Reed Care Homes Limited

St Andrews Lodge

Inspection report

184 St Andrews Avenue
Colchester
Essex
CO4 3AG

Tel: 01206797737

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04 March 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: St Andrews Lodge is a home that provides rehabilitation and support for eight adults with mental health needs. It is situated in Colchester. There were eight people living in the service on the day of inspection.

People's experience of using this service:

Systems were in place to monitor the quality of the service provision; however, these were not always effective in ensuring issues were identified or improvements were made and sustained.

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service and ensure that action was taken as required.

Systems were not effective to check that people received their medicines as prescribed and where people received medicines 'as and when required' there was not always guidance in place for staff on when these medicines should be administered.

People, their relatives and staff were positive about the care provided at St Andrews Lodge.

Staff knew people well and had developed meaningful relationships with them. People were given choice and supported to develop daily living skills.

Staff were kind and caring and people were treated with dignity and respect.

People received effective care from staff who understood how to recognise and report issues of concern and potential abuse. Staff were recruited safely, were visible in the service and responded to people quickly.

There was a complaints system in place and people felt able to raise concerns which were addressed.

People could access the community and take part in a range of activities which promoted their wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's health was well managed and there were positive links with other services to ensure that individual needs were met.

People, their relatives and staff were positive about the deputy manager and felt they were approachable.

Rating at last inspection: Good (report published 29 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring 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 Andrews Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
One inspector carried out the inspection.

Service and service type:
St Andrews Lodge is a care home which is registered to provide accommodation and personal care for up to eight people. The service had a manager registered with the Care Quality Commission. 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. The day to day management of the service was undertaken by a deputy manager.

Notice of inspection:
This inspection was unannounced and took place on 4 March 2019.

What we did:
Before the inspection, we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We viewed information the provider is required to send us at least annually that provides some key information about the service, what the service does well and improvements they plan to make. We looked at the last inspection report and we sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection, we spoke with three people who used the service and one relative. We spoke with the deputy manager and two support workers.

We reviewed one person's care records. We looked at records of meetings held, incidents that had taken

place, audits undertaken and quality assurance reports. We reviewed one staff recruitment file and staff training records. We observed interactions between staff and people who used the service in communal areas of the service.

After the inspection, the deputy manager provided us with further information about risk management.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: 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.

At our last inspection in July 2016, the key question for safe was rated as requires improvement. At this inspection, improvements were still required.

Assessing risk, safety monitoring and management

● Environmental risks were not effectively managed. At our previous inspection, we were told that thermostatically controlled valves were in place to regulate the water temperature. At this inspection, we found valves were not in place. Water temperatures were recorded at above 60 degrees in eight bedrooms. In the Provider Information Return (PIR) dated July 2018, the deputy manager said, 'Valves need to be fitted, the proprietor is aware and this is pending.' However, valves had not been fitted and water temperatures continued to be high placing people at potential risk of scalding.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

● Systems were not always effective to check that people received their medicines as prescribed. The stock of two medicines were not correct and the staff member did not know why. Audits did not record the balance of medicine in stock so it was not possible to check back to see if an error had been made.

● Where people were prescribed medicines to take 'as and when required', limited detail to guide staff on when to administer these was available. There was a policy in place which stated that there must be clear and precise instructions and a specific plan in place for 'as and when required' medicines. The deputy manager agreed to improve these records in line with their policy and current best practice.

● There were systems for ordering and storing medicines.

● Staff were trained and assessed as competent before they administered medicines. Medicines were kept securely and records were completed correctly.

Systems and processes to safeguard people from the risk of abuse

● People said they felt safe living at St Andrews Lodge. Comments included, "I feel safe because I know everybody, and everyone is nice."

● There were effective safeguarding systems in place. People were protected from harm and abuse as staff had received training in safeguarding and knew what to do if they had any concerns. There was information displayed about who to contact if abuse was suspected.

Staffing and recruitment

● Everyone we spoke with told us there was enough staff and our observations confirmed this. One relative

said, "[Person] needs constant staff and it's very unusual to have staff here that [person] does not know. It's always the same faces so [person] gets to trust people which is really important."

● Staffing levels were flexible to meet people's needs. For example, more staff were scheduled to cover healthcare appointments.

