

St Ann's Limited

St Ann's Lodge 2

Inspection report

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Ratings

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

Summary of findings

Overall summary

The service provides personal care and accommodation for up to six people in a small care home setting as well as providing personal care to six people who live in a supported living scheme opposite St Ann's Lodge 2. The providers other service, St Ann's Lodge 1, is located next door and is connected to St Ann's Lodge 2 sharing a large garden and patio area.

St Ann's Lodge 2 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service also provides care and support to people living in the 'supported living' scheme so that they can live in their own home as independently as possible. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in February 2016 we rated the service Good. At this inspection, we found the service had remained Good.

People told us they were happy living at St Ann's Lodge 2 and said staff were kind, caring and respectful towards them. There was a relaxed, friendly and homely atmosphere at the service. Staff clearly knew people well and were person centred in their approach.

The managers led by example and offered a high level of support to people, staff and relatives, often supporting relatives with matters outside of their management role.

Relatives only had positive feedback and praise for the service. They were kept involved in people's lives and were asked for their views about the support provided. They told us the staff team were caring, kind and compassionate. One relative described it as being part of 'one big family'.

External health professionals were also positive in their feedback about the service provided at St Ann's Lodge 2. They said staff were caring and worked well with them in achieving goals for people using the service.

The registered manager and staff team were committed to providing high quality person centred care and support. This ethos was central to how the service operated. The service was flexible and responsive to changes in people's needs and individual family circumstances. The service had a stable and consistent staff team who had people's wellbeing at heart.

Medicines were administered safely with accurate records available to show which medicines people had received.

Staff told us they received the support and training they needed to help them do their jobs well. The managers were proactive in ensuring staff completed training relevant to the needs of people living at the service. This included specialist training to enable staff to care for people with particular needs.

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.

Staff supported people to meet their nutritional and healthcare needs. Health professionals had been consulted to provide specialist advice and guidance to staff where needed.

People and their relatives felt able to speak to the registered manager or any of the staff team at any time if they needed help and assistance. They told us that they felt able to raise any issues or concerns and these were always listened to and acted upon. Special praise was received for the deputy manager who people described as 'excellent', 'a star' and 'genuine'.

Further information is in the detailed findings below.

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.

There were enough staff to meet people's individual needs.

People were kept safe from harm and abuse. Any risks to people were assessed and action taken to minimise these.

People were supported to take their medicines safely.

Appropriate pre-employment checks were completed to help ensure people's safety.

Is the service effective?

Good ●

The service was effective.

Staff were well supported and received training relevant to their role.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA).

Staff supported people to meet their nutritional and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People using the service had meaningful relationships with the staff. Staff knew them well and provided care and support in line with their wishes and preferences

People were treated with respect and dignity and staff were kind, caring and compassionate towards them.

People received support to develop and maintain their relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive.

Managers and staff knew people very well and responded promptly to any changes in their care and support needs.

People were supported to lead active lives and to maintain regular contact with family and friends.

Support planning was person centred, involved the person using the service and care documentation was made accessible to them.

Arrangements were in place for dealing with concerns and complaints. People and their relatives said that the service involved them and listened to them.

Is the service well-led?

The service was well led.

An experienced management team promoted high standards of care and support for people using the service at St Ann's Lodge 2. The staff team were motivated and engaged in providing meaningful and personalised care.

Staff were well supported by the managers who were approachable and listened to their views.

The ethos of the home was positive and promoted the delivery of high quality compassionate person-centred care. People's needs were at the heart of how the service was delivered.

Good ●

St Ann's Lodge 2

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.

Prior to our visit we reviewed the information we held about the service. This included inspection history, any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We visited the home on the 12 July and 15 August 2018. Our first visit was unannounced and the inspection was carried out by one inspector.

We spoke with eight people using the service, the registered manager, deputy manager, the director and three members of staff. We also spoke with five relatives by telephone and received written feedback from eight external health professionals.

