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St Anne's Residential Care Home

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

We carried out this inspection on 18 April 2018.

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

St Anne's Residential Care Home accommodates up to 22 people in one adapted building. At the time of our inspection there were 20 people using the service.

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

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People continued to be safe in the service. Risks to people were assessed and there were plans in place to manage those risks. People received their medicines safely. There were sufficient staff to meet people's needs.

People were supported by an effective service that ensured staff had the skills and knowledge to meet people's needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People received food and drink to meet their dietary needs.

Staff continued to support people in a caring way, showing kindness and compassion. People were treated with dignity and their privacy was respected. People were involved in their care.

The service continued to be responsive to people's needs and valued them as unique individuals. People enjoyed a range of activities that met their individual needs.

The service continued to be well-led. The registered manager and wider management team promoted a person-centred culture that was open and honest. People, relatives and staff were valued and listened to. There were effective systems in place to monitor and improve the service. Systems included gaining

feedback from people and relatives about the quality of the service and drive improvements.

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 has improved to Good.

Medicines were managed safely.

Risks to people were identified and there were plans in place to manage the risks.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service remained Good

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained Good.

St Anne's Residential Care 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 checked 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.

This inspection took place on 18 April 2018 and was unannounced.

The inspection was completed 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We 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 practice around the service and spoke with 17 people, seven visitors and one visiting health professional. We also spoke with the provider, the deputy manager, a manager from another location, a senior care worker, a care worker and the chef. We looked at three people's care records, six staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

At the previous inspection the service was rated requires improvement in safe as medicines were not always managed safely. At this inspection improvements had been made and the service is rated good.

People were confident they were safe. One person told us, "Yes, I am absolutely safe living here". Relatives were equally confident people were safe. One relative said, "I have no qualms with [person] living here and I can go to sleep at night with no worries".

Medicines were managed safely. Medicines were stored securely in a locked medicine trolley which was kept in a key coded room. The medicine trolley was secured within the room. Only staff responsible for administering medicines had access to the medicine trolley keys. Medicines were stored at the appropriate temperature.

Staff responsible for the administration of medicines completed training and had their competencies assessed to ensure they had the skills and knowledge to administer medicines safely. We saw staff administering medicines in line with national guidance and taking account of people's individual needs. For example, the member of staff administering medicines spoke to a person and touched them gently on the arm to get their attention. The member of staff knelt down and made eye contact with the person, showing them their medicines. The member of staff encouraged the person to take their medicines and gave them a drink. They stayed with the person, chatting until the person had taken their medicines making sure they were comfortable before leaving them.

Medicine administration Records (MAR) contained accurate information about each person and were fully and accurately completed. Where people were prescribed 'as required' medicines there were protocols in place to ensure people received medicines as prescribed and met their individual needs.

Staff understood their responsibilities to identify and report safeguarding concerns. One member of staff told us, "I would report to the management and if needed would go outside". The member of staff knew where to get the contact details for the local authority safeguarding team and CQC. A senior member of staff told us how they had dealt with a safeguarding concern and reported it to the local safeguarding team. They were aware of the local safeguarding thresholds that determined incidents considered to be safeguarding concerns. There were systems in place to ensure appropriate action was taken when safeguarding concerns were raised and records showed that investigations had been carried out and appropriate action taken.

People told us there were enough staff to meet their needs. Comments included; "Staff; there are enough carers" and "I like too that mostly when they use Agency ones they are always the same ones".

People's care plans included risk assessments and where risks were identified there were plans in place to manage the risks. For example, one person was assessed as at risk of falls. The person's care plan identified that the person wore hip protectors to reduce the risk of damage if they fell. Staff we spoke with knew the person wore hip protectors and confirmed that the person was wearing them.

The service promoted positive risk taking and where people were at risk there was guidance for staff to ensure they supported people to manage the risk. For example, one person was at high risk of falls. The person's care plan identified the risk and also recognised the person enjoyed walking around independently. We saw the person walking independently and staff regularly monitored the person in line with their care plan. The person's relative told us, "They don't stop him walking despite his falls".

There were effective systems in place to protect people from the risk of infection. The service was clean and there were systems in place to monitor the cleanliness. Staff wore personal, protective equipment (PPE) appropriately to reduce the risk of cross infection. For example, staff wore disposable aprons and gloves when supporting people with personal care.

Accidents and incidents were reported and recorded. Records showed investigations and appropriate actions had been carried out to reduce the risk of a reoccurrence. The provider had introduced an electronic system that enabled accidents and incidents to be monitored for trends and patterns. For example, falls were monitored in relation to times of day, where in the service the fall occurred and which person had experienced the fall.

Good

Is the service effective?

Our findings

People continued to be supported by an effective service.

