

Delphine Homecare Limited

Annabel House Care Centre

Inspection report

57 Bristol Road Lower
Weston-super-Mare
Somerset
BS23 2PX

Tel: 01934416648
Website: www.annabelhouse.co.uk

Date of inspection visit:
10 July 2018

Date of publication:
22 August 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

Annabel House 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.

Annabel House is in a residential street in Weston Super Mare, close to local amenities and with onsite parking. Accommodation is offered over two floors and there is a mixture of single and double bedrooms. Communal spaces include two lounges and a kitchen-dining area, the garden is accessible and there is a decking area for people to use on the first floor.

The home is registered to provide nursing and personal care for up to 30 people.

During our inspection there were 23 people living in the home.

This inspection of Annabel House was carried out on the 10 July 2018 and was unannounced.

We last inspected Annabel House on the 7 and 8 July 2016 and during this inspection a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The manager had made improvements to the service to ensure that the requirements of this regulation were met. Two activity coordinators were now working in the home and they had introduced meaningful and varied activities; people's areas of interests were identified and activities designed with those in mind. Improvements made regarding the management of medicines and pressure care have been sustained.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLs) and to report what we find. We saw that when people lacked capacity to make decisions for themselves that staff understood the requirement to work within the Act.

People were supported to ensure that they had enough to eat and drink. There was a choice of food available and people spoke positively about the food. When required, food and fluid intake was recorded accurately.

People received care and support from staff who were safely recruited and benefited from training and supervision to enable them to meet people's needs.

Staff treated people with kindness, respect and ensured that people's dignity was protected. Preferences, likes and dislikes were recorded and these were understood by staff.

People's health and social care needs had been identified and risk assessments and care plans developed

to guide staff in meeting these needs.

People, staff and relatives spoke positively about the manager and were well supported. Frequent team, staff and relative meetings were used to ensure that communication remained open and honest and contributed to positive outcomes for people.

The manager ensured that staffing levels were maintained at a safe level to ensure that people's needs were met, this included managing the types of staff required e.g. nurse/care assistant in relation to the needs of people living at the service.

There was a programme of quality audits in place and these were used effectively by the manager to identify themes, create action plans and make changes.

Prior to our inspection, we looked at the service's website to check that the most recent rating was being displayed. There was a link to the inspection report however the ratings were not displayed on the website.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.

The most recent inspection report was not being displayed in the service. We brought this to the attention of the manager. They informed us that they were unsure where the report was and that it had been displayed at some point.

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

Comprehensive and accessible policies and procedures were in place to keep people safe from harm

The service reviewed incidents and occurrences to ensure that lessons were learned and appropriate actions taken. This meant that the service was continuously improving.

The service managed medication safely, errors were identified and corrective actions taken

Is the service effective?

Good 

The service was effective

People who required them had a DoLS in place and this meant that people were only deprived of their liberty when it was in their best interest

Food and drink was managed in a way that people were not put at risk from malnutrition and dehydration

Staff received training in line with job requirements and this means that care was provided safely.

Overall the service worked in accordance with the Mental Capacity Act 2005. However, during our inspection, we had identified that capacity assessments and best interest decisions had not been completed for two people sharing a room. These were completed after our inspection.

Is the service caring?

Good 

The service was caring

We observed many kind and caring interactions between staff and people living at the service.

People and their relatives were encouraged to express their views and engage with activities offered by the service.

People were encouraged to be independent and remain mobile

Is the service responsive?

Good ●

The service was responsive

Care plans were personalised and this ensured that people were receiving care that was right for them.

The service responded to complaints in a timely manner and actions were taken. This allowed improvements to be made to the service.

End of life care planning was evident however this was an area that we highlighted for development.

Is the service well-led?

Requires Improvement ●

The service was not well-led in all aspects

The provider was not displaying their rating conspicuously as required.

Staff, people and relatives spoke positively about the management team.

The service worked to build relationships with people and organisations. This meant that people were receiving care and treatment in accordance with their needs.

There was a positive culture in the service and team members worked together to ensure positive outcomes for people.

Annabel House Care Centre

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 three inspectors and an expert by experience. Experts by experience are people who have personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

We spoke with seven people using the service and five relatives. We interviewed eight staff, including the manager.

