St Anselm's Nursing Home

St Anselm's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 29 and 30 July 2015 and was unannounced.

St Anselm's Nursing Home is situated in Walmer, near Deal. The service provides accommodation, support and nursing care for up to 26 people with a variety of mental and physical health needs. This includes people living with all types of dementia, personality disorders, such as paranoid schizophrenia and bipolar, and Parkinson's disease. At the time of inspection there were 26 people living at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. St Anselm's is owned by a partnership of four people, two of whom work on a daily basis at the service. The remaining two partners visit regularly.

Summary of findings

People told us they felt safe living at the service. Staff understood the importance of keeping people safe. Risks to people's safety were identified and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff knew how to protect people from the risk of abuse.

Accidents and incidents were recorded and analysed to reduce the risks of further events. People had a personal emergency evacuation plan (PEEP) in place so staff knew how to evacuate each person if they needed to.

Recruitment processes were in place to check that staff were of good character. People were supported by sufficient numbers of staff with the right mix of skills, knowledge and experience. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles.

People were confident in the support they received from staff. People and their relatives said they thought the staff were trained to be able to meet their needs or the needs of their loved ones. People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's physical and mental health was monitored and people were supported to see healthcare professionals.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Some applications to the supervisory body had been made in line with the guidance. There were other urgent applications which had been made but since expired and not been renewed so people were being restricted without the restriction being authorised as lawful. DoLS checklists had been completed for people and were regularly reviewed but some of these checklists had not been dated.

People and their relatives were happy with the standard of care at the service. People were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff were kind, caring and compassionate and knew people well. People were encouraged to stay as independent as possible.

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation.

The registered manager and nursing director coached and mentored staff through regular one to one supervision. The registered manager and nursing director worked with the staff each day to maintain oversight of the service. People and their relatives told us that the service was well run. Staff said that the service was well led, had an open culture and that they felt supported in their roles. Staff were clear what was expected of them and their roles and responsibilities.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted most notifications to CQC in an appropriate and timely manner in line with CQC guidelines. However, they had not consistently notified CQC of Deprivation of Liberty Safeguards (DoLS) applications made to the local authority and their outcomes.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

Summary of findings

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.

Risks to people were assessed and there was clear guidance in the care plans to make sure all staff knew what action to take to keep people as safe as possible. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Accidents and incidents were recorded and analysed to reduce the risks of further events. A plan was in place to ensure that people would be able to leave the service safely in the event of an emergency.

Is the service effective?

Requires improvement

The service was not always effective.

Staff understood the importance of gaining consent to care and giving people choice. Some urgent authorisations for people who had their liberty restricted had been made but had expired and not renewed. DoLS checklists had been completed for people and were regularly reviewed but some of these checklists had not been dated.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005.

There was regular training and the registered manager held one to one supervision with staff to make sure they had the support to do their jobs effectively.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People were provided with a range of nutritious foods and drinks. The building and grounds were suitable for people's needs.

Is the service caring?

Good

The service was caring.

Staff were patient, kind and caring. Staff understood and respected people's preferences and individual religious and cultural needs. Staff spoke and communicated with people in a compassionate way and in a way that they could understand.

Summary of findings

People and their relatives were able to discuss any concerns regarding their care and support. Staff knew people well and knew how they preferred to be supported. People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Is the service responsive?

Good

The service was responsive

People received consistent and personalised care and support. People were involved with the planning of their care. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used compliments, concerns and complaints as a learning opportunity.

Is the service well-led?

Requires improvement

The service was not consistently well-led

The provider had not consistently notified the Care Quality Commission of events in line with legislation.

People and staff were positive about the leadership at the service. There was a clear management structure for decision making which provided guidance for staff. Staff told us that they felt supported by the nursing director and registered manager. There was an open culture between staff and between staff and management.

The registered manager completed regular audits on the quality of the service. The registered manager analysed their findings, identified any potential shortfalls and took action to address them.

St Anselm's Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 July 2015 and was unannounced. The inspection was carried out by one inspector and expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service and talked to ten people who lived there. Conversations took place with people in their own rooms, and with individuals and groups of people in lounge areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with five relatives and friends, eight members of staff, the registered manager and the nursing director.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed five care plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was monitored and managed.