We looked at records about care, including two files of people using the service. We checked two staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including health and safety records. We also checked how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People using the service told us that they liked living at St Ann's Lodge 2 and felt safe there. One person told us, "I love it here." Another person said, "I would recommend it if you have complex needs." A third person commented, "I've been happy here." Other people gave us the thumbs up or started clapping when we asked them if they liked living at the service.

We spoke with people's relatives and they felt their family member was safe living at the home. One relative said, "They are very well looked after." Another relative said, "They are cared for."

A health professional commented, "All individuals are very happy and settled and well cared for because of their home environment and the support they each receive." Another professional told us, "Whenever I have visited the home all service users appear happy and relaxed, and there is a very 'welcoming atmosphere'."

The service had procedures in place to help make sure people were protected from the risk of abuse. Staff received training in this area and knew what to do if they suspected abuse was taking place. One staff member said, "I'd be the first to whistle blow."

There were sufficient numbers of staff available to keep people safe and that staffing levels were determined by their support needs. For example, numbers of staff in the services varied according to people's routines and needs. We spoke with people, their relatives and staff who felt there were enough staff on duty. One person told us how the managers were advocating for them to get more hours for one to one support. Staff told us they worked well as a team and our observations confirmed this.

People received their medicines in a safe way and as prescribed by their GP. Medication Administration Records (MAR) were up to date and our checks showed that people had been given their medicines as prescribed. Medicines were securely stored and regular audits were carried out to make sure people's medicines were being stored and administered safely. Staff were trained in safely administering medicines and records showed this important training was kept up to date.

Care files contained assessments highlighting risks associated with people's care. These individual risk plans gave information about how to reduce the risk from occurring and considered the safety of people whilst balancing this against the benefits of positive risk taking. Risk assessments were in place for things such as going out in the community, fire safety, malnutrition and choking.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Staff told us that they completed an induction when they started work at the service. This included training and working alongside experienced staff while they got to know people using the service so they could work with them safely.

The premises were well maintained and regular safety checks took place. These included checks of gas and central heating, water safety including water temperatures to reduce the risks of people being scalded and electrical safety.

Is the service effective?

Our findings

Relatives we spoke with felt the staff were appropriately trained and supported their family member well. One relative said, "The staff are extremely good. Very receptive." Another relative said, "They know how to deal with people."

Staff told us were well supported by the management team. They received regular supervision sessions to discuss work related issues. Staff also received effective training which supported them to carry out their role. Staff told us they completed mandatory training which included subjects such as safeguarding, moving and handling, food hygiene, fire safety and behaviour that required a response. Staff also told us they could request other training to develop their knowledge in specific areas. For example, one health professional told us that they provided training to staff around epilepsy awareness and another health professional told us, "I have also provided training and consultation to the staff team and found the staff to be motivated, receptive and interested in learning about new ways to consider and implement care needs." A person using the service told us that staff were 'very clued up' around epilepsy.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had submitted DoLS applications for authorisation where people's liberty was being restricted. Authorisations were held on file and the managers made sure these were reviewed annually as currently required. Easy read documentation around the MCA and DoLS was available for people to reference. Care documentation highlighted where people could make their own decisions and how they could be supported to be as independent as possible. Staff had received training on the MCA and DoLS.

We found that people received enough food and nutrition to ensure a balanced diet. People were involved in making choices about what meals they would like on the menu. We saw fresh fruit and drinks were always available. We observed the lunch time meal being served and found the meal looked appetising with people eating outside in a dedicated covered area as the weather was hot. One person told us, "They give us what we want." Another person said, "I like the fish and chips."

Client's nutritional needs, including any allergies, preferences and special dietary needs were recorded and met. This information was easily accessible to staff and regularly reviewed and updated.

People were supported to live a healthy life and had access to healthcare services as required. The service

ensured people accessed a local GP and had yearly health checks. People also had access to dentists and other health services who they visited as required. One person told us that they had a 'passport' which gave health professionals in other services important information about them and their support needs. They said they took this to hospital with them to give to the staff there. A health professional commented, "The staff team support the residents with their health care needs very effectively. The staff team will contact me if they have any concerns and I feel that health care guidelines, such as epilepsy care plans are adhered to at all times." A relative said, "They look after [family member] from their teeth to their toes."

