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St Agnes Retirement Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Inspected but not rated

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Agnes Retirement Home is a residential care home providing personal care for up to 26 older people. At the time of our inspection there were 18 people living at the home. The service is across two floors. On the ground floor there is a lounge, additional quiet lounge and a dining room with level access to the garden. Bedrooms are situated on the ground and first floors

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

The service had made improvements to ensure people had meaningful activities to engage in. Staff supported people to access the local community and maintain relationships with friends and family.

We made a recommendation about governance systems as further developments were needed. This was to ensure all areas were identified where actions were required and incorporated into the service's improvement plan. For example, in the accuracy and wording of care plans, how feedback information was gathered and in the personalisation of end of life care plans.

The home was clean and tidy. People enjoyed their individual rooms and the outdoor space at the home. There was a good atmosphere where people were listened to and respected.

People were supported well with their nutrition, hydration and healthcare needs. People and relatives felt comfortable in raising any concerns or complaints and actions were taken. Staff were well trained and skilled in their role. Staff knew people well and had developed positive relationships with people.

There were good systems of communications within the staff team and with relatives. People's opinions and feedback was sought. The management team were open, honest and approachable.

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 and update

The provider had completed an action plan after a comprehensive inspection (published 19 November 2019) to show what they would do and by when to improve in relation to the breaches of regulation found. The last rating for this service was requires improvement (published 11 February 2021) where improvements had been demonstrated.

At this inspection we found further improvements had been made and the provider was no longer in breach of Regulation 9 (Person-Centred Care).

At our last comprehensive inspection (published 19 November 2019) we recommended that the provider reviewed published guidance about best practice in relation to exploring and recording people's end of life care preferences. At this inspection we found improvements had been made but further development was still required to ensure they were personalised.

Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at previous inspections.

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.

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 based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Agnes Retirement 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?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

St Agnes Retirement 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.

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 conducted by two inspectors 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 Agnes Retirement Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. St Agnes Retirement 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 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 since the last inspection. 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

We spoke with eight people living at the service and four relatives. We spoke with seven staff members which included the registered manager. We reviewed six people's care records. We looked at a variety of records relating to the management of the service, including policies and procedures 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 this key question was rated good. This meant people were safe and protected from avoidable harm. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

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 assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The home was clean and tidy. One person said, "My room is cleaned every day." A relative said, "The home is always lovely and clean."

The provider was facilitating visiting in line with government guidance. A visiting procedure was in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Signage in the service could be improved to ensure people could orientate themselves. The registered manager said this would be addressed.
- At the last comprehensive inspection in 2019 we found areas of the home and grounds needed maintenance. Improvements had been made. Regular audits now checked the environment to identify areas requiring repair. One person said, "There's a maintenance person, if anything happens or isn't working properly, they take care of all that."
- People had access to a garden with seating and a summer cabin. One person said, "The cabin in the garden has been useful." Another person said, "I'm fine getting into the garden."
- People were happy with their rooms and could personalise them with pictures, furniture and ornaments. One person said, "I'm happy with my room. It's spacious, has a nice outlook and is sunny." Another person said, "I've got all my bits and pieces around me." A relative said, "The bedding and towels are changed regularly, it all smells beautiful."

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity had been considered in people's care plans. However, the recording of people's capacity did not always clearly demonstrate that the correct processes had been followed where a decision on capacity had been made. The registered manager said this would be addressed. This is referred to further in the well-led domain.
- At our previous comprehensive inspection in 2019 we found people's DoLS had not been reapplied for, if

required, when they expired.

- At this inspection we found improvements had been made. The manager had a system to oversee the application and authorisation of people's DoLS. This meant they were reapplied for when needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff ensured people were offered choices and respected their decisions. For example, we observed staff asking people what they would like for lunch. One person said, "[Staff] always ask me what I'd like. We talk about things, for example with the COVID-19 vaccination, it's a choice." A relative said, "[Staff] always ask what [Name of person] wants."
- People's protected characteristics under the Equality Act 2010 were identified and respected in care plans. This included people's wishes in relation to their religion, culture and gender preference of carer. A staff member said, "Everybody is treated as an individual. Not everyone is the same."

Staff support: induction, training, skills and experience

- Staff received supervision from a senior staff member. A staff member said, "I feel very supported here. The management go out of their way to help."
- However, we did find three staff members who had not received a supervision in the last 12 months. We highlighted where some supervision records did not demonstrate fully the content of supervision sessions. The registered manager said these would be addressed.
- Staff received an induction when they started at the service and regular training to ensure they were skilled and competent in their role. One staff member said, "We do a good range of training." One person said, "[Staff] seem well trained, they're all pretty good and know what they're doing."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food provided. One person said, "The food is really very nice, they ask you what you want, the choices are good." A relative said, "[Name of person] has put on weight since living at St Agnes Retirement Home, that is good."
- People were supported with their nutrition and hydration. Care plan gave directions around diet, allergies and assistance needed. For example, one care plan said, "Needs food cut up when eating."
- We observed people were regularly offered hot and cold drinks. There were designated areas in the home where people could help themselves to drinks. People could choose where they wanted to eat their meals. A relative said, "[Staff] bring meals to [Name of person] as they like to eat in their room."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health. People told us they had regular appointments with the GP and for foot care. One person said, "The doctor comes in every week. You can see them if you need to, but the staff would call them if you weren't well, and if you're really ill they get an ambulance."
- There was a staff champion to monitor and support people with their dental care, vision and hearing. Staff accompanied people to appointments if they wished for support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last comprehensive inspection in September 2019 the provider had failed to ensure consistent and meaningful activities were provided. This was a breach of Regulation 9 (Person -Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 9.