We last inspected St Anselm's Nursing Home in September 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the service. The expert by experience spent a day with people, talking with them and observing staff interactions with people. One person told us that they had fallen several times prior to moving to St Anselm's, "but I have had no falls here". A relative said that their loved one was very comfortable at the service and commented, "The staff are so kind and always make me welcome. His room is comfortable and clean and we did bring some bits from home when he arrived".

People were protected from the risks of avoidable harm and abuse. People told us about taking risks and keeping safe, and they confirmed they were confident to seek support from the staff. There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. All the staff we spoke with had received training on safeguarding people and were all able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff said that they felt the registered manager operated an 'open door' policy which encouraged openness and transparency with staff. Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. There had not been any whistle blowers in the last 12 months.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. We observed staff supporting people to take their medicine. Staff did not leave people until they had seen that medicines had been taken. Staff told us they were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects. We looked at the medicine administration records (MAR) for people. MARs were completed correctly and there were no missing signatures. Nurses checked the medicine records and stock each day.People's medicines were regularly reviewed by visiting health professionals, such as, psychiatrists.

Medicines were handled appropriately and stored safely and securely in a clinical room. Medicines were disposed of in line with guidance. Checks were completed on medicines and guidance on the lifespan of medicines, once they had been opened, was on view for staff to refer to. When medicines were stored in the fridge the temperature of the fridge was taken daily to make sure the medicines would work as they were supposed to. Medicines audits were regularly completed by the registered manager and checks were also carried out by a local pharmacy. When any recommendation had been made this had been acted on. For example, the most recent audit highlighted the need to have the medicines policy updated with an ordering and disposal policy. This had been completed and staff were aware of the guidance.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency. People had a personal emergency evacuation plan (PEEP) in place so staff knew how to evacuate each person if they needed to. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise.

Recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nurses PIN numbers were checked to make sure they were registered with the Nursing and Midwifery Council and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date.

Good

Is the service safe?

There were enough staff on duty to meet people's needs and keep them safe. People and their relatives told us that there were enough staff at the service. One person said, "There are always lots of staff around and I feel I can ring or ask for anything at any time". Another person commented that their call bell was always answered and said, "There are always enough people around to help me get dressed and washed". Some people required one to one support at all times whilst others were supported in small groups of three or four. The provider employed suitable numbers of staff to care for people safely. They assessed people's needs and made sure that there were enough staff with the right mix of skills, knowledge and experience on each shift. The planning of the staff rota took into account any people who required one to one support. The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. The registered manager and nursing director had recently been covering shifts whilst they recruited a nurse. On the days of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs. During the days of the inspection staff were not rushed. All of the staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. One member of staff said, "I love it here. It's great being able to spend time with people". A visiting relative commented, "There seems like a lot of staff around and they made us feel welcome".

Some people had behaviours which may challenge others. Staff intervened and used appropriate de-escalation techniques to ensure the safety and welfare of people and staff. On occasions staff had to use physical intervention to protect people. This included using specific hand or elbow holds which staff were trained to use. Physical intervention was only used it when it was safe, appropriate and proportionate to do so and when it had been assessed as necessary and agreed to by the person or their advocate. Detailed guidance was provided to staff of how to positively manage people's behaviour and records of interventions were completed and reviewed by the registered manager. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose and meant that the care and support was given consistently. Staff understood how to support each individual's behaviour and protect them from the risk of harm.

Accidents, incidents and near misses were reported to the nurse or manager on duty. Accidents had been recorded on an accident form and the registered manager told us that these were reviewed to identify any patterns or trends. When a pattern had been identified the registered manager referred people to other health professionals to minimise risks of further incidents and keep people safe.

Risk assessments detailed the potential risk and gave staff guidance on what control measures could be used to reduce risks and keep people safe. People were encouraged to move around the service and were supported to take reasonable risks to maintain their independence. When people had difficulty moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them stay as independent as possible. Assessments were proportionate and centred around the needs of the person. They identified how many staff were needed to support each person. Risk assessments were updated as changes occurred.

The service was clean, tidy and generally free from odours. On the first day of the inspection we found a couple of areas in the service which smelled of urine. We brought this to the attention of the registered manager who took immediate action. On the second day of the inspection the service was free from odours. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Foot operated bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them easily. People's rooms were well maintained and people told us they were happy with the cleanliness of the service.

Requires improvement

Is the service effective?