Individual's needs were met by the design, adaptation and decoration of the premises with the focus being on providing homely and comfortable accommodation with communal rooms including lounge, dining areas and large garden area. People were able to personalise their rooms and had a range of possessions to meet their needs, for example, televisions, stereos and DVD players. One person told us, "My room is nice. It's pink." Another person said, "My bedroom is very nice. They painted it the colours I wanted." A health professional told us, "The communal areas and residents own rooms always appear very clean and the gardens are lovely."

Is the service caring?

Our findings

The service ensured that people were always treated with kindness and compassion. People using the service and their relatives were consistently positive about the caring attitude of the staff.

A relative commented, "It's wonderful. Excellent. They are very very caring. They meet their individual needs. Nothing could be improved upon." Another relative said, "They are cared for. It is about the care and the love there. They are happy there. They feel at home. Homely. That's a good word for it." A third relative said, "They now do not want to come home to us. They look forward to going back there."

Health professionals told us, "In my professional opinion the care delivered to the residents is outstanding", "Carers have also shown to have compassion and dedication to the wellbeing of their residents" and "The houses are run in a very homely and friendly manner and therefore feel like a real home." One healthcare professional commented, "There is a 'home from home' feel within their services and it feels very 'nurturing' and 'contented' which reflects on how happy the service users are day to day."

The service had created a highly person-centred culture. The atmosphere was homely and had a real sense of family. A consistent group of staff demonstrated a real empathy for the people they supported. The majority of staff had known the people using the service for a long time, had an in-depth understanding of their needs and provided support in a relaxed and good-humoured way. One staff member told us, "I know the clients here well." They could describe people's likes and dislikes and how they liked to spend their days. For example, their day activities, their interests and hobbies and the sports they enjoyed watching. People were relaxed in the company of staff and clearly felt comfortable in their presence.

People had formed strong relationships with staff. One person told us, "The staff are very nice." Another person said, "I like all the staff. They help me. They talk nicely to me." A third person commented, "I get on well with staff. It's a better place than where I used to be. It's the people here – they are polite."

Respect for people using the service was at the heart of the service's culture and values. People and staff felt respected, listened to, and influential. One person told us, "They do listen to me. They know us really well here." Another person said, "They listen to me, they sort it out for me." A staff member commented, "We try to give the best support we can. I get advice from the managers. We report to them and they take action." Some people had requested the deputy manager to act as their advocate in meetings with social workers and other healthcare professionals. One person using the service had recently attended their review and told us how the deputy manager had advocated for them in trying to get some additional support hours. Another person was being supported to organise their Birthday BBQ on the second day of inspection and we saw how they were involved in planning the food and drink they wanted for their celebration.

Person-centred support plans gave information about what people were like, their strengths and the things that were important to them. Pictures and photographs were used to illustrate the plans. Each plan contained detailed information about how each person liked to be supported. For example, an independence care plan outlined how a person enjoying working in the garden and how they liked the smell

and feel of the plants and flowers. This person told us how much they liked doing the garden with staff. Another plan showed how staff would support a person with their personal care and included a symbol sheet to help prompt them to do this independently.

An 'about me' profile provided detailed information about the person, their background and the important people in their life. Each profile gave information about the person, their likes and dislikes along with their hopes and dreams. For example, people's aspirations to experience train trips, holidays abroad and their wish to develop new skills. One person wanted to learn to cook.

People told us they were supported to maintain family ties and close personal relationships. A family member told us, "I ring up and speak to [person] regularly. They come home to me when they want." The service understood who was important to each person and encouraged them to maintain those relationships and to have regular contact with family and friends. For example, one person received support to meet up with a relative who they had not had any recent contact with. This visit was highly successful and enabled their relationship to re-establish itself, important for both the person and their family member. Staff had also supported a person to write to a family member to help maintain their contact and promote understanding of the person's learning disability including how it affected them sometimes. Some family members told us they regularly attended the weekly open house evening and played games with people using the service and staff. One family member commented, "We go there every Wednesday. We always join in and it's like one big family."

