

Andrews Court Limited

# Andrews Court Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 22 and 23 November 2017. This was the first inspection since the legal entity responsible for providing the service had changed in October 2016.

Andrews Court 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 care home is in a converted church and accommodates up to 35 people on two floors. At the time of the inspection there were 31 people accommodated in the home.

The service was managed by a registered manager. 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.

People were supported by staff who were highly caring and compassionate. Staff knew people and their backgrounds well and used this knowledge to communicate effectively with people to ensure their diverse needs were met. Staff told us the philosophy of the home was that people should be treated as valued individuals.

People were treated with the utmost respect at all times. Staff protected their privacy, involved them in decisions about their care and promoted their independence. People described a strength of the service was the way staff cared for relatives as well as the person who actually lived in Andrews Court. All the feedback we received and saw was extremely positive about the care provided by Andrews Court.

There were enough staff deployed to meet people's needs. Recruitment procedures helped ensure only suitable staff were employed. Staff knew the correct action to take to protect people from the risk of abuse and avoidable harm. All the people we spoke with told us they felt safe in Andrews Court.

We identified some improvements needed to be made to the way medicines were handled in the service, including the administration of prescribed creams. However, all of the people we spoke with told us they always received their medicines as prescribed. Before the end of the inspection, the registered manager had taken action to address all the shortfalls we identified.

People were cared for in a safe, clean environment. The signage and décor in the home helped to promote the independence of people living with a dementia.

Arrangements were in place to check that fire safety equipment was in working order. However, we found no fire drills had taken place since the service opened; this meant staff might not be aware of the correct action to take should the building need to be evacuated.

Appropriate Deprivation of Liberty Safeguard (DOLS) applications had been made to the local authority and people's mental capacity to make their own decisions had been assessed and recorded in line the requirements of the Mental Capacity Act 2005. People were supported to have 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.

A comprehensive assessment was completed by the registered manager before people moved in to Andrews Court. This assessment was used to formulate plans of care for each individual that were sufficiently detailed to ensure they were at the centre of their care. People's care and support needs were kept under review and, where appropriate, they were involved in decisions about their care. Risks to people's health and safety had been identified, assessed and managed safely. Relevant health and social care professionals provided advice and support when people's needs changed.

Staff told us they received the support they required to deliver effective care. Staff had received training in a range of topics and were able to discuss their learning and development needs in regular supervision sessions.

People told us they enjoyed the meals they received. They were provided with a nutritionally balanced diet that catered for their dietary needs and preferences.

A range of activities was provided, both on a group and individual basis. These were aimed at promoting the health and well-being of people who lived in the home.

People were encouraged to comment on the care they received. They told us staff always provided the care they needed and wanted. The people we spoke with told us they were aware of how to raise a complaint and were confident the registered manager would take seriously any concerns they raised.

All the people spoken with during the inspection told us they felt the home was well-led. There was a clear management structure in place. All staff understood their roles, were highly motivated and worked well as a team. Staff told us they were treated fairly and encouraged to express their views about how the service could be improved.

Systems were in place to monitor the quality and safety of the service; these helped to ensure people received a good service that supported their health, welfare and well-being. The registered manager demonstrated a drive for continuous improvement in the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People told us they felt safe in Andrews Court and there were enough staff to provide them with the support they needed.

Some improvements needed to be made to the way medicines were handled in the service.

All areas of the home had a high standard of cleanliness.

Regular fire drills had not taken place; these are important to help to ensure staff understand the correct action to take if they need to evacuate the building.

**Requires Improvement**



### Is the service effective?

The service was effective.

Staff received the support required to enable them deliver effective care.

Appropriate action had been taken to safeguard the rights of people who were unable to consent to their care in the home. Staff understood their responsibility to support people to make their own choices and decisions wherever possible.

People were supported to access required health care services to ensure their needs were met.

**Good**



### Is the service caring?

The service was caring.

Without exception people told us staff were consistently kind, caring and respectful.

All staff demonstrated a commitment to providing caring and compassionate support to people who used the service and their families. Respect for people as valued individuals with diverse needs was embedded in the culture of the service.

**Good**



Staff understood how best to communicate with people to help ensure they were always able to express their views, wishes and preferences.

### **Is the service responsive?**

The service was responsive.

Each person's records contained individualised plans of care to ensure staff knew how to meet their needs, wishes and preferences.