Our findings

People told us that staff looked after them well and staff knew what to do to make sure they got everything they needed. One person said, “They really look after me. Nothing is too much trouble”. People and their relatives said that they thought staff were trained to be able to meet their needs or their relative’s needs.

Staff explained that people and their relatives were involved with planning their care and that when someone’s needs changed this was discussed privately with the person. People confirmed that this happened. When people were unable to give valid consent to their care and support, staff acted in people’s best interest and in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. People and their relatives or advocates were involved in making decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people’s interests either by supporting people or by speaking on their behalf. Staff were aware of and were able to explain the principles of the MCA and how it impacted on the people they supported. Staff had received training on the MCA. When people had made advanced decisions, such as Do Not Attempt to Resuscitate, this was documented and kept at the front of people’s care plans so that staff could ensure that the person’s wishes would be acted on.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager and nursing director were aware of the judicial review in March 2014 which made it clear that if a person lacked capacity to consent to arrangements for their care, were subject to continuous supervision and control and were not free to leave the service, they were likely to be deprived of their liberty. Some applications to the supervisory body had been authorised and had been made in line with the guidance. There were other urgent applications which had been made but since expired so people were being restricted and continuously supervised without the restriction being authorised as lawful. The registered manager was aware that applications needed to be renewed and was continuing to assess people’s restriction or deprivation of liberty under the MCA and Mental Health Act. DoLS checklists had been completed for people and were regularly reviewed but some of these checklists had not been dated. The registered manager agreed to remedy this as this was an area for improvement.

Care plans had been written with people and their relatives and, when possible, had been signed by people to show they agreed with them. People said staff asked for their consent about the tasks they were about to undertake. People’s care plans contained informed consent forms for things, such as, administering medicines and photographing wounds. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files. An LPA is a legal tool that allows a person to appoint someone to make certain decisions on their behalf. Some people had an informed consent form for having a flu jab which they had signed to show that they agreed with the decision. People’s capacity to make decisions was regularly reviewed so that the required support could be put in place if needed. If people did not have the capacity to make decisions then meetings, with relatives, staff and health professionals, were held to ensure that the decisions were made in people’s best interest.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day. One person told us, "I like the food there's plenty of it and if you want anything you just ask" and another said that they didn’t like liver and bacon but that staff gave them something else instead. We asked friends and relatives about their views on the food and the responses were positive. Relatives told us “The food is good and there’s plenty of it” and “(My loved one) enjoys the food, and sometimes I eat here too – it’s very good”.

Staff told us that most people had their meals in the dining room but that some preferred to eat in their room. Staff commented, “If someone gets up late and wants any sort of breakfast it’s not a problem” and, “People prefer good basic food, like roast on Sundays and today is egg, bacon and all the trimmings followed by bread and butter pudding".

Requires improvement

Is the service effective?

Staff chatted with people in a cheerful manner and communicated in a way that was suited to people's needs, and allowed time for people to respond. The atmosphere was relaxed and peaceful. Throughout lunch staff were observant, attentive and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's experience. The food looked appetising and people ate well.

During the inspection several people asked for something to eat during the morning and nothing was too much trouble. Drinks were freely available at any time and cakes were being made during the morning. Cakes were a favourite and a cake was made every day for teatime or as a snack if wanted. Soft / pureed meals were prepared daily for some people and these looked appetising. There was a good rapport between staff in the dining room and kitchen area. Staff told us that they took into account people's likes and dislikes when planning the menus. One member of staff said, "Menus are over a four week period and we do occasionally do something different like risotto which they really enjoyed" and, "They really enjoy the cakes I make and there is always a choice if they don't like something".

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. There was guidance for staff which identified which people were at risk of losing or gaining too much weight and what support people needed. People's weights were monitored and action was taken to refer people to health professionals when needed. If people chose not to be weighed then this was noted. When people had problems eating and drinking they were referred to dieticians and speech and language therapists. The registered manager and staff worked closely with health professionals, such as, psychiatrists and tissue viability nurses. The registered manager spoke at least once a week with the local community psychiatric nurse. If a person was unwell their doctor and psychiatrist were contacted.

People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People told us they felt they were supported to maintain good health and that their health needs were being met. People's health was monitored and care was provided to meet any changing needs. Some people needed their blood pressure monitoring and this was carried out and documented regularly by a nurse to make sure their blood pressure was stable. There were risk assessments and care plans in place for people's skin care, continence and nutritional needs and these were reviewed for their effectiveness and reflected people's changing needs. People had the relevant equipment in place to reduce the risks of pressure sores to keep their skin as healthy as possible. People received ongoing health care support and, when needed, referrals were made to specialist health care professionals, such as, heart failure nurses and dieticians.