People using the service spoke about their busy day to day lives, their activities and their holidays, both taken and planned. Most people using the service were out attending day placements and college on both days we visited. Some people were also being supported to attend activities and go shopping with staff.

The people we spoke to talked about their holidays to Disneyland and to Butlins saying how much they had enjoyed these trips. One person told us about their recent holiday saying, "I went with the manager and all my friends to Disney." Several people using the service asked to share their photograph albums of the trip with us during the inspection. This had been a goal for some people living at St Ann's Lodge 2 which the service had facilitated in early 2018. Another person was off on holiday abroad for the second year running and other people said they were off to Torquay with staff the following week. They told us how much they were looking forward to this. A relative shared how staff had sent pictures of their family member on their phone whilst they were away. Every year the managers and staff also helped people to organise their own Christmas show to entertain their family and friends. People were already being involved in deciding the pantomime for this year and told us they were excited about starting rehearsals soon.

Managers and staff had supported people in developing rich aspirations, to identify choices and preferences. Written feedback seen from an involved health professional said, "I personally think your support for [person] has been phenomenal." Another health professional commented, "The staff are extremely client focused and work very hard to ensure that the residents have the best possible opportunities for a healthy and happy life." A staff member told us, "All the managers are involved and they really engage staff in people's care."

Is the service responsive?

Our findings

People and their family members were involved in developing their support plans. The support planning was focused on the person's whole life, including their goals, skills, abilities and how they preferred to manage their health. Detailed guidance was available for each person about their preferred routines and how to support them effectively. The care documentation was very well organised and regularly reviewed. Work was on-going to make the plans as accessible as possible to people using the service. We saw pictures, symbols and photographs were used wherever possible to help people have ownership of these documents.

Members of staff acted as key workers for each person using the service and held regular one to one meetings with them. For example, to plan activities and discuss any issues affecting their wellbeing. A key worker is a member of staff allocated to work with a person co-ordinating and organising the service to make sure it is meeting their particular needs.

One person using the service told us they had just had their review saying, "It went well. I need more support hours and they are trying to get me more. They do listen to me. They know us really well here."

A health professional told us, "I have always found staff to be caring and attentive to the needs of their service users. I have never had any concerns." Another health professional commented, "Staff have been proactive in problem solving for the individual that I am currently working with and have approached the care that they have provided with consideration of the individual's needs."

People were supported to lead active lives by staff at St Ann's Lodge 2. Daily activities were planned to include attendance at day centres, college and classes, one to one trips out with staff, evening clubs and social events at home. One person told us, "I go out with staff. I help water the plants. I like boogie nights [an evening club]." One person was out swimming with staff on the first day of inspection whilst others were at day centres or college. A sand pit had been purchased for one person in response to their changing needs and we observed them using this facility very contentedly on the second day we visited

A health professional commented, "The residents appear very content and have a wonderful range of activities offered to them, including parties, theatre trips and holidays."

Relatives of people who used the service felt that staff were good at listening to them and meeting their family member's needs. One relative told us, "We will discuss things at length." Regular contact with family and friends was facilitated and encouraged to help protect people from the risk of social isolation and loneliness. Wednesday nights were designated as an activities night with an open invitation for family members and friends to come along to participate alongside people using the service. This open house evening also provided an opportunity for discussion about people's progress and of any issues or concerns. Two relatives told us they attended these evenings every week and valued the contact they had with their family member and the service.

People told us they felt able to talk to a member of staff if they had a concern or complaint. One person said,

"I'd go to staff. It would get sorted." Relatives also told us they had no concerns about the service. One relative said, "They will help me." Another relative said, "They are responsive to me. I email or can phone at any time." The service had a procedure in place to manage any concerns or complaints which was available to people using the service, their relatives and other involved stakeholders. The procedure was also made available in an accessible format.

Is the service well-led?