- The service had staff designated to deliver activity provision. This included one to one time and supporting people to access the community. One person said, "You can go out whenever you want. I keep up my social life." A relative said, "[Name of person] loves the activities. They have things to keep busy."
- Activities were displayed in a communal area so people could see what was on offer. For example, following current sporting championships and a therapy dog visiting. A staff member said, "I recently took someone out to the sea front for an ice cream and another person goes to the park to feed the squirrels."
- The service offered a range of activities such as bingo, card games, chair exercises and singing. One person said, "There's loads of entertainment." A garden party was held to celebrate the Queens Platinum Jubilee. One person said, "We had a big shindig in the garden, it was full of people." A relative said, "Relatives were invited to the Jubilee party, they put on a very nice spread of food. You could see how well [Staff] knew residents."

End of life care and support

- At the last inspection a recommendation was given as people did not always have an end of life care plan. Information was now obtained on admission to the service about people's end of life arrangements.
- People had end of life care plans in place. The provider acknowledged that further development was needed to ensure these plans were person-centred and individualised.
- The service was not currently supporting anyone with end of life care. Staff had received training in death, dying and bereavement.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans gave information about people's previous employment, family and hobbies. For example, one care plan detailed where a person had worked locally and their favourite TV programme. A staff member said, "I have enough information to know how to support people."
- People's preferences and wishes were explained. This ensured staff knew what was important to people.

For example, one care plan said, "Likes to look smart and tidy. Always wears trousers never a skirt or a dress."

- People's preferred routines were described. For example, what time people liked to get up in the morning. Care plans described what people could do for themselves and where support was required. This supported people to retain their independence.
- Staff knew people well and provided consistent care and support. A relative said, "[Staff] clearly know what they're doing. [Staff] are marvellous in their understanding of [Name of person]. They have got very good skills."

Improving care quality in response to complaints or concerns

- People and relatives had access to the complaint's procedures. Complaints and concerns were investigated and acted upon. One person said, "I know how to complain, I'd talk to the managers."
- People and relatives told us they were comfortable raising any concerns and staff were responsive to resolving any issues. A relative said, "I can bring up anything." One person said, "I've got no complaints, if I had any concerns or needed help with anything, I'd talk to my keyworker or one of the seniors. There's always somebody on duty who is in charge, they're all very approachable and easy to talk to."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service's policies and procedures could be produced in a range of formats to be accessible for people. For example, large font and easy read.
- People's care plan described people's communication needs. For example, one care plan said, "Able to communicate verbally but has some confusion on the words they wish to say."

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. The rating for this key question has remained requires improvement. This meant the service management and leadership had further areas to develop to support the delivery of high-quality, person-centred care.

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

- We found further developments in the service were needed to ensure people received good quality, person centred care. The care planning system used needed to be reviewed to ensure care plans were worded in an individualised and accurate way. For example, in end of life care and people's capacity to make decisions in specific areas of their care. We found one person's care plan was unclear on their current DoLS status.
- Audits had been developed since the last inspection in 2021 to include more detail which enabled the manager to identify improvements. Audits were conducted in areas such as medicines, care plans, infection control and health and safety. However, these had not identified some themes we identified such as staff supervision records and improved signage.
- A service improvement plan was in place and being developed to link more effectively to the governance system. Actions were monitored for progress and completion.

We recommend the provider takes action to ensure governance systems are fully effective.

- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform Care Quality Commission (CQC) of.
- The provider had clearly displayed their CQC assessment rating at the service, they did not have a website. The report summary was available for people and visitors to read.

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

- Questionnaires had been conducted with people and staff. The surveys were not always easily accessible for people to complete independently due to the length, style and format. This meant the information gained did not always enable the provider to develop the service meaningfully. The registered manager said this would be reviewed.
- Meetings were held with people to gain their feedback and share information. A recent meeting asked people about activities and the new menu. One person said, "It's a good system as you can say what you think, and they do listen to you and try to help." Another person said, "You can bring your family to the meeting, it was last week."
- There were effective communication systems within the staff team. This included meetings, handovers and written documentation. A staff member said, "Communication is good."

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

- Staff, relatives and people told us the home was well managed. One staff member said, "Management are supportive." A relative said, "It is all good, I've been impressed."

- There was friendly and positive atmosphere. One person said, "It's a very good place, the staff are wonderful and I can talk to them about anything." Another person said, "I'm lucky to be here. We're all friendly and we help each other out. It's a very friendly atmosphere. It's a close community, there are no big problems. It's my home, I do class it as my home, and it's a lovely place to be."

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 fully understood the responsibilities under the duty of candour legislation. The registered manager explained, "To be open and honest if something has gone wrong. To admit any failings and share findings with residents, relatives and professionals any findings." A relative said, "The manager or staff always phone me to tell me what is going on."

Continuous learning and improving care; Working in partnership with others

- The service was further developing systems in identifying areas for improvement. Such as revising questionnaires and reflective practice in supervisions.

- People told us staff and managers listened to ideas and suggestions to improve care. One person said, "Sometimes there are little misunderstandings and we just talk about it, we can resolve it together."

- The service worked in partnership with health professionals and families. A relative said, "I cannot fault them. [Staff] are wonderful."