

St Anthonys Residential Home (Erdington) Limited

St Anthony's Residential Home (Erdington) Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Anthony's is a residential care home providing personal and nursing care to 34 people, some of whom may be living with dementia. The service can support up to 39 people.

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

People received their medicines as prescribed, but medicines were not consistently stored safely. Staff had received training in how to protect people from the spread of infection, but not all staff consistently followed the correct guidance with regard to the wearing and disposal of PPE [personal protective equipment].

People felt safe and were supported by staff who were aware of their responsibilities to act and report on any signs of abuse. Where safeguarding concerns had been raised, they had been dealt with appropriately and lessons were learnt.

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. Staff were aware of the risks to people and how to support them safely.

The manager had recognised the need to provide staff with additional training to ensure they supported people safely and effectively. People were supported by sufficient numbers of staff who responded to their needs in a timely manner. Accidents and incidents were reported and acted on appropriately and the information was analysed for any themes or trends and lessons to be learnt.

Quality assurance audits were in place to provide the manager with oversight of the service. Where areas for improvement had been identified, an action plan was put in place in order to address concerns in a timely manner and drive improvement. Staff told us they felt supported and listened to and spoke positively of the changes introduced by the new manager and the provider.

People were happy with the service they received, and their opinions were listened to, valued and acted on.

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 under the previous provider was requires improvement (published 12 June 2019).

Why we inspected

We received concerns in relation to moving and handling practices, staff training and staff practice in response to the Covid-19 pandemic. As a result, we undertook a focused inspection to review the key

questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern as the provider took immediate action to mitigate the risks.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement 

Is the service well-led?

The service was well led.

Good 

St Anthony's Residential Home (Erdington) Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The service was inspected by one inspector and an assistant inspector.

Service and service type

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

The service had a manager who was not currently registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. 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 reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rotas, quality assurance records and action plans.



Is the service safe?

Our findings

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

This is the first inspection of this existing service under the new ownership. This key question has been rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not consistently stored safely. On arrival at the service we noted both medication trolleys had been left in communal areas and although locked, had not been secured to the wall. The manager informed us they had spoken to staff about this practice and had instructed them to store medication trolleys in the treatment room when not in use.
- Records showed people received their medicines at the correct time and as prescribed by their doctor.
- Where people were prescribed medicines to be administered 'as and when required', protocols were in place to direct staff in what circumstances the medicines should be administered.
- Following the inspection, the service transferred to an electronic system that recorded the administration of medicines. Staff and management were positive about this change and staff received training in the new system and had their competencies assessed prior to it being introduced. A member of staff told us, "Going forward, it's a good process."

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using personal protective equipment [PPE] effectively and safely.

We noted that not all staff wore their face coverings correctly and one member of staff was unsure of the order in which to put on their PPE.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.

We noted a bin [with no lid] was being used in a corridor to dispose of PPE. We raised this with the manager who immediately arranged for the removal of the bin. We saw there was a lack of signage throughout the home, reminding people and staff to keep a safe distance and make use of hand sanitiser on display.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and we observed they were comfortable in the presence of the staff who supported them. Relatives spoke positively about the service and felt their loved ones were safe. One relative told us, "I definitely think [person] is safe. They are bed ridden and their feet are kept up. Their door is always open, staff go and give a drink and turn them regularly." Another said, "I'm very happy with the service, if I wasn't I'd move [person] like a shot."
- Staff were aware of the signs of abuse to look out for and their responsibilities to report any concerns they may have. A member of staff told us, "I would always document it [the concern] and speak to [named senior members of staff]"
- Where safeguarding concerns had been raised, they had been responded to, acted on and reported to the appropriate professionals.

Assessing risk, safety monitoring and management

- Risks to people were assessed and staff were kept informed of changes in people's care needs. A member of staff described the actions they took to support a person who may display behaviour that could challenge others. They described the circumstances in which these instances may happen and the actions they took to diffuse these situations.
- The manager had identified more work was required in the development of people's care plans and risk assessments. They had put in place 'grab and go' sheets of information to accompany people if they were admitted to hospital, providing other professionals with information they needed to support people safely and effectively.
- The manager had identified the need to ensure staff felt confident when supporting people with moving and handling. In response to this, they had arranged additional training for staff and ensured the equipment in place was fit for purpose for those individuals who used it. We observed staff supporting people safely and in line with their assessed needs.

