

Little Sisters of the Poor

St Anne's Home - London

Inspection report

Little Sisters of the Poor, St Anne's Home
77 Manor Road
London
N16 5BL

Tel: 02088262500
Website: www.littlesistersofthepoor.co.uk

Date of inspection visit:
24 February 2023
28 February 2023
10 March 2023

Date of publication:
18 April 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 Home – London is a care home which provides nursing and personal care for up to 34 older people who may be living with dementia. At the time of this inspection there were 32 people being supported in the purpose-built care home.

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

People were kept safe from the risk of harm or abuse. People using the service felt safe with staff at the service. Staff knew how report concerns of abuse. People had risk assessments in place. There were enough staff at the service to meet people's needs and nobody had to wait long for support.

Staff were recruited safely. Improvements had been made in the management of medicines. People were protected from the risks associated with the spread of infection. Accidents and incidents were recorded and lessons learnt from these shared with staff.

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.

Managers and staff understood their role and responsibilities. The provider had reviewed their quality assurance systems which led to improvements in the delivery of safe care and treatment. People spoke positively about staff and managers. Staff and relatives spoke positively about the leadership in the service.

The provider involved people, relatives, staff and professionals in developing the service. People and staff had regular meetings so they could be updated on changes within the service. The provider carried out quality surveys to identify areas for improvement. The provider worked jointly with other agencies to improve outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 December 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection, we recommended the provider seek guidance in relation to quality monitoring and auditing systems. At this inspection we found the provider had followed the recommendation and improvements had been made.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

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, 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

St Anne's Home - London

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.

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 team consisted of 1 inspector.

Service and Service Type

St Anne's Home - London 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 Anne's Home - London is a care home with 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. We used the information the provider sent us in the 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

We observed care and treatment in communal areas. We spoke with a relative and 7 people who used the service. We spoke with 7 staff including the registered manager, deputy manager, human resources officer, clinical lead, a nurse and 2 care staff. We looked at a range of management records including medicines and quality audits. We reviewed 3 people's care records including risk assessments and 3 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure safe medicines management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. There were systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines.
- The provider had a system to check people's medicines daily, weekly and monthly. We found improvements had been made as a result of this. For example, a regular monthly audit was carried out to ensure medicines were up to date and appropriate for people.
- People who were prescribed 'as needed' medicines had guidelines in place for staff to know how and when to administer these. People who were prescribed time-specific medicines were given these at the correct time. This meant staff gave medicines effectively to people in line with clinical guidance.
- We checked 6 people's medicines including controlled drugs and found a level of assurance that people received their medicines safely, consistently and as prescribed. Controlled drugs are medicines that are subject to strict legal controls to prevent their misuse or causing harm to people.
- Medicines, including controlled drugs, were stored and managed safely. We found that fridge and room temperatures were appropriately monitored. Medicines that were in use were labelled and dated with the opening date.
- People who were prescribed medicines such as pain relief patches, ointments and creams, had separate charts completed appropriately by staff. This ensured people received these types of medicines safely.
- We were assured that medicines related incidents were investigated properly with appropriate action plans and there were adequate processes in place to ensure staff learned from these incidents to prevent them occurring again.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Comments included, "I feel perfectly safe. The carers are very gentle" and "I feel safe physically and spiritually." A relative said, "My [relative] is absolutely safe. I have peace of mind."
- Staff understood what action to take if they suspected somebody was being abused. A staff member said, "We need to report to our supervisor and they address it. We write our statement about it. We can go to

Human Resources, CQC, Nursing and Midwifery Council or safeguarding at the local authority."

- The provider understood their responsibility to notify the relevant authorities about safeguarding concerns.

Assessing risk, safety monitoring and management

- People had risk assessments in place to minimise the risk of harm they may face. The registered manager told us, "We have risk assessments in place for everything." Records confirmed this and included falls and mobility, moving and handling, maintaining a safe environment and skin integrity.
- Staff were knowledgeable about how to reduce the risk of harm people may face. A staff member explained for anybody at risk of falls, "[They] would not be alone unless they are in an armchair or wheelchair. I read the care plan."
- People who were prescribed emollient creams had a risk assessment. The control measures included electric blankets and electric heaters not to be used for people using emollients. For people who were smokers and used emollients, they were provided with a fire proof blanket.
- The provider also carried out general risk assessments. These included using chapel candles, cross infection with hoist slings, use of ladders and use of hand tools. For example, the control measures in place for chapel candles included to ensure they were extinguished when the chapel is left attended.
- The provider carried out required building safety checks. For example, a gas safety check was done on 30 January 2023 and portable appliance testing was done on 19 October 2022.
- People had personal emergency evacuation plans to guide staff and the emergency services about the support people needed if evacuation was needed. The provider completed weekly fire alarm testing and fire equipment was checked on 4 August 2022.