We looked at four staff files, seven care plans, the falls analysis document, medication audit and associated action plans. We reviewed the accident and incident forms, audit and associated analysis and action plans, staffing rotas and the staffing dependency tool that covered the period of one. We looked at staff training and induction records.

We reviewed various policies and procedures, including safeguarding, whistleblowing, complaints and the consent to care policy. We also undertook pathway tracking; pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We also observed interactions between staff and staff and people.

Is the service safe?

Our findings

People told us they felt safe and the provider had systems in place to protect people. Comments from relatives included "I feel it [the service] is 100% safe in all ways" and "I have no concerns, the staff are lovely, very proactive, we are happy leaving [relative], feel relaxed and can go on holiday"

The staff we spoke with demonstrated a good understanding of safeguarding adults and could identify potential indicators of abuse, comments included; "a person may become withdrawn or nervous but the symptoms depend on the type of abuse". All staff had received safeguarding adults training. There were clear policies and procedures in place to ensure people were safeguarded from abuse, these included types and definitions of abuse, potential signs of abuse and highlighted the importance of partnership working when dealing with potential abuse. The provider had made safeguarding referrals to the local authority and had notified the Care Quality Commission in accordance with their legal responsibility. The provider had a comprehensive and user-friendly whistle-blowing policy in place.

Risk assessments and plans were in place to guide staff on how to keep people safe. Risk assessments were in place for areas such as falls, mobility, food and fluid and skin integrity. Assessments contained clear guidance for staff on how to support people safely and minimise risks. For example, one person's mobility could be variable. The risk assessment guided staff to assess the person's needs at the time and explained the mobility equipment which would then be appropriate. This enabled and promoted people's independence whilst keeping people safe.

There were enough staff available to meet people's needs. The provider used a dependency tool to assess the deployment of staff across the service and the different skills of staff required, for example, care assistants and nurses. The tool was reviewed when people's needs changed and this indicated the number of staff required. Safe staffing levels were maintained and agency staff used to ensure all shifts were covered. One person said, "There is enough care".

The provider had safe recruitment processes in place. Checks included two references, an identity check and an enhanced Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Most staff had been recruited safely, however during our inspection we found the provider did not have photographic identification and proof of address for two members of staff. We brought this to the attention of the manager, who said that this would be addressed. One staff member had two references in place, however this did not include a reference from their most recent employer. The provider carried out a risk assessment before employing staff who had previous convictions or were unable to supply two recent references.

People received their medicines as prescribed. Ordering, storage and disposal of medications was in accordance with the provider's policy. Actions suggested during a visit by the local pharmacy had been implemented by the service. A senior member of staff told us; "I am happy that medicines are safely managed".

Within the last six months there had been seven medication errors which had been identified through the service's medicines audit. Medical advice had been sought and no adverse effects had been reported. The manager had developed and implemented an action plan that included immediate supervision, competency testing and re-training for staff involved.

Staff could describe how to identify if a person living with dementia may be experiencing pain but unable to verbalise this. A member of staff said, "We look at behaviour and non-verbal body language, agitation and any grimacing when moved." They described having done this for one person who, once prescribed pain relief, became less agitated.

People were protected from the risk of infection. Staff wore personal protective equipment such as gloves and aprons before delivering any care. The environment was clean and there were no offensive smells one relative said, "It's [the home] always clean and tidy"

There were clear procedures in place to manage laundry. One member of staff told us, "I wear rubber gloves when handling red bags with soiled laundry. We have access to personal protective equipment, aprons and gloves." People had individual specialist equipment such as slide sheets or slings, and they were stored in the person's room. This minimised the risks of cross-contamination.

The manager ensured that lessons were learned and improvements made when things went wrong. The registered manager analysed accidents and incidents and identified the most frequent incident was people falling. The registered manager responded by ensuring that beds were lowered so that they were closer to the floor, introduced mats that provided a soft area for people to fall on to and ensured regular welfare checks. However, one person's individual falls analysis record had not been fully completed. This person had fallen nine times in a three-month period. This meant the provider could not be sure they had identified any circumstances which increased the person's risk of falling in order to put measures in place to reduce this. The manager had re-designed communication forms due to a high number of errors being made when they were completed. They told us that the forms were now more user friendly and as a result less mistakes were being made.

