Annacliffe Ltd

Annacliffe Residential Home

Inspection report

Annacliffe Limited
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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

The inspection visit at Annacliffe Residential Home was undertaken on 28 and 29 June 2016 and was unannounced.

This is a large residential care home situated close to Blackpool town centre. Parking facilities are available at the front of the home. The home offers accommodation for a maximum of 46 people who require nursing or personal care. At the time of the inspection, 41 people were living at the home. There are ensuite facilities and lift access to all floors. A number of lounges are available so people can choose where to relax. There is a large garden at the rear for people to access. There is ramp access to the home for people with mobility problems. At the time of our inspection, there was building work on site as the provider was having a unit built alongside the main building. The unit will specialise in the care and support of up to 14 people with dementia.

The service did not have a registered manager. 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. There was an interim manager to guide and support the newly appointed manager. The new manager was in the process of submitting their application to become registered manager at the time of our inspection.

At the last inspection on 12 November 2013, we found the provider was meeting the requirements of the regulations inspected.

During this inspection, staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The provider had recruitment and selection procedures to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service.

Staff responsible for administering medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and there were appropriate arrangements for storing medicines.

Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Comments we received demonstrated people were satisfied with their care. The management and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the management team were accessible, supportive, approachable and had listened and acted on concerns raised.

The general manager had sought feedback from people who lived at the home and staff. They had consulted with people and their relatives for input on how the service could continually improve. The provider had regularly completed a range of audits to maintain people's safety and welfare.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff that were aware of the assessments to reduce potential harm to people.

There was enough staff available to meet people's needs, wants and wishes. Recruitment procedures the service had were safe.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The management team were aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People who lived at the home told us they were treated with dignity, kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People and their families were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

People received care that was person centred and responsive to their needs likes and dislikes.

The provider gave people a flexible service, which responded to their changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well led.

The provider had ensured there were clear lines of responsibility and accountability within the management team.

The management team had a visible presence throughout the home. People and staff we spoke with felt the provider and the management team were supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people, their relatives and staff.

Annacliffe Residential Home

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.

The inspection team consisted of two adult social care inspectors.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone was able to tell us about their experiences of life at the home. This was because people were living with dementia and had complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with the people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included the general manager and three members of the management team, seven staff and seven people who lived at the home. We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to five people who lived at Annacliffe Residential Home and five staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People we spoke with told us the reason they felt safe was that staff responded promptly to their requests for help. One person told us, "When I press the buzzer the staff, come straight away." A second person told us, "I feel safe here because there is always staff around all the time."

During the inspection, we took a tour of the home, including bedrooms, the laundry room, bathrooms, the kitchen and communal areas of the home. We found these areas were clean, tidy, well maintained and smelt pleasant throughout. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary.

The water temperature was checked from taps in eight bedrooms, two bathrooms and one toilet; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. We checked the same rooms for window restrictors and found one bedroom and one shower room did not have operational restrictors fitted. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling. We spoke with the general manager about our findings and the windows were made safe that day. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

There were procedures to enable staff to raise an alert to minimise the potential risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we looked at showed staff had received related information to underpin their knowledge and understanding.

When asked about safeguarding people from abuse one staff member told us, "It's my job to make sure people are safe. I couldn't live with myself if people weren't safe" When asked what they would do if they had any concerns about abuse, staff told us they would report any concerns to the manager. They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC) if they felt that to be necessary. This showed the management team had a framework to train staff to protect people from abuse.

We checked how accidents and incidents had been recorded and responded to at Annacliffe Residential Home. Any accidents, incidents or pressure sores were recorded and shared with the local authority. The local authority audited the information and returned it to the provider. They worked in partnership with the local authority to keep people safe and prevent hospital admissions. The management team told us they analysed this information and looked for the causes of the incidents. The general manager told us, by recording and analysing the information, the number of falls occurring had reduced. There was also a daily morning meeting with staff to discuss people's care and daily appointments. Staff we spoke with had knowledge of who was at high risk of having an accident or incident.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the care centre. We found the provider had followed safe practices in relation to the recruitment of

new staff. We looked at five staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees.

