

Ascot Care (St Anne's) Ltd

St Annes Care Home

Inspection report

1-4 Rockcliffe
Whitley Bay
Tyne And Wear
NE26 2BG

Tel: 01912529172

Date of inspection visit:
07 December 2022

Date of publication:
05 January 2023

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 Anne's Care Home is registered to provide accommodation and personal care to a maximum of 40 older people, including people who live with dementia. At the time of the inspection there were 30 people living at the home.

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

People felt safe and supported by staff. They told us they didn't have to wait for support as staff were patient with them.

People's care plans were up to date but needed more person-centred detail to improve them. The provider had recognised this and had plans in place to improve records.

Systems and processes for identifying patterns and trends were in place. The provider planned to improve the means by which they analysed falls to help reduce risks.

The provider needed to try more innovative and creative work to try and reduce the risk of falls. We have made a recommendation about this.

Medicines administration was safe. Records were clear and auditing had been improved recently following advice from external professionals.

There were sufficient staff to keep people safe. The provider had reduced reliance on agency staff significantly, meaning people had started to receive a greater continuity and consistency of care.

People were kept safe from the risk of abuse. Relevant policies were up to date. When incidents occurred the provider acted promptly.

Staff were recruited safely. Supervisions and team meetings reminded staff of areas of good practice to keep people safe. Staff felt well supported and able to speak up if they had concerns.

The registered manager had made some positive changes and had more planned. These included reinstating relatives and residents' meetings, an introductory coffee morning, and a range of staff champions to improve understanding and application of best practice.

The provider had a conflict of interest policy in place but had not always had regard to it. We have made a recommendation about this.

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.

The registered manager demonstrated a strong understanding of the service and people who used it.

The environment was clean. There was a range of refurbishment work underway. Where completed, it had a positive impact on people's day to day quality of life. There was ongoing work to the dining and communal areas. The provider was trying to reduce the impact of this on people and had on-site maintenance support in place.

The provider worked well with external professionals to ensure people received the help they needed.

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 3 April 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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 Annes 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 Act.

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 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 Anne'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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. 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 of this information to plan our inspection.

During the inspection

We spoke with 6 people, 7 relatives over the telephone, and 4 staff, including the registered manager, care staff, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 4 external professionals via email and all remaining care staff via email. We spoke with 3 more staff via telephone.

We observed interactions between staff and people. We reviewed a range of records. This included 4 people's care records and medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records and meeting minutes.

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. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place and staff demonstrated a good understanding of those risks. Records were not always as person centred as they could be. The provider had recognised this and had plans in place for senior care staff to improve the content of these records.
- The registered manager had made improvements to safety. Communications had improved between shifts and with external clinicians to reduce the risks of recurring incidents or errors.
- Staff responded quickly when people had a fall. The provider needed to implement more proactive strategies to try and reduce the number of falls.

We recommend the provider considers a range of best practice approaches to help reduce the risk of falls.

- The provider was responsive to this feedback.
- People told us they felt safe and trusted staff. One person said, "They make sure I have my favourite spot. I am well looked after." Staff interacted warmly and affectionately with people throughout the inspection. They demonstrated patience where people required time and assistance to walk about. One external professional said, "They have an understanding of people's needs and the safety of the residents always seems to be important."
- Appropriate servicing and testing of utilities and equipment were in place. Personalised Emergency Evacuation Plans (PEEPs) were available. The provider had responded promptly to fire service advice.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had reviewed safeguarding policies and procedures recently. They had worked with external agencies to improve their understanding of, and adherence with, local safeguarding arrangements. Staff had received safeguarding training. This had not always been refreshed in line with the provider's policies. The nominated individual assured us this refresher training would be prioritised.
- Staff felt comfortable speaking up. People were confident in raising any concerns they had. One person said, "They are very good and they let us know if something has happened. Likewise, if we have issues we know we can talk to them and they will sort it." The whistleblowing policy had been reviewed.

Using medicines safely

- Medicines administration was safe and in line with good practice. Senior staff demonstrated a sound understanding of people's medicines needs. For instance, where people were prescribed medicines 'when required,' information was clear and staff knew what to do.
- The provider had introduced new audits to oversee medicines administration and improve practice. These were detailed and had regard to core areas of medicines safety and good practice. There had been a range

of previous medicines errors, at a time of significant staff turnover. The provider had learned from these lessons and worked well with external medicines optimisation specialists.

Staffing and recruitment

- There were sufficient staff to meet people's needs safely. The provider had changed handover processes and increased staffing at peak hours to ensure people were safe. They had employed an additional senior carer on nightshift to reduce risks and increase oversight. One person said, "There is always someone here if I need help." One visiting professional said, "There always seems enough flexibility, even at mealtimes."
- Staff were recruited safely. There were pre-employment checks to reduce the risk of unsuitable people working with vulnerable people.

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. The premises were clean. Two living rooms had recently been completely refurbished and people were enjoying these areas. The dining and communal areas were undergoing refurbishment. The provider had taken steps to minimise the impacts on people's day to day life. Feedback from people and relatives was positive about the standard of refurbishment already completed.
- 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.
- Relatives were able to visit loved ones, in line with current guidance. Staff were patient and supportive with relatives.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had a tracker in place to ensure any expired DoLS were reviewed and appropriate applications made. Records were up to date and the registered manager demonstrated a good understanding of the principles of the MCA.

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. At this inspection the rating remains 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

- The registered manager had worked hard to ensure the culture was more open. This included planning a coffee morning so relatives could get to know new staff, and reintroducing relatives and residents meetings. They were responsive to feedback about further ways to embed an open culture. Feedback from relatives about communication was mixed but all agreed there had been recent improvements to communications.
- Most people, relatives and visiting professionals provided positive feedback about the registered manager. The registered manager recognised there were still ongoing areas to improve, such as the refurbishment work, more community engagement, and staff refresher training.
- The atmosphere was relaxed and calm. Staff at all levels interacted personably and patiently with people. One relative said, "A few months ago I felt they were a bit short of staff but now they are back to full speed. Some of the staff have been there a long time, they know her and know how to play along with her, which makes a difference."

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

- Auditing and governance systems had been reviewed in line with work with external agencies and were focussed on identifying errors and improving practice. Audits were effective at identifying areas where improvement was required, for instance completion rates of refresher training by staff.
- Staff worked well together. The leadership team had worked hard to minimise the impacts of high staff turnover levels recently, and to ensure risks were reduced. The provider planned to introduce 'champion' roles so staff could take on more responsibility and contribute more.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff involved people in their day to day choices in a positive and respectful manner. The provider had sent surveys to people, relatives and professionals. Only a third were returned but the responses were positive regarding safety and the effectiveness of the management of the service. The provider planned to analyse these survey results and incorporate into their ongoing action plan to continually improve the service.
- Staff worked well with health and social care professionals. Consistency of communication between staff and visiting clinicians had improved.

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 registered manager understood their responsibilities regarding what they needed to notify CQC about. They were working with other external partners to ensure their information sharing processes were consistent and efficient.
- The provider investigated Individual incidents. They had not always acted in line with their conflict of interest policy in relation to ensure all processes were as open and independent as they could be. They were responsive to feedback regarding how best to ensure oversight and investigations were as open and transparent as possible.

We recommend the provider reviews its auditing and investigation processes against its own conflict of interest policy to ensure processes are as open and transparent as possible.