People's care plans were based on an assessment of their needs to ensure needs could be met in line with current best practice and guidance. This included people's communication needs to ensure people were provided with information in line with The Accessible Information Standards (AIS). AIS was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Staff were supported through regular supervision and had access to training and development to ensure they had the skills and knowledge to meet people's needs. One member of staff told us, "I am well supported. I have supervision every six to eight weeks and it's a chance to talk about any concerns we have".

People received food and drink to meet their dietary needs. People were positive about the food and commented on the recent improvements made since a new chef had started at the service. One person said, "It is better than it was before". A relative told us, "[Person] eats everything, he has good meals".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. Staff had completed training in MCA and understood the importance of making decisions in a person's best interest if they were assessed as lacking capacity to make a decision.

Staff sought people's consent before supporting them and ensured people understood the choices available to them. For example, one person required support to eat and drink. The member of staff supporting them asked the person if they were ready to have their meal and checked with the person throughout to ensure they wished to continue.

People were supported by a range of healthcare professionals to ensure they had continued healthcare support to enable them to live healthier lives. Care records showed people had been supported to attend hospital appointments and had been visited by GP, district nurses and CHSS.

The environment had benefitted from a refurbishment programme that had a positive impact on people. For example, a communal bathroom had been refitted with a spa bath, mood lighting and background music. Staff were positive about the improvement and gave examples of people who had enjoyed the sensory experience.

Good

Is the service caring?

Our findings

People continued to be supported by staff who were caring. People were positive about the staff supporting them. One person told us, "Yes the carers are very helpful". A visiting health professional who had supported people living in the home for more than four years told us, "Residents are well looked after. They [staff] all seem polite and kind".

Staff showed genuine kindness and compassion to people which had a positive impact on people. For example, one person appeared anxious. A member of staff approached the person and supported them with their meal. The member of staff spoke to the person in a gentle manner, chatting to them throughout the mealtime. The person was relaxed during the interaction and ate well. Following the interaction the person remained calm and relaxed.

Staff spoke with and about people with great affection. One member of staff told us, "She is a lovely lady" when speaking about a person who was unwell.

People were treated with dignity and respect. People were called by their chosen name. When people required support with personal care staff responded in a discreet manner, ensuring people's privacy was protected.

People were involved in decisions about their care and where appropriate people's representatives were included. One relative told us, "We do have a review and a chat from time to time".

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Staff understood the importance of knowing people well and respecting them as individuals. One member of staff told us, "Everyone is unique. It's important staff know people well. You must respect the people they were and are".

People had developed meaningful relationships with each other and with staff. During the inspection we saw people enjoying each other's company. For example, two people were identifying birds they had seen in the garden using a reference book.

The provider had introduced an electronic care planning system. Care plans contained details of people's needs and how those needs were met. Care plans included information about people's life histories, their likes and dislikes and things that were important to them. Care plans were regularly reviewed to ensure information was up to date.

People had access to a range of group and individual activities. For example, a member of staff encouraged one person to read. The member of staff supported the person to choose a book and read to them for a few minutes. The person was clearly engaged and enjoying the staff member reading to them. The member of staff then encouraged the person to read the book them self. The member of staff quietly left the person and they remained reading for several minutes, clearly enjoying the activity.

People enjoyed outings. For example, the day before the inspection people had enjoyed an outing to the local pub for lunch. Several people were speaking about the activity during the inspection and had enjoyed the experience.

The provider had a complaints policy and procedure in place. Records showed that complaints were investigated and responded to in line with the provider's policy.

No one was receiving end of life care at the time of the inspection. However, we saw letters and cards of thanks from relatives regarding the high quality care people had received. Comments included, "You are amazing angels" and "[Person] was relaxed and comfortable in your care".

Good

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the day of the inspection.

People and relatives knew the registered manager and deputy manager and felt they were approachable. One person told us, "If there was a problem I would go to [deputy manager]".

The management team promoted an open culture that valued people as individuals. One member of staff said, "There is a person-centred culture. It's about them [people] as individuals".

Staff were complimentary about the management team and felt valued. One member of staff told us, "I feel they [management team] do value us. They are very accessible and I am very comfortable to go to the manager or deputy at any time".

There were effective systems in place to monitor and improve the quality of the service. Audits were completed that included: activities; catering; health and safety; medicines and care plans. Where issues were identified there were action plans in place to ensure improvements were made. For example, a care plan audit had identified that care plans had not been reviewed. Action had been taken to review the care plans.

A quality assurance questionnaire had been sent to people and relatives in November 2017. The responses had been used to form an action plan to improve the service. For example, there had been comments about the flooring in the service. The flooring on the ground floor had been replaced and there were plans in place to renew the flooring on the upper floor of the service.

The provider had effective systems in place to protect information in line with data protection legislation. People's confidential personal information was stored securely. Where information was stored electronically these records could only be accessed by staff who had authority to do so.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. There were systems in place to report appropriately to CQC about reportable events.