Is the service effective?

Our findings

People received care that was effective and that ensured positive outcomes for people. Prior to moving into the service, people were visited and an assessment was completed. This process included considerations about the people already living in the service and if they were compatible. One member of staff told us about a person who had been unable to walk when they first moved into the service. The staff had worked with the person and they were now able to walk a short distance. One relative told us that another person had gained weight and that they were now happy with how their relative looked. Staff worked well with healthcare professionals. For example, when a person developed a pressure wound, the service had contacted and worked with a tissue viability nurse to manage the wound and we saw evidence during our inspection that the wound was healing. A GP visited people fortnightly or as required to check on their health.

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 that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's rights were upheld as assessments of people's capacity were assessed where appropriate and a best interest meeting was conducted when required. Records showed who was involved in the specific decision being made.

However, during our inspection we identified that the service had failed to record best interests' decisions for two people who were sharing a room. We were informed that the people did not have had capacity to consent to this decision and a mental capacity assessment and best interest decision would have taken place. However, there was no evidence of this. One of the people could have disturbed night routines. Whilst we were informed sharing a room had improved their night routine and they were now more settled the impact and effect on the other person had not been assessed. In addition, neither person's care file referred to them sharing a room. This meant that people's routines and preferences may have been different. We brought this to the attention of the registered manager who ensured that mental capacity assessments and best interest decisions were completed and recorded after our inspection. The service submitted evidence to us that these had been completed.

Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The manager had made appropriate DoLS applications for people living at the service. An overview was in place which documented when parts of the process had been completed. No one at the service currently had any conditions in place. The manager had a system in place to monitor conditions when this was applicable. Staff were made aware of people's DoLS status within their care plan and through handover.

Staff received training in the Mental Capacity Act (MCA) 2005. They demonstrated a good understanding of how the MCA should be applied in practice. Comments from staff members included "the Mental Capacity Act is to protect people who can't make their own decisions" and "this is their home, their choice and their lives"

People's right to give or withhold consent was discussed and promoted within the service in staff meetings, care plans and during staff handover. There was a consent to care policy in place and this encouraged staff to 'empower its residents' to consent to care.

During a staff meeting in April 2018, the manager had reminded staff of the importance of gaining consent from people regarding the use of clothes protectors. However, during lunchtime, we observed a member of staff applying clothes protectors without properly gaining consent. After the clothes protector was applied, the staff member checked to see if the person was comfortable and explained why the protector was necessary. The registered manager contacted us after the inspection to inform us that they had spoken with all staff once again to remind them of the importance of gaining consent.

Staff were trained and supervised, comments from staff included; "I've had a two-way supervision, happy at the outcome" and, "I have supervision every month. It is supportive". New staff completed an induction programme before they began working at the service. This included orientation to systems and processes of the service, getting to know people through shadow working and mandatory training such as moving and handling, fire safety and health and safety. Competency and knowledge was monitored through assessments.

The provider had adapted the service to meet the needs of people living with dementia. Doorways were brightly painted in different colours to aid identification. Doors were clearly labelled to help orientate people. For example, doors with signs for the laundry, kitchen, linen cupboard and basement. There were pictures around the service of significant events such as the Queen's coronation and the first man landing on the moon. There were items to touch, feel, watch and explore in communal areas and corridors, such as wool toy animals hanging up on the railings in the corridor, wood carvings on the wall, a dolls house and a fish tank.

People received a choice of healthy and varied food including homemade cakes. All meals were cooked on site and people were shown two plates with the food choices so they could choose, this was also available for people who were eating in their rooms. Kitchen staff had a list of any special diets or allergies. The chef told us that communication between the care staff and catering was very good and they were told about any special diets promptly. Comments from people included, "The food is good, top marks, I get a choice I like bacon and egg for breakfast., favourites are chicken and beef and rice pudding – I eat in the dining room" and, "We get a choice [of food] at lunch time, the evening is more of a snack, lightweight"

At the time of our inspection there had been a period of hot weather. Staff told us "We offer people a drink every hour, they don't always take it but we do offer. There were eight people having their fluid intake monitored and the charts included the target amounts and the amounts consumed. We observed accurate recording of people's food and fluid intake.