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. At the time of inspection 13 people had appropriately authorised DoLS in place and 2 people were waiting for the outcome of their application. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People, a relative and records confirmed this. We observed nobody had to wait long for staff assistance.
- Staff told us there were enough staff on duty to meet people's needs and for staff to take breaks. Comments included, "[Staffing] is very good" and "As time has gone on, [some people] need more help so we requested more staff and we got it."
- The registered manager told us they tried in the first instance to cover planned and unplanned staff absences with overtime for permanent staff but if nobody was available, they used agency staff.
- The provider carried out relevant recruitment checks before employing new staff. These included proof of identification, references and the right to work in the UK.

- Disclosure and Barring Service (DBS) checks were carried out for new staff and regular updates obtained for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider supported nursing staff to maintain their competencies and checked their registration with the Nursing and Midwifery Council was kept up to date.

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 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's infection prevention and control policy was up to date.

Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restrictions to visitors at the time of inspection. The registered manager told us they might have to restrict visitors if there was an outbreak of the Covid-19 virus within the home. People confirmed they could have visitors when they wished. A staff member told us, "This house is never closed [to visitors]. We do programmes as well and a lot of people from outside come for those." Another staff member said, "Yes [visitors can come] at any time. Most of the time they tell us when they will visit."

Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made.
- Staff confirmed that lessons learned from accidents and incidents were shared with them so they could avoid reoccurrence. Comments included, "Yes, we always do a meeting [about it]" and "Of course [they are shared] so it would not happen again."
- The registered manager explained lessons learnt from accidents and incidents were discussed at staff meetings, one to one meetings with staff and where appropriate further training was implemented.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we made a recommendation in relation to quality monitoring and auditing systems. At this inspection, the provider had made improvements.

- The provider had employed a dedicated clinical lead who had responsibility for checking people's medicines were managed safely. This had led to improvements in the way medicines were managed.
- The provider had a system for a pharmacist to check the medicine management. We reviewed the action plan created from the pharmacist check in January 2023. Four out of the five recommendations had been completed and one was ongoing in relation to maintaining effective communication about medicine changes.
- The provider had a system in place to check the quality of the service provided which included care, maintenance, infection control and health and safety.
- We reviewed the provider's health and safety check carried out on 12 October 2022. We saw it was noted although all staff had received fire training there had been some slippage on updates. The outcome was this was addressed by the training officer.
- The registered manager told us they ensured staff were aware of their roles through induction training and follow up to training, staff meetings, supervision, training and appraisals. They explained unit managers were present to guide staff.
- Staff and managers were clear about their roles and knew the people they supported and their care needs well. Staff told us they were kept updated on people's well being and changes to the service by their supervisor and through handover.

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

- The provider promoted a positive culture which was open, inclusive and empowering. This meant the service achieved good outcomes for people.
- People spoke positively about the staff and managers at the service. Comments included, "They show the greatest of respect to [us]. I love the respect they show", "There's so much compassion" and "The peace and kindness are the best qualities and the fact that they're not annoyed if you ask."
- A relative spoke positively about the leadership in the service. They said, "I know they would always address any issues well."

- The registered manager explained to us how they engaged people and relatives in the development of the service. They said, "There is a great rapport. We try to walk around and be available. We have a suggestion box. We care for those from other denominations. We never make a distinction."
- Staff spoke positively about the management of the service. A staff member told us, "[Registered manager] is admirable, manages the home well with a good heart. [They are] very approachable, always ready to listen and will not judge you."
- The registered manager told us, "As managers, we try to stay close with the staff. There is quite a good closeness and an atmosphere of strong support. We do our utmost to have respect. We are from multi-nationalities."

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 under the duty of candour and told us, "You need to be as open as a book. Record it and be as honest as you can." They told us they would apologise if an incident occurred.
- The provider understood their responsibility to notify the relevant authorities about safeguarding concerns and incidents. CQC had received notifications as appropriate.

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

- The provider had meetings with people and relatives to keep them updated on service development. One person told us, "At monthly resident's meetings we always get informed about what has happened and what's going to happen."
- Records of 3 meetings held for people using the service showed topics discussed included celebration events, the suggestion box, the menu and activities.
- The provider had very recently carried out a survey to gather feedback from people and professionals about their satisfaction with the service provided. They were in the process of gathering the responses and analysing them.
- Staff had regular meetings. We reviewed the minutes of the 3 most recent meetings. Topics discussed included infection control, fire safety and staff training. Records showed regular smaller staff meetings were also held to discuss topics such as falls awareness and topical creams.
- Staff told us they found staff meetings useful and were able to make suggestions to improve the service. A staff member said, "[Meetings] are very useful. We discuss any changes. Communication is very important. We do [make suggestions]. It's important for the team."

Working in partnership with others

- The provider worked in partnership with healthcare professionals to improve outcomes for people. Records confirmed there was joint working with healthcare professionals.
- The registered manager explained how they worked in partnership with other professionals. "We try to work closely with any team that will support us. We have moved to a new pharmacist and have meetings with them and the pharmacist at the GP surgery."
- Positive comments were given in a recent survey of visiting professionals. Comments included, "I have always found staff courteous and willing to provide information to support and assist with assessments" and "The care provided seems excellent."
- The registered manager also explained good outcomes had been achieved for people using the service through input from the local authority multi-disciplinary team which included a dementia nurse.