

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 and manager fully understood the duty of candour legislation. Relatives said they were well

informed, and the managers were approachable. A relative said, "We're told about things that happen. Things aren't swept under the carpet."

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

- Systems were in place to communicate information to the staff team. Changes had been made in daily recording to ensure this was more effective. Regular staff meetings were held. One staff member said, "I am comfortable raising anything."

Continuous learning and improving care; Working in partnership with others

- Surveys had been completed with people, professionals, staff and relatives. Overall results were positive. Comments included, 'A good service keep it up,' and 'Really appreciate the care you have shown [Name of person].' Individual areas had been followed up and actions taken where identified.
- The service had worked to make changes and ensure systems were organised and effective.
- The home had effective working relationships with healthcare professionals.