● Recruitment systems continued to be effective and ensured only suitable people were employed to work at the service.

Preventing and controlling infection

● The service was clean and fresh.

● Staff followed good infection control practices and used Personal Protective Equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

● Incidents that occurred had been used as learning opportunities and changes made within the service to reduce re-occurrence.

Good

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Assessments of people's needs were completed, expected outcomes were identified and support was reviewed when required.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet.

Staff support: induction, training, skills and experience
- Staff had an induction on joining the service to provide them with key information about the service and the people they were supporting. One staff member said, "I had an induction which covered policies and procedures. I was shown around the home and told what I needed to know in an emergency. It was very robust and I did some shadowing too."
- The Care Certificate was used as part of the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers should follow in their role.
- Staff received training which was effective and gave them enough information to carry out their roles safely. However, some training had not been provided recently. Staff training needs had been identified and planned for completion. Training was provided in subjects including behaviours that challenge and diabetes.
- Staff were supported to develop. One staff member had requested to complete an additional qualification and this had been arranged.
- Staff received positive support through supervision to discuss their performance, development and any concerns they had.

Supporting people to eat and drink enough to maintain a balanced diet
- People could choose what they wanted to eat and when. Staff supported people to try and maintain a healthy diet. One person said, "I like to eat heathy meals and keep my weight down. Staff help me to do that."
- People were encouraged to prepare their own meals. A menu was in place for the evening meal. People could choose to eat something different if they preferred to.
- Staff were aware of people's needs and encouraged people to follow guidance from healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care
- Where additional support was required to promote people's wellbeing, referrals were made to appropriate professionals and recommendations were acted on. One person said, "Staff help me to see doctors if I need to."

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

● People's rooms were personalised and reflected their personal interests.

● The environment was accessible, comfortable and decorated with photos that showed people taking part in activities.

● The service design met people's needs. One relative said, "It is a homely environment, staff are available to talk and no-where is out of bounds."

Supporting people to live healthier lives, access healthcare services and support

● People were supported to maintain good health and medical appointments were recorded.

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. We checked whether the service was working within the principles of the MCA.

● The service was working within the principles of the MCA. Procedures were in place and staff had a good knowledge of MCA.

● Staff supported people to make decisions about their day to day lives. Staff asked for people's consent before providing care and support and gave people options so they could decide what they wanted to do.

● Care records gave information to staff about areas where people could make their own decisions and how people could be supported to make those decisions.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People told us that staff were caring. One person said, "Yeah, staff are good to me and if they weren't I would tell them."
- All staff we spoke with were passionate about providing consistently good care. One staff member said, "We like to be consistent, so that people know where they stand and the team are always on the same wave length. We have a good rapport with all of the people we support."
- Staff provided support and reassurance as required and treated people with kindness and compassion. Staff engaged in meaningful conversation and interaction with people. The atmosphere was relaxed.
- Staff had been trained in equality and diversity. Staff knew people's specific individual support needs and supported people with skill and sensitivity. One staff member said, "Everyone is treated as an individual because everyone has different needs, aspirations and wants."
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet.
- People could have visitors when they wished. One relative told us they were made to feel welcome.
- The registered manager had a caring approach towards those who lived at the service and the staff team. They said, "I have built up good relationships with the people who live here and the staff."

Supporting people to express their views and be involved in making decisions about their care
- Staff knew people well and knew the best way to encourage people to express their views.
- People could give their views through meetings which were led by those living at the service. Subjects discussed included activities and menus and these views had been listened to and acted upon.
- One person was a service user representative and their role was to speak up at meetings for those who did not feel confident to do so to ensure everyone had a voice.
- People's preferences and choices were respected. One person said, "I can do what I want when I want." One staff member said, "It is very relaxed, there is no you can't do this or that, this is their home."