Is the service caring?

Our findings

People were complimentary about the staff. Comments from relatives included "they [staff members] are thoughtful, when my mother comes in they often ensure there is a double settee so we can sit together", people are "so well looked after, "[When needed] Care is here instantly" and, "The ladies are very good, they look after me". Interactions between staff members and people were respectful and people were treated in a dignified way.

We observed many caring and kind interactions between staff members and people using the service. One person was walking the corridor and then later trying to open the front door, staff approached the person and engaged with them, either walking with them or using distraction techniques to help the person to move away from the door. Care staff were discreet when responding to people's requests to go to the toilet. We observed staff members using touch positively, including holding a person's hand and gently smoothing a person's face. Comments from relatives during this inspection included "They [staff] are very responsive" and "the staff are always very warm and welcoming and offer tea etc."

Staff knew people well and had good relationships with them. Two staff members were supporting a person to move rooms for their meal however the person was not responsive to them. The staff members then requested that a different member of the team intervene and try to assist the person into the dining room for lunch. The person's face lit up when they saw this staff member and the person said, "Hello." They held out their hands to the staff member indicating they were ready to accept the help required for them to move.

People were encouraged to be independent. One person said, "I am very independent, I have a care plan but I can do most things shower, etc. and they let me get on with it". People moved around the service as they wished and in their own time, or were supported to move to different areas of their choice. Staff encouraged people to take part in cleaning and tidying if they wished. Before lunch, one person sorted the clothes protectors, folding them and placing them back into their box. Another person pushed the cleaning trolley and engaged in tasks in the office with a staff member.

People were offered emotional support by staff. One relative said; "There is a very stable staff group who know people, they know her, she has issues and moods but the staff are very good with her. They would listen to her and have kept her very stable. I feel safe to leave her here and go on holiday".

People were encouraged to express their sexuality "within boundaries of decency and dignity" and the 'respecting core values' policy was designed to ensure that the service ensured that practises were non-discriminatory and considered the protected characteristics. Protected characteristics are outlined in the Equality Act and include, among others, gender, age and sexual orientation.

Where able, people were aware that there was a care plan in place. People and relatives were involved in the care planning process. Comments from people included; "care plans – yes there is one, I was part of doing it" and comments from relatives included; "I have been involved in the care plan – I am coming back

tomorrow to read the updated one" and "Mum does the care plan, she has capacity".

"People received personalised care which was responsive to their needs". Care plans included details about people's like, dislikes, wishes and preferences. One record stated; "Likes to have supper and a hot drink before being assisted to bed which is usually between 7-8pm." and "likes most food, likes sweet things, prefers to drink coffee rather than tea. The 'This is me' document was completed by family members and included in the care plan. This document highlights and communicates important information about who the person is to staff or external professionals who may be supporting them.

Is the service responsive?

Our findings

At our previous inspection in July 2016 we found that people did not have access to sufficient activities. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the provider had not ensured that there were enough activities available and people were unable to pursue their interests.

At this inspection we found improvements had been made. The provider had developed a programme of activities and people were now encouraged to pursue their interests. The provider has now met the requirements of this regulation.

There were designated staff in place to support activities which were individualised, creative and catered for people's changing needs. An activity schedule with upcoming activities was displayed in the conservatory entrance.

Activity staff knew people well and had had devised activities that were individualised. The activity team spent one to one time with people. Staff engaged people in different activities such as puzzles, art and conversation. We observed a staff member with a person who had been stroking and straightening the tablecloth. A staff member sat with them with fabric samples, feeling the material, engaging in conversation about the different designs and discussing the cost of the fabrics.

The service encouraged people and their relatives' to be involved in decisions about their care, support and treatment. There were regular meetings involving people and their relatives. During one resident's meeting a relative had suggested having some DVD afternoons as the person's relative, "Really used to enjoy 'Dad's Army'". There were DVDs available in the lounge and there was a 'Dad's Army' day planned later in July.