When people were at risk of pressure sores staff would regularly reposition them to help prevent pressure sores from developing. People had the use of pressure relieving equipment such as compression socks, cushions and air flow air mattresses. There was guidance for staff on how to use pressure relieving equipment to minimise the risks of people developing pressure sores.

Staff told us that they had an induction when they began working at the service. The induction was completed over a number of weeks and was signed off, by the registered manager, as staff completed each section and were assessed as being competent. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Following their induction the registered manager continued to monitor and observe staff and carried out an appraisal after one month and then six months.

Staff received regular training and were able to tell us what training courses they had completed. A training schedule was kept which showed when training had been undertaken. Some training was completed on-line and other, such as, moving and handling incorporated practical sessions. Staff told us that they had completed training and that this included specialist training relevant to their roles, such as, courses about mental health, dementia and conflict management. Staff were encouraged to complete additional training for their personal development. This additional training included completing adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification,

Requires improvement

Is the service effective?

candidates must prove that they have the ability (competence) to carry out their job to the required standard. One member of staff told us, “The training is always on-going”.

Some people had behaviours which may challenge others. Staff intervened and used appropriate de-escalation techniques to ensure the safety and welfare of people and staff. It was evident throughout our observations that staff had enough skills and experience to manage situations as they arose and meant that the care given was of a consistently high standard. A member of staff that had recently joined the staff team said that they hadn’t personally had to deal with this but that they completed conflict management training so felt “quite confident” in knowing what to do. They told us that this had included de-escalation strategies, communication, and practical training on safe and therapeutic holding. They said that they were “Very aware of people’s likes and dislikes and how to handle situations” and that the training had been “Very useful”.

Nurses received regular clinical supervision and specialist training on topics such as diabetes and venepuncture. (Venepuncture is the puncture of a vein as part of a medical procedure, typically to withdraw a blood sample or for an injection).

Staff told us that they had regular one to one supervision meetings with the registered manager or nursing director when they could discuss their training needs and any concerns or problems. Staff said that they would go to the registered manager at any time to discuss concerns or ask questions and that there was an ‘open door’ attitude. The registered manager had an annual appraisal system. This was an opportunity for the registered manager and staff to discuss any identified development and training needs and set personal objectives. When training needs were identified staff were supported to access the necessary training. If staff were not achieving their personal objectives they were supported by the registered manager and nursing director to look at different ways to achieve them. Staff received extra supervision, coaching and mentoring if issues were highlighted.

The design and layout of the service was suitable for people’s needs. The building was adequately maintained although there were some carpets in need of replacing. The registered manager was aware of this and there were plans to replace them. Rooms were clean and spacious. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service. People’s bedrooms were personalised with their own possessions, photographs and pictures. One person told us, “My room is comfortable and it’s a single one as I don’t want to share”. Another person said, "I have a good room, it’s most comfortable". Part of the garden had recently been sectioned off to make it safer and less restrictive for people when they chose to spend time there. There were seating areas in the garden so that people and their loved ones could sit together.

Good

Is the service caring?

Our findings

People told us they were happy living at the service and their comments about the staff were positive. One person said, "I'm happy enough here". I do my crosswords and have won some competitions". Staff supporting people had a friendly approach and showed consideration towards people. People were relaxed in the company of each other and staff. One person commented, “I do need some help and they really look after me". They explained that although they needed some help with mobility they liked to keep some independence and try to do some things for them self. Another person told us how they liked to be independent, “But I know I need help with some things".

During our inspection there were a number of visitors who called in to see their loved ones. Relatives told us that they visited when they wanted to and that there were no restrictions in place.

One relative said that they were happy with the care provided and felt staff were very caring and knew what was needed. A relative told us that their loved one had lived in a number of other services and had been ‘disruptive’ but that their attitude and behaviour had changed since being at St Anselm’s. They said that the staff were kind and caring and commented, "The staff are very friendly and helpful" and, "The care is very good and I am welcomed every time I come in with a cup of tea". Another visitor added, "I feel very comfortable when I come to visit, staff are friendly and cheerful and they always welcome me". Staff greeted visitors in a way that showed they knew them well and had they had developed positive relationships.