Staffing and recruitment

- People told us there were enough staff to meet their needs. We observed staff respond to people's needs in a timely manner.
- There were currently no staff vacancies and staff told us they were happy with the staffing levels. A number of staff had left following the arrival of the new owners and these positions had been successfully filled. The manager was keen to employ more staff and provide a 'bank' of staff who could be relied upon to fill vacancies during staff absence.
- Staff spoke positively about the changes in shift pattern introduced by the new manager and felt the new rotas in place were a positive improvement in the service. A member of staff said; "It is much better that seniors come in at 7.45 am and take the handover from night shift."
- We looked at two staff files and required additional clarification from the provider regarding recruitment processes. We found systems were in place to ensure people were supported by staff who had gone through the necessary checks to ensure they were safe to work with people.

Learning lessons when things go wrong

- At this inspection, we noted accidents and incidents were reported and acted on appropriately. For example, following an incident which resulted in a person choking on their food, a referral was made to the Speech and Language Team [SALT] and appropriate actions were immediately put in place to keep the person safe whilst awaiting advice from healthcare professionals.
- The new manager had introduced monthly analysis of accidents and incidents and acted on information

that came to light. For example, identifying where one person was experiencing falls and arranging for action to be taken to reduce the risk of reoccurrence, which had proved effective.

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.

This is the first inspection of this existing service under the new ownership. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection under the previous provider, we found a number of concerns regarding the governance of the service. At this inspection we found the new provider and manager had introduced systems and processes to enable them to oversee the running of the service. We saw the provider was hands on and had spent a month working at the service prior to the new manager commencing in post. At the time of the inspection, the new manager had been in post for approximately six weeks.

Continuous learning and improving care

- A number of quality assurance audits had been introduced to provide the manager with oversight of the service.
- The manager had introduced their own handover sheet but had not been made aware of requirements of a safeguarding investigation that had taken place earlier in the year that required additional information to be added to the sheet. This information was added to the handover sheet during the inspection.
- The manager had introduced a system of analysing any accidents and incidents that took place to identify lessons to be learnt or actions to be taken. In one particular case, action was taken to reduce the risk of a person falling and the actions taken had successfully reduced the number of falls experienced by an individual. Since arriving at the service, the number of falls experienced by people had reduced based on previous records.
- An action plan was in place identifying areas for improvement and action across the service and those responsible for ensuring this work was done. This included daily checks to ensure infection control procedures were followed and staff adhered to the latest government guidance.

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

- Staff spoke positively of the impact the new manager and provider had on the service. All staff spoken with told us they were aware of the manager's vision for the service and felt included in the process to bring it to life. One member of staff told us, "I definitely think the new manager is amazing, she is bringing in new ideas and new ways of documenting things. She is so much more approachable."
- The manager was keen to develop the service and ensure people received care that was person centred. People's views of the service were sought through regular meetings. We observed people contributed to the meetings and their views were listened to and taken on board.
- Staff told us they would recommend the service and felt it was a good place to work.

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

- Both the provider and the manager were open and honest during the inspection. They shared the challenges they had faced on arrival at the service and the actions taken to reduce the risks to people and keep them safe. This included a number of spot checks on staff during the day and night, to ensure the appropriate checks were being carried out on people living at the service.
- The manager had identified that people's care records and risk assessments required review and were in the process of updating these and transferring them onto a new electronic care planning system.
- The manager understood the duty of candour and had kept us informed of events as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was clear of their roles and responsibilities and had submitted an application to become registered manager.
- The manager had made herself available to work alongside staff and support them, particularly when support was required due to staff absence. Staff spoken with confirmed this.
- Staff structures had been reviewed, including roles and responsibilities, and staff had welcomed the changes that had been introduced.

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

- A member of staff told us, "The new owners took time to introduce themselves and speak to staff in confidence. They spoke with everyone individually to get the feeling for each person and then got everyone together and that was very good."
- Staff were provided with the opportunity of having their voice heard and being involved in the running of the service. A member of staff told us, "We have staffing meetings and all work together on new ways we can help residents; I may think of an idea and I know [manager's name] would listen. She has created that environment."
- A relative told us, "We had a lovely letter from the new owners [to introduce themselves] and they asked if we wanted to meet in person or receive a letter or phone call. I personally chose to meet them; I chatted to them about [person] and how they are being cared for and what else they could do. I thought they were lovely. They asked if I was worried as they were interviewing for a new manager and gave me their number."

Working in partnership with others

- Systems were in place to ensure the service worked alongside other health care professionals to improve people's care delivery and meet their healthcare needs. The manager was keen to extend and develop these relationships further, in order to improve service delivery.