We looked at staffing levels, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. One person told us, "The last place I lived in felt isolated, but not here. There are staff coming in and out of the lounges, it gives me peace of mind." Throughout our inspection, we tested the call bell system and found staff responded in a timely manner. We saw the deployment of staff throughout the day was organised by the senior carer and documented in a workbook. We saw details within the workbook showed staff where to be within the home and what tasks they had been allocated.

During the inspection, we observed medicines administration and could determine this was carried out safely. The medicines were locked in a secured medicine trolley when unattended. The staff member administered people's medicines by concentrating on one person at a time. We checked how staff stored and stock checked controlled drugs. We noted this followed current National Institute for Health and Care Excellence (NICE) guidelines. There was a clear audit trail of medicines received and administered. This showed the medicines were managed safely. Related medicine documents we looked at were clear, comprehensive and fully completed.

Good

Is the service effective?

Our findings

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training on their appointment. They told us the training they received was provided at a good level and relevant to the work undertaken. Two staff members told us what they had learned on a course and how to put it into use in the workplace. For example, they shared how to make the home dementia friendly using pictures instead of words on signs. They talked about appropriate flooring to ensure people living with dementia felt safe. This showed the provider had delivered training that gave staff the skills and knowledge to support people effectively.

Staff told us their training was thorough, effective and on-going. We were told induction consisted of a four day training course plus up to 50 hours shadowing experienced staff. One staff member told us, "The shadowing was observation only, not personal care. They did a brilliant job of training me up. At the end, I knew every resident's name and all the small things like whether they preferred tea or coffee." A second staff member told us, "The training is constant." A third member of staff confirmed, "I have loads of courses coming up." This showed the provider had a structured system that ensured staff had the skills and knowledge needed to carry out their role.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their training needs, role and responsibilities. Regarding supervision a staff member said, "I have supervision every few months, its good."

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

The management team demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The manager was aware of the changes in DoLS practices and had adopted policies and procedures regarding the MCA and DoLS. On the day of our inspection, we noted a member of the management team had attended a best interest meeting with the community mental health team, GP and family members of a person living with dementia. During our inspection, we saw a member of the management team discuss and submit a DoLS application. We saw evidence in the care plans of mental capacity assessments and DoLS applications and paperwork. We also saw best interest decisions in people's care plans.

On the day of inspection, we observed lunchtime. People had the choice of moving to one of the dining rooms or remaining in their bedroom to eat lunch. One person told us, "I don't like going to the dining room so I have my meal up here [bedroom]. The staff don't mind but encourage me to go down and join the others." A choice of foods was available. One person told us, "We have a choice, if you don't like the food offered they will always make you an omelette or something." The food looked appetising and plentiful and staff served the accompanying vegetables and gravy at the table. This allowed people to request as much or as little as they wanted. One person who lived at the home told us, "You cannot fault the food, always hot and plenty of it, should you want it." Many conversations took place over the meal table between people who lived at the home and staff. It was a relaxed, social experience. For example, we saw one person's relative had chosen to stay and have lunch with their family member in the dining room. We observed staff enquiring if people had enjoyed their meal. One person told a staff member the meal was "Spot on." Drinks were as and when people wanted, or from a drinks trolley which we observed was taken round in the morning and afternoon.

We visited the kitchens and saw the kitchen was clean, tidy and well stocked with foods and fresh produce. We were told all meals were home cooked and freshly prepared. This included using the rhubarb, strawberries and apples grown in the garden. The chef had knowledge of special diets and the preferences of people who lived at the home. Cleaning schedules for the kitchen ensured people were protected against the risks of poor food hygiene. This showed people were protected against the risks of dehydration and malnutrition.

The provider and catering team had knowledge of the food standards agency regulations on food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The provider had received a food hygiene rating of four. Services are given their hygiene rating when it is inspected by a food safety officer. The top rating available is five, which means the home was found to have good hygiene standards.

Staff had documented involvement from several healthcare agencies to manage health and behavioural needs. We observed this was done in an effective and timely manner. Several records we looked at showed involvement from GPs, nurses and dentists. For example, one person visited the dentist on the day of our inspection. Later that day, we attended a handover meeting between staff. We noted the dentist visit was discussed and staff coming on shift were informed what treatment had taken place and what aftercare was required. One staff member told us, "Anything happens we get the GP or nurse in. We have to be on the ball, it's important." This confirmed good communication protocols were in place for people to receive effective support with their healthcare needs.