The service was in the process of introducing 'residents' boxes'. The service was working with relatives to put meaningful items and photos into boxes so that people could use the boxes and engage with their past. We saw one of the boxes that included photographs that had captured moments throughout the person's life and, a relative had provided detailed descriptions about who was in the photograph and when it was taken. Other items included: shells from holidays and, items that were of significance to the person including parts of a uniform and crafts the person had created.

During a residents and relatives meeting, people had discussed introducing a lifelike electronic cat into the home, the cat meowed and moved their head. The service organised a fundraising activity to buy the cat and a relative contributed the outstanding balance. We observed people positively interacting with the cat and they were smiling and stroking the cat.

The service was responsive to complaints. We reviewed the complaints and saw that no complaints had been made during 2018. Complaints made to the service in 2017 had been responded to in a timely manner and appropriate actions taken. For example, the provider had engaged with a local business and they were visiting the home to provide people with a service. The provider received complaints about the quality of

service being offered and researched local alternatives. The provider now works with a different business and there have been no more complaints.

The complaints procedure was in easy read format displayed on the noticeboard, accessible to people and visitors.

The service maintained a compliments log and comments included, "It's been a huge relief to know [person's name] was being looked after by a kind, supportive and professional team" and, "You made his last place a wonderful home for him".

The amount of information contained within the end of life care plans was variable and one person's end of life care plan had not been fully completed. The manager acknowledged that this was an area for development and there was no evidence to suggest that this was having a negative impact on the care that people received.

Is the service well-led?

Our findings

Aspects of the service were not well led. The provider had failed to display their most recent inspection reports in the home and on the website as required.

Prior to our inspection, we looked at the service's website to check that the most recent rating was being displayed. There was a link to the inspection report however the ratings were not displayed on the website.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.

The most recent inspection report was not being displayed in the service. We brought this to the attention of the manager. They informed us that they were unsure where the report was and that it had been displayed at some point.

After the inspection the manager informed us that the report had been in a plastic wallet in the reception area and that it may have been removed as the result of a staff member cleaning. The manager told us that they had removed the report from the plastic wallet, placed it in a frame and that it was now on display.

Staff we spoke with were positive about both the manager and senior staff. Comments included, "I have no issues, anything that was an issue would be taken to the manager who is approachable", "I love working here" and "the manager is very supportive, dementia care was very new to me but the management are brilliant, if you're not sure of something they are always there to help you". Comments from relatives included, "The manager is good, ensures it all works" and, "They are brilliant, on top of things as they happen so no crises".

The manager had moved their office from the basement to a more integral part of the home, close to the lounges and reception area to be more accessible to people, staff and relatives.

At the time of our inspection, the manager had completed the interview required to register with the Care Quality Commission and was awaiting the outcome. 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.

The provider had a comprehensive programme of quality audits were analysed for trends and action plans created. These audits include: appraisal and supervision, environmental audit, equality and diversity audit. The provider used a training matrix to identify which staff required training and what training was required.

Surveys were completed twice a year with people, staff and relatives. We reviewed the results from January 2018. (one had been completed in June 2018 but results were being collated.) There were positive comments made from staff such as, "Staff morale is good," "Very good supportive team," "Decisions are made together," and "We promote independence."

Comments from people and relatives included, "Staff are wonderful, always take time to show care and compassion," "Excellent place, bright cheerful and welcoming," and "Always clean and tidy." An action plan was devised from analysis of the results and this was monitored for progress and completion.

Staff meetings were used to address areas identified as requiring improvement. For example, a staff meeting notice displayed in office for 16th July had how to improve the morning routine for people on the agenda.

There was an open and positive culture, staff and worked as members of a team one person said, "staff in general are open and honest".

Staff members had a clear understanding of their duties and worked as a team to ensure good outcomes for people. Comments from staff members included; "Staff team are really a team. They work really well together" and "as a team we work based on assuming a person has capacity to make the decision, whatever that may be".

The service encouraged partnership working with other professionals and relevant organisations. The provider (or staff) had worked hard to build relationships with local religious organisations in accordance with people's wishes. When the service had been informed that one local organisation was unable to visit the home, the service had contacted an alternative organisation and arranged for a person to visit the home regularly.

Statutory notifications had been submitted; statutory notifications contain information about specific events and occurrences that we must be notified about.