Respecting and promoting people's privacy, dignity and independence
- People were encouraged to do what they could for themselves to promote their independence including preparing meals and cleaning the house.
- Daily records were respectfully written and information was treated confidentially.
- Staff treated people with privacy, dignity and respect and provided compassionate support in an individualised way. Where one person required some space, this was given and staff checked on the person later to make sure they were okay.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Assessments considered people's physical, mental, emotional and social needs. People, and where appropriate, their relatives, were involved in the planning and review of their care. One staff member said, "If someone moves in we get information about them. We write the care plan and the person is asked if they agree. It is person centred and we add to the care plan as we get to know the person." One relative said, "I am involved in care plan reviews and GP appointments."
- Care plans contained information about people's likes, dislikes and preferences. People had goals which were discussed and reviewed regularly.
- People had named keyworkers which ensured they received one to one time to talk. Individual strategies were in place to promote people's wellbeing. One staff member said, "We use reasoning and tone of voice and are open and honest. We give people time to calm down and discuss what has happened so it is sorted out and then it's a fresh start."
- Staff discussed any changes to people's care regularly at shift handovers to ensure they were responding to people's needs effectively.
- People were encouraged to be part of their local community and accessed local shops and resources. Some people took part in courses at the local college. People were encouraged to get bus passes so they could use public transport and access the community with their key workers. One person said, "I go into town and do window shopping or go to Clacton. I go out independently."
- People participated in activities to meet their individual needs and enhance their well-being including trampolining.
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. Care plans considered the different ways people communicated and identified people's information and communication needs. Information was available in easy read to aid people's understanding. However, the deputy manager could further develop their knowledge in this area.

We recommend that the registered manager reviews the Accessible Information Standard to develop their knowledge and considers further development of the standard within the service.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service.
- Complaints which had been received, had been investigated thoroughly and where required, action taken to prevent re-occurrence and ensure that the service continuously improved.
- People and relatives said they felt able to speak to the staff and deputy manager at any time if they had any concerns.

End of life care and support

- No-one was currently receiving end of life care; however, the deputy manager knew how to access support from other healthcare professionals should this be required.
- Some people had recorded very basic details about their wishes at the end of their life.

Requires Improvement

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last inspection, improvements were required in the safe management of water temperatures and in the administration of 'as and when required' medicines. At this inspection, these areas continued to require improvement. This demonstrated a lack of effective oversight by the registered manager to ensure improvements were made, good safety practice was sustained and people received safe care.
- The deputy manager completed audits on areas such as the environment, medicines and care plans. However, the auditing of medicines needed review to ensure these were effective in checking medicines were administered safely and that action was taken where improvements were identified.
- Although the deputy manager was managing the service on a day to day basis and had good oversight of what was happening, the registered manager is legally responsible but had not acted to rectify the risk from the water.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager understood their role and kept up to date with best practice through networking with the manager in the provider's other service and the use of the internet. They reported to CQC appropriately and submitted any statutory notifications that were required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff were positive about the service. Comments included, "Always ups and downs but it is well-led," and, "Deputy manager provides me with everything I need. It's a nice little home."
- The latest CQC inspection report was available for people in the service and displayed the rating.
- The deputy manager and the staff team knew people well which enabled positive relationships and good outcomes for people using the service.
- Staff were aware of the whistle-blowing processes. Although they felt well supported by the deputy manager, staff told us they felt confident in escalating any issues they may have with the local authority and CQC if they felt they were not being listened to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● There was a positive and motivated culture within the service and staff worked well together. One staff member said," Staff work well together and that is a strength."
● People and staff were asked for their feedback through surveys and the feedback was mostly positive. Action was taken in response to this feedback although this was not formally recorded to evidence continuous improvement.
● The deputy manager had an open and positive approach to feedback and to developing the service. They told us, "We are focusing on the development of additional life skills to prepare people to become more independent."
● The deputy manager monitored and worked alongside staff regularly to identify where staff skills and knowledge needed to be improved. They were approachable and provided feedback to ensure continuous development. One staff member said, "Deputy manager is very supportive and is not afraid to give criticism, guidance and support."
● A manager from the provider's other service completed twice yearly audits and an external audit had also been completed. Recommendations were made for improvements which the deputy manager was working to address.

Working in partnership with others
● The deputy manager and staff team shared information and worked with other professionals such as the community mental health team to ensure positive outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the potential risk associated with hot water. Regulation 12 (1) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effective in addressing risks to people's health, safety and welfare or ensuring continuous improvement. Regulation 17 (2) (b).