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were friendly and caring. One person told us, "We have excellent caring staff. You cannot say anything different." We discussed care with a second person who said, "They [the staff] are all good, respectful and kind." A third person commented, "The staff treat me with dignity and patience, that is all I ask for. All the staff do that."

As part of our SOFI observation process, we witnessed good interactions and communication between staff and people who lived at the home. Staff walked with people at their pace and when communicating got down to their level and used eye contact. They spent time actively listening and responding to people's questions. We observed one person being transferred by staff from a wheelchair to a chair. The two staff members talked through what was happening, they took their time and reassured the person throughout the procedure.

When speaking with people who lived at the home and staff, it was evident positive, caring relationships had developed. We saw a staff member singing as they worked. One person good-humouredly shouted, telling them to be quiet. This resulted in the staff member entering into friendly banter with the person, which they enjoyed. We saw a list of birthdays of the people in the home. We were told everyone gets a birthday present and a birthday cake. People also received a chocolate egg at Easter and a Christmas present. A member of the management team told us it was a nice thing they were able to do for someone.

One person stored their chocolate bars in the office. There were no restrictions on how many they could have a day. We were told by the general manager it was their choice and was done to remove the temptation to eat them all at once. We observed the person visit the office several times to gain a chocolate bar. It was apparent the person valued the conversation and jokes with members of the management team that accompanied the collection of the chocolate as much as the chocolate bar itself.

Annacliffe Residential Home had builders on site whilst the dementia unit was being built. People who lived at the home had taken an interest in the progress of the build. Updates on the new building were included in residents meetings. The provider had told people they would hold an open day just for people at the home. They would let people be the first to look around the unit. This showed the provider cared and wanted to maintain positive relationships.

Relatives we spoke with told us they were made to feel welcome and there were no restrictions on when they could visit. One person confirmed this, "My family come any time, day or night. There are no restrictions." When we looked in people's bedrooms, we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Care files we checked contained records of people's preferred means of address, meal options and how they wished to be supported. For example, one person had chosen to grow a beard, as they didn't like to shave. A second person's file guided staff to offer plenty of reassurance and support, as they could be anxious. This

showed the provider had listened and guided staff to interact with people in a caring manner. People supported by the service told us they had been involved in their care planning arrangements. We saw people had signed consent to care forms which confirmed this.

We spoke with the manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge and told us they had used advocates in the past. At the time of our inspection, no one at Annacliffe Residential Home had an advocate.

Some of the care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from the person, families and/or health care professionals. Not all care plans had a DNACPR as people had chosen not to discuss the subject. Within the home, there were 'dying matters' leaflets. These leaflets guided people on how to share important information on the subject of dying, and how to share any strong wishes people may have. One staff member told us, "When someone is at end of life we sit with them. We don't want them to be on their own." This showed the provider respected people's decisions and guided staff about positive end of life care.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person told us, "The head lady [manager] helps me out a lot, and she doesn't have to." Within each person's care record, there was a one page profile that provided a pen picture of the person. There was information about people's communication, daily life, cultural preferences and spiritual beliefs. Care plans provided staff with detail about people's preferred name, their GP details, past and present medical history, mobility, dietary and personal care needs. There was information on how to reassure someone if they became anxious, and preferences on which staff to support them with their personal care. One male staff member told us he always asks people if they would prefer a female carer. If they do, then a female carer delivers the support.

We observed one person request their lunch during the morning. The staff member explained it was early and not quite lunchtime. The person told the staff member they wanted something to eat, they were hungry. The staff member chatted with the person and suggested a cup of tea and some toast. We spoke with the staff member afterwards who told us about a training course they had been on for people living with dementia. They told us they responded by imagining how the person is thinking and feeling. This showed the provider had trained staff to listen and respond to people appropriately.

We asked about activities at Annacliffe Residential Home. Care staff and a volunteer ensured activities took place on a daily basis. One person told us, "There is a lady that comes [the volunteer] who does games and things if you like that sort of thing." There was a singer that visited fortnightly. A second person commented, "The activities here are good, I join in with the singer." A third person said, "There is always something going on, and the singer is lovely."

