Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Anthony's Residential Home (Erdington) Ltd

124-126 Sutton Road, Erdington, Birmingham, B23 5TJ

Tel: 01213737900

Date of Inspection: 11 December 2013

Date of Publication: February 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	St Anthony's Residential Home (Erdington) Limited
Registered Manager	Miss Jennifer Elizabeth Mary Julia Smith
Overview of the service	St Anthonys Residential Home (Erdington) Ltd provides support and personal care to older people living in the Erdington area of Birmingham.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

Speaking to Social Worker

What people told us and what we found

On the day of our visit there were thirty-three people living at the home. No one knew we would be visiting. We spoke to three people who lived at the home, two relatives, a social worker, two members of staff, the manager and the owner.

All staff spoken to was able to tell us about people's needs and records seen confirmed that staff were knowledgeable about the people they cared for. We saw positive interactions between staff and people that lived at the home. One person said, "I talk a lot to my keyworker and we discuss my care."

Systems were in place to ensure that people were safeguarded from harm. People told us they felt safe living there. One person said, "It's very safe here."

People told us that they did not have any concerns about the staff that provided their care and support. One person said," Lovely staff really lovely." Recruitment procedures were in place to check people's suitability to work in the service. However, we found that new staff had commenced working in the home without all checks been completed. This meant people were not safeguarded from being cared for by unsuitable staff.

Staff spoken with told us they felt supported by the manager, and had regular training so they knew how to support the people living there. One staff said, "There are lots of training opportunities here."

There were systems in place to monitor how the home was run, to ensure people received a quality service.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 08 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke to three people who all told us that they had a plan of care and had discussed it with their key worker. One person told us, "Staff talk to me about my needs and my care plan." Another person told us, "I have had a care review meeting this year and talked with staff about my care." This meant that people were involved in their care planning.

We saw that care and treatment was planned and delivered in a way that ensured people's safety and welfare. People's care records were detailed with information about how people wanted their care and support needs to be met. We saw that care plans had been reviewed each month. We saw where changes were made these had been documented. This meant staff had up to date information about people's care needs.
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One staff told us, "We know the residents really well so we can see when needs change and we report the changes so that their care plans can be updated." A relative told us, "They are very responsive to people's needs here."

People's care plans showed they were regularly seen by health care professionals. Where instructions had been given we saw they had been followed by the care staff. A relative told us, "The staff really looks after his health." This meant care and treatment was planned and delivered in a way that ensured people's safety and welfare. A social worker told us, "My client is appropriately looked after here."

During our visit, we saw that people were encouraged to do things during the day. One person told us, "I like to help do things here." A care staff told us, "We support people to do as much as they are able to." The care staff we spoke with knew people well and understood their individual needs. One care staff said, "Most of us have worked with people for a long time and know them really well." This meant that staff knew that it was important for people to participate in activities in and out of the home.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with three people who use the service. They all told us they felt safe living in the home and had never seen anything that caused them concern. One person told us, "I am secure here; the staff are great."

We spoke with two relatives of people who use the service. They told us they felt their relative was safe and had no concerns. One person we spoke with told us, "Since X has been there I know X is quite safe." Another relative said, "They do an excellent job looking after the people." Both relatives told us they knew how to complain and would speak to the manager or owner if they had any concern about their relatives care and were sure it would be addressed. A social worker we spoke to said, "I have not had any concerns about care."

We found that the provider had safeguarding policies and procedures in place which were shared with staff and accessible if needed. We spoke with two members of staff who told us they had received training in safeguarding and whistleblowing. Both staff could describe the signs of abuse and identify their role in raising a concern. This meant staff had the knowledge and skills to recognise signs of abuse and take the appropriate actions. Training records looked at confirmed that staff had been trained in safeguarding. Safeguarding and whistleblowing are terms used to describe the protection of vulnerable people and the process of raising concerns about practice that may place people at risk of harm.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The provider did not ensure that people who used the service were protected by effective operation of staff recruitment procedures.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with three people who used the service. They told us that they did not have any concerns about the staff that provided their care and support. One relative told us, "Wonderful staff, absolutely wonderful."

We looked at four staff files in relation to recruitment. Relevant checks had been made in relation to two of the files we looked at to ensure staff were suitable to work with vulnerable people. In the other two staff files we could not evidence satisfactory conduct in previous employment as reference had not been validated for authenticity and no checks had been made in relation to a Disclosure and Barring Safeguarding (DBS). This meant that where people had been previously employed clarification and details about how long they had worked there, their suitability, the reason for leaving or their conduct when employed was not available.

We checked that the provider had a recruitment and employment policy. The policy stated that offers of employment would only be made when all references and checks had proved suitable. This meant that the provider was not following their own policy to ensure that people were safeguarded from being cared for by unsuitable staff.

The provider told us that one person had not actually commenced working yet and was waiting for formal checks to be completed. The second person was working in the laundry and had no contact with people who lived in the home. However we saw that people accessed different parts of the home which meant they would constantly interact with staff working in the there.

Following the inspection the provider contacted us to inform us that neither of the two staff we spoke to them about would be working in the home until all checks were completed.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People using the service told us they were happy with the support provided to them by the staff team. One person said, "The staff are really good, they listen to me." A relative told us, "The staff are considerate and understanding; I see them helping people when they get confused and upset."

Staff received appropriate professional development. Staff told us that each member of staff was regularly assessed as to the training they needed. Training records sampled showed that staff received the training they needed to know how to support people safely and to meet people's needs. Training in how to meet people's specific health needs was provided so that staff had the skills and knowledge they needed.
Staff told us that all staff received regular training in how to move each person that lives there and safely use the equipment provided to do this.

Staff spoken with told us they felt supported in their role, and that the manager was available to talk about things at any time. They told us that formal supervision was provided although not on a regular basis. The manager told us that the owner had always done supervision however she has now taken on this role to ensure all staff had regular supervision and appraisals. This meant that staff had support to carry out their role.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw the provider had systems in place to assess and monitor the service that people received. We saw that the provider undertakes quality audits through questionnaires given to people who use the service and their relatives. We saw that the manager uses the results of the questionnaires to address areas of concerns raised by people. An example was a request for more of a type of food that is liked by people living in the home and this was done. This meant the provider was regularly checking the views of the people who used the service about the care provided.

Audits of the home included a health and safety audit, this included testing of call bells, fire alarm system, and general maintenance around the home so that people live in a safe and well maintained home. A relative told us, "The home has regular maintenance which means people are not living in a poor environment." Care plans, medication, incidents, and accident records were monitored. This meant that areas of concerns about people's health or care were identified and addressed in a proactive way.

We saw that systems were in place for people to make complaints. People we spoke with confirmed that they were aware of how to make a complaint. One relative said, "I have had no concerns and if I did I am sure they would be acted on very quickly." One person told us, "If I had a complaint I would see the manager". Records relating to complaints were clear about the nature of the complaint and what action had been taken to resolve the complaint. This meant that people had known about the complaints process and they would have used it when they had needed to.

We looked at records of the meetings held for people. We saw that people had discussed issues such as activities, meals, introduction to new residents, any worries and complaints. This meant the provider was regularly meeting and checking the views of people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The provider did not operate effective recruitment procedures in order to ensure a person is of good character and has the qualification skills and experience which are necessary for the work to be performed.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 08 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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