The last survey completed by relatives received positive feedback, comments included, “I am and my family are very happy with (our relative’s) care. He is as happy as he can be out of his home. I know I can’t care for him anymore. Thank you all for your care and kindness” and “Everything has been monitored with care. We add our thanks for the high quality of care, compassion and understanding that you offer”.

The ‘Values and Principles of St Anselm’s’ promoted people’s privacy, dignity and independence. Staff were clear on how to treat people with kindness, respect and dignity. Our observations of staff interacting with people were positive. Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff told us that people were given privacy when they wished to use the telephone or spend time with friends and relatives. When people were supported to eat their meals in their bedroom we saw that staff closed the door to protect people’s privacy and dignity. Staff knocked on people’s bedroom doors and waited for signs that they were welcome before entering people’s rooms. They announced themselves when they walked in, and explained why they were there. People were not rushed and staff made sure they were given the time they needed. Staff supported people to maintain contact with friends and relatives. One person told us that they really valued their independence and that this was respected by staff. Another person commented, "They (staff) take good care of me"

Most people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services were available to people if they wanted them to be involved. People’s religious, ethnic and cultural needs were taken into account and staff arranged for clergy from different denominations to visit when people requested this. Some people were supported by staff to attend church services.

During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking people were happy and having their needs met. Staff communicated with people in a way they could understand and were patient, giving people time to respond. Staff had knowledge of people’s individual needs and showed people they were valued. Staff made eye contact with people when they were speaking to them.

Staff displayed caring, compassionate and considerate attitudes towards people and their relatives. One person said that he thought the staff were good and “They treat me well and always help me get dressed and bathed and ready for bed, not too early”. A relative told us they thought their loved one’s room was comfortable and that they were "Well cared for and happy". Another relative told us that their loved one was well cared for and, "Staff are friendly and helpful and she is much happier here than in the other home".

Good

Is the service caring?

People moved freely around the service and could choose whether to spend time in their room or in communal areas. People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were supported to shave.

People's preferences and choices for their care including end of life care were clearly recorded and kept under review. Relatives told us that they had been involved in the planning of their relative's end of life care. Staff had worked closely with a local hospice with regard to palliative care.

People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Staff supported people in a way that they preferred and had chosen.

Good

Is the service responsive?

Our findings

People said that they received the care they needed and that the staff were responsive to their needs. One person told us they had a good rapport with staff and said, "Nothing is too much trouble and they are always smiling". Relatives told us that staff kept them up to date with any changes in their relative's health. During the inspection staff were responsive to people's individual needs, promoted their independence and protected their dignity. There was a good team spirit amongst the staff and a friendly manner towards people and their relatives.

People and their relatives told us that an assessment of their needs was completed when they were considering moving into the service. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. This was used so that the provider could check whether they could meet people's needs or not. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best.

People were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. The nursing director told us how they wanted people to achieve fulfilment and that each person was treated as an individual and that the service embraced people's differences. The service had a statement of purpose which noted, 'We want to help residents realise personal aspirations and abilities in all aspects of their lives'. People were assigned a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Keyworkers spoke with people and their relatives to find out about their life history and completed a 'This is me' document so that staff could learn about people. 'This is me' is a tool which people with dementia can complete which lets health and social care professionals know about people's needs, interests, preferences, likes and dislikes. Information about people was updated as and when staff found out more about people.

Plans included details about people's personal care needs, communication, mental health needs, health and mobility needs. Risk assessments were in place and applicable for the individual person. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support and care.

Staff knew people well and were often 'a step ahead' through their observations. For example, one person was seen to be a little unsettled and pulling at their clothes, staff spoke discreetly to this person and supported them to the bathroom. When we read this person's care plan it detailed, 'Unable to tend to personal care needs and nutritional and continence needs. Observe (the person) fiddling with clothes and take (the person) to the toilet at these times'. One member of staff said, "If I thought someone was unwell or there was something wrong I would deal with it immediately".

