

Colleycare Limited

St Anns Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Anns Care Home is a residential care home providing personal care to up to 39 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 37 people using the service.

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

People told us they felt safe in the service, and staff understood the signs of abuse and knew how to report them. Risk assessments were in place to ensure people were safely cared for.

Staffing levels were adequate to keep people safe in the service, and people said that staff gave them help promptly when they required. Medicines were safely stored and administered by staff who were trained to do so.

Lessons were learned from any mistakes made, and any accidents and incidents were reviewed and acted upon to maximise safety within the service.

People, their relatives, and staff told us the service was well managed and led. There was a positive atmosphere within the home and people were treated with respect.

Systems and processes were in place to ensure that all aspects of the service were checked on and actions taken as required.

People and staff were engaged with and listened to and were able to feedback on their care and support.

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.

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

Rating at last inspection

The last rating for this service was good (published 25 November 2017).

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Anns Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.
Details are in our safe findings below.

Is the service well-led?

Good 

The service was well-led.
Details are in our well-led findings below.

St Anns Care Home

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 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

St Anns Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Anns Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who used the service, 1 relative of a person who use the service, 3 care staff, the chef, the acting manager, and the registered manager. We looked at multiple records including care plans, risk assessments, medicine records and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with all felt that safe care was delivered within the home. One relative told us, "Yes, I've never had any concerns, I've not seen anything of concern, they [staff] are very much on the ball."
- Staff completed safeguarding training and understood the procedures to follow to make sure people were safe. Staff told us they felt confident with reporting any safeguarding concerns. They felt they would be listened to by management and their concerns acted upon.

Assessing risk, safety monitoring and management

- People had risk assessments in place to ensure that staff supported people in a safe manner. These assessments considered risks such as mobility and risk of falls, skin care, oral health and environmental safety. Staff told us they felt safe working with people and understood what risks were present in people's lives.
- Relatives we spoke with confirmed they were happy that risks were managed well. One relative said, "They know how to help [name] without distressing her."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff working at the service to meet people's needs. One person told us, "There is somebody on hand immediately. If I do want something I get it very quickly." Another person said, "The staff make you feel very happy, there is somebody to keep an eye on us."
- Safe recruitment procedures were in place. All staff employed had previous employment references, ID

checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed, on time and in the way they preferred them by competent and knowledgeable staff. Medicines were stored securely, and documentation we looked at was accurately completed. An electronic system was in place which alerted staff to any errors in administration or timings.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider was following government guidelines in relation to visiting.

Learning lessons when things go wrong

- Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents and concerns.
- Accidents and incidents were reviewed to identify any themes and make changes to practice where required.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives thought the atmosphere within the service was open and positive. One person told us, "Oh yes they look after me well, it's a lot of worry off my son." A relative said, "I like the atmosphere, the friendliness, I see how [staff] are with the residents."
- People told us they were in control of their care delivery and were consulted about all aspects of their care. Staff understood the need to treat people as individuals and respect their wishes.

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 management team maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning from these accidents and incidents were shared with staff to reduce the likelihood of recurrence.
- The management team understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff understood their roles and responsibilities and felt supported in their role. One staff member said, "The management have bent over backwards for me in a difficult personal time." Another staff member said, "[Managers name] is amazing and easy to approach, very fair, she does things as soon as possible."
- Systems and processes were in place to ensure that all aspects of the service were reviewed, and actions were taken to make improvement when required. For example, a regular review on falls within the home to identify issues and make referrals to relevant health professionals, if required. All aspects of the environment were regularly checked, as well as record keeping by staff and care planning.
- Staff felt that management were listening to them and taking action when issues arose. We saw that where improvements were required, this was discovered and acted upon promptly.

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

- People and relatives were well engaged with the running of the service and delivery of their care. One

relative said, "Yes, I come in three times a week, everyone [staff] knows what's happening, the staff have consistency and know about [name] and that they like to come out and tidy. I'm regularly updated." One person said, "If I had any worries, I would speak to any of the carers or speak to a more senior carer."

- We saw that people, relatives and visiting professionals were all asked to formally feedback their opinions on the service via a feedback questionnaire. Results we looked at were largely positive.
- Staff felt able to feedback to management, including within regular team meetings where updates on the service were shared.

Working in partnership with others

- The service worked effectively in partnership with others to achieve good outcomes for people. This included visiting health and social care professionals.