At the back of the building was a large landscaped garden. This was separated into different areas with several benches for people to sit and relax. There was a large water feature, a sensory garden and raised containers that allowed people to grow their own flowers. We saw one person had an area to tend to flowers brought in by their grandchildren.

There were photographs on the wall from a recent holiday where several people had been to Llandudno. One person told us, "The trip to Wales was fantastic." A member of staff told us, "The holidays are good, but tiring. They all deserve it." The general manager told us at a recent residents meeting people had requested to go again. This was to be arranged nearer to Christmas.

Photographs were taken during all activities and, with permission, were then put onto Annacliffe Residential Home's social media page. The manager explained the page was for family and friends to access to see what was happening at the home. The page can only be accessed by people who have permission and cannot be seen by members of the public. This showed the provider was creative in valuing and sharing people's experiences.

All people who lived at the home had received a personal written invitation to attend the latest residents meeting. At the meeting the manager used flip charts to clearly emphasise what was happening at the home

and to plan for the future. People had requested some day trips to local activities. The manager told us they had been in contact with local mini bus services and had arranged a special entrance rate with the local zoo. People at the meeting also expressed a wish to shop for personal items. The manager told us they had contacted a national store who had agreed to let the provider buy items on a sale or return basis. It was planned to set up a shopping area in the home once a month for people to view and buy clothes and sweets. The provider told us they had been able to get supermarket shopping baskets for people to hold whilst shopping. This showed us the management team listened to people and was responsive. They recognised activities were essential and provided a varied timetable to stimulate and maintain people's social health.

There was an up to date complaints policy. People and their relatives we spoke with stated they would not have any reservations in making a complaint. Regarding complaints one person told us, "At present I have never had to, but don't worry, I would and I know how to." We saw written evidence of two complaints, which had been investigated, resolved and had an outcome noted. This showed the provider had a procedure to manage complaints. They listened to people's concerns and were responsive.

Good

Is the service well-led?

Our findings

People and staff we spoke with felt the management team were supportive and approachable. We overheard one person ask the general manager for support. Their response was, "Of course I can, I am here to help." One staff member told us, "If we need anything, they are always there to listen and to help." A second staff member told us, "They make you feel you can go to them about anything. It's good." A relative told us about the home, "Most staff have been here a while. That's a good sign."

The service demonstrated good management and leadership. There was a clear line of management responsibility throughout Annacliffe Residential Home. The provider had recently introduced a general manager role to work alongside the registered manager. They told us this was to allow the registered manager to concentrate on the care of people.

The home had a framed roll of honour in the reception area. This identified staff had been given the ABCD award. The award was for staff that went 'above and beyond the call of duty' and was voted for by people living in the home. The winning staff member got to wear a badge of recognition and was given a monetary prize. The manager told us they had many staff that cared and did extra for the people they supported. They told us it was important they recognised what staff did. One staff member told us, "It's nice to know you are appreciated." This showed the management team valued and motivated staff.

We saw the provider had worked successfully within the local community. For example, they had won a certificate of recognition from Blackpool and Fylde College for 'Placement Provider' 2016. This involved students volunteering at the home to gain knowledge and skills in the health and social care industry. The general manager told us volunteers were mentored by staff, they shadowed experienced staff and were security cleared as suitable for the role.

We saw minutes which indicated regular team meetings took place. The meetings had recently changed, domestics, carers and senior staff all now had separate meetings. One staff member told us, "The meetings are good, we get a lot covered. The management team have made changes based on what we have said." The general manager told us they had given out job descriptions at the last meeting. They told us this was so staff knew what their role was. This showed the provider was leading the service and ensuring staff were responsible and accountable.

The general manager had procedures to monitor the quality of the service being provided. Regular audits had been completed by the management team. These included monitoring the environment and equipment, maintenance of the building, infection prevention, reviewing care plan records and medication procedures. For example, the general manager had recently employed an expert in fire safety to tour the building and train the management team on how to identify potential hazards. There was a current fire safety log and fire risk assessment. People had a personal emergency evacuation plan in place, which was completed as part of their admission to the home.

We noted outside contractors had been used to update the emergency lighting and for regular legionella

checks. Any areas of concern were discussed at the daily management meeting. Any areas requiring repair were documented for the on-site maintenance man to complete. This meant the provider monitored and maintained the home to protect people's safety and well-being.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.