People were supported to keep occupied and there was a range of meaningful social and educational activities available, on a one to one and a group basis, to reduce the risk of social isolation. Aromatherapy, armchair exercises, music and interactive singing sessions, chiropodist, hobbies and interests, entertainers and trips to museums and other places of interest were some of the activities offered. One person said, "I have visitors and do go out with them". Another person said, "There was line dancing and I liked the music". Staff told us that they tried to organise 'age related' activities and outings. People were taken on holiday to places of their choice and supported by the registered manager and staff. Recent holidays included the New Forest and the Isle of Wight. When people chose to spend long period of time in their rooms this was noted in their care plan. One care plan noted, '(The person) chooses to spend most of his time in his room. He is at risk of becoming socially isolated and depressed. (The person) has the capacity to make this decision'. Staff told us that they 'regularly pop in' to check if people needed anything or if they would like to go to another area of the service or garden. Some people had bird feeders outside their room so that they could watch the wildlife if they were unable to get out of bed. Staff told us that they made sure people's birthdays and anniversaries were celebrated. A relative had recently sent a card to staff which noted, "Many thanks for making (my loved one's) birthday special for him. We were so pleased to enjoy his birthday tea in the dining room with him and so appreciate the kindness of you all".

Good

Is the service responsive?

People and relatives told us that they would talk to the staff if they had any concerns and felt that they would be listened to. One person said, "If I had a concern I would say something". The provider had a policy in place which gave guidance on how to handle complaints. When complaints had been made these had been investigated and responded to in writing and within timescales. People and relatives told us they would raise any concerns with the registered manager or staff and felt that they would be listened to. The provider used compliments, concerns and complaints as a learning opportunity.

Requires improvement

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

The registered manager had submitted most notifications to CQC in an appropriate and timely manner in line with CQC guidelines. However, they had not consistently notified CQC of the outcomes of Deprivation of Liberty Safeguards (DoLS) applications made to the local authority.

The provider did not consistently notify the CQC of any DoLS applications or their outcomes. This was a breach of Regulation 18(4A)(a) and (4B)(a)(b)(c) and (d) of the Care Quality Commission (Registration) Regulations 2009.

People we spoke with knew the nursing director, registered manager and staff by name. People told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. One person told us, "If I am unhappy with anything I will say so" but felt that the care being given was "just right". Another person said, “I think everything is well run. I get the things I need and get the help I need”. People and their relatives said that the staff were approachable and “Get things done”. People’s and their relative’s views and comments were taken into account. One person had recently had a specially measured and made bed purchased and had moved room to accommodate this to give them additional space.

There was a clear management structure for decision making. The nursing director and registered manager were both mental health nurses who acted as effective role models, seeking and acting on the views of others. They both periodically worked alongside staff to provide guidance. The nursing director and registered manager kept an overview of the service and were constantly observing and monitoring staff.

There were boards in the service which named each member of staff on duty that day so that people and their families knew who they could speak to. The registered manager held regular meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. Where lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. The nursing director and registered manager welcomed open and honest feedback from people and their relatives. Staff were encouraged to question practice and suggest ideas to improve the quality of the service delivered. Nurses had been allocated ‘lead roles’ and were proactively working with other health professionals to improve the outcomes for people.

Staff understood the culture and values of the service. Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely and helped one another. Our observations showed that staff worked well together and were friendly and helpful to visitors and residents, nothing was too much trouble. One member of staff commented, "The staff are very good, it’s a great team and we help each other out". The registered manager was aware of, and kept under review, the day to day culture in the service. This included monitoring the attitudes, values and behaviours of staff.

Staff were clear what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people’s confidentiality.

We asked staff for their views on the management and leadership of the service. All of the staff we spoke with felt the service was well led. Staff told us that they felt supported by the management team. One member of staff told us that they had future plans to become a nurse and that this was being supported and encouraged. Health professionals were contacted for their views of the service provided at St Anselm’s. Comments included, “Staff well informed regarding the clients”, “Lots of staff present with clients. Always feels ordered and well organised” and “Staff are well trained and people are well looked after. Good team spirit”.

The management team worked proactively alongside organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. The service had been involved in a project with local

Requires improvement

Is the service well-led?

tissue viability nurses who supported care homes with the prevention of pressure areas. The registered manager regularly attended care homes forum meetings to share ideas and best practice with other providers. Staff had worked closely with the local hospice to widen their knowledge of palliative care.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, call bells and fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. For example, a hand wash dispenser had been found empty and this was immediately replaced. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The provider did not consistently notify the CQC of the outcomes of DoLS applications made to the local authority.** **This was a breach of Regulation 18(4A)(a) and (4B)(a)(b)(c) and (d) of the Care Quality Commission (Registration) Regulations 2009.**