Our findings

The leadership at St Ann's Lodge 2 provided each person with the support they needed to reach their individual potential. This was achieved in a homely, open and welcoming atmosphere with a positive person-centred culture focused on the people using the service. The deputy manager told us how the service made sure its resources were concentrated on the frontline support to people and "to be there for them and not in the office". This was evident throughout both days of our inspection with people being supported by managers and staff to lead busy lives, attend day activities, prepare for social events and visit family members.

The quality of service was recognised by external health professionals. Two examples were shared where new staff working for external health organisations had been encouraged to visit the provider to see how the service operated and learn about its ethos and values. One health professional commented, "Consistently I have been very impressed with the quality of care provided."

The registered manager was one of the two directors of the company which owned the home and they had been running the service for many years. They were supported by a long-standing deputy manager who took responsibility for some of the day to day running of the service alongside the registered manager and other director.

The management team and their staff knew the people using the service very well. These were, in many cases, long standing relationships and this familiarity was evident throughout both our visits. We saw the managers speaking with people and it was clear that they all knew each other really well with a real affection evident. A health professional commented on this saying, "The staff have a very low turnover which I believe is a sign of genuine care and team work, but also of good leadership."

The service worked in partnership with others to build seamless experiences for people based on good practice and their preferences. One relative told us, "It is seamless. If they had a spare bed, I'd be moving in. My relative moves between here and there and they run back in to the home when we drop them off." Another relative told us, "It's the way they integrate everybody. People, their families. We are all involved."

Another person's relative told us how the service had worked positively both with them and their relative to help the person be calmer and achieve a better quality of life commenting, "They have a plan. They are very good at managing [the person's] behaviour and working with the medical teams to get to the bottom of things." They went on to say, "I have been very distressed [in the past] by what has happened to [family member]. I now know they are in the best place and are being really well looked after." Another relative said, "We have been through some difficult times. With the help of St Ann's, we have come through. I am happy with everything."

The service worked well in partnership with other agencies involved with people's health and social care. Health professionals were all positive about the management of the services and how they were run. One health professional told us, "They [the managers] are always very open and transparent" They went on to

say, "I have found St Ann's to be one support provider we work with in the borough to especially go above and beyond, just go 'that little bit further' to ensure each individual's support needs are met to their best." Another health professional commented, "I would particularly like to mention the deputy manager who demonstrates an exceptional level of care and understanding to the clients' needs."

Other comments included, "Should I have a family member with a learning disability, I would have absolutely no hesitation in leaving them in the care of the staff at St Ann's Lodge" and "The [deputy] manager of both homes is highly dedicated to his work and goes above and beyond to make sure that the home meets the needs of the residents who live at St. Anne's Lodge."

Staff were motivated, felt part of a team and were proud of the service. One staff member said, "There is a good team spirit. Everyone tries to help." Another staff member told us, "It's all about choice here. What people really want." A third staff member commented, "I'm very happy working here. People get good care and are treated very well."

Staff were positive about the leadership provided by the registered manager and their deputy. One staff member told us, "They are very helpful. It's going well here." Another staff member commented, "I meet with the deputy manager regularly. We have regular supervisions and appraisals."

Management were committed to meeting people's need through specific training. External professionals were requested to provide training and support to the staff team to make sure people's needs were being fully met. These sessions had focused on areas such as epilepsy, physiotherapy and responsive behaviour. People using the service had also attended recent training alongside the staff team around oral hygiene provided by professionals from a local hospital.

Both managers and staff were enabled to develop their leadership skills. Some staff were completing their diplomas in health and social care at level three and level five. The deputy manager and other staff were given additional responsibilities in helping run the service and gain more experience. For example, facilitating reviews, supervising staff, updating care plans and developing new quality assurance audits.

The service kept up to date with new research and development to make sure staff were trained to follow best practice. The service had been acknowledged in a recent published report looking at peer support activities to help people living with a learning disability understand ageing and living with dementia. This had enabled the home to work creatively with people using the service around ageing issues affecting them including close family members and their friends now living with dementia. Staff had also supported people to participate in local forums including a local Parliament for people with learning disabilities.