People were supported to take part in a range of social activities to promote their sense of well-being.

Systems were in place to respond to and investigate any complaints people raised about the care in Andrews Court.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The registered manager demonstrated a drive for continuous improvement in the service.

Staff enjoyed working at Andrews Court and found the registered manager to be supportive and approachable.

Systems were in place to monitor the quality and safety of the service.

**Good** ●

# Andrews Court Care 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 checked 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.

The inspection took place on 22 and 23 November 2017; the first day of the inspection was unannounced. The inspection team on 22 November 2017 comprised of one adult social care inspector, one inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One adult social care inspector returned on 23 November 2017 to undertake the final day of the inspection.

In preparation for our visit, we contacted Healthwatch, the local authority contracting unit and safeguarding team for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

We did not ask the provider to submit a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spent time in communal areas observing how staff provided support for people to help us better understand their experiences of the care they received.

During the inspection, we spoke with 10 people who lived in the home, 10 relatives, the registered manager, the deputy manager, the activity coordinator, the chef, a laundry assistant and three members of care staff. We also spoke with one relative by telephone and two visiting healthcare professionals.

We had a tour of the premises and looked at a range of documents and written records including a detailed examination of four people's care files, five staff recruitment files and staff training records. We also looked at 10 people's medicines administration records, a sample of policies and procedures, complaints' records,

accident and incident documentation, meeting minutes and records relating to the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

People who lived in Andrews Court and their relatives had no concerns about the safety of the care provided. Comments people made to us included, "My [name of relative] needs to be cared for and kept safe and I feel she is safe here" and "These are lovely ladies; I would be lost without them."

During the inspection we observed people were comfortable in the company of staff and were happy when staff approached them. We observed staff interaction with people was kind, friendly and patient.

Staff had safeguarding adults' procedures and 'whistle blowing' (reporting poor practice) procedures to refer to. Staff told us they had received training in safeguarding adults and the records we looked at confirmed this. The staff we spoke with understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. Safeguarding incidents had been reported to the appropriate agencies and appropriate follow up action had been taken where necessary.

We looked at how the service managed risk. Environmental risk assessments were in place and there were procedures to be followed in the event of emergencies. Individual risks had been identified in people's care plans and kept under review. Records were kept of any accidents and incidents that had taken place at the service and the information was analysed for any patterns or trends. Staff told us they had also received additional training on how to keep people safe that included moving and handling, the use of equipment, infection control and first aid. The registered manager was aware of their responsibility to report issues any relating to safeguarding to the local authority and the Care Quality Commission.

People's care plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed and the actions staff should take to minimise risks to people's health and wellbeing. All the risk assessments had been reviewed on a regular basis and updated to reflect when people's needs had changed.

We looked at the recruitment processes in place. The five staff personnel files we looked at all contained an application form as well as two references and confirmation of each person's identity. We noted three application forms contained gaps in the employment histories of the staff concerned. We discussed this with the registered manager who took immediate action to speak with the relevant staff and ensure these gaps were fully explained. They told us they would amend the application form to make clear that applicants were required to explain any gaps in their employment history and that this would also be discussed in interviews as necessary. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements

We saw there were enough staff on duty to support people safely. During the inspection we saw staff were not rushed and responded quickly to people's request for support. People who used the service confirmed



staff always responded promptly if they required assistance. One person told us, "There are always enough staff to help me." Another person commented, "If I go to my room the girls continually check on me. I am never lonely."

We found some improvements needed to be made to the way medicines were handled in Andrews Court, although people spoken with told us they always received their medicines as prescribed.

We found there were two different policies in place regarding the safe handling of medicines; this meant there was a risk staff might not have access to the correct information to support them when administering medicines. The 'homely remedy' policy in place stated staff should request authorisation from each person's GP before such medicines were administered. The term 'homely remedies' commonly refers to a range of frequently used medicines which people are able to buy to treat minor illnesses. However, we noted such authorisation had not been sought. The registered manager told us they would take immediate action to seek authorisation from people's GPs to administer any homely remedies.

We found all the medication administration record (MAR) charts we reviewed were fully completed to confirm all prescribed medicines, including topical creams had been administered. We noted that staff had not always fully completed the separate topical cream administration records which were kept in people's rooms. However, the registered manager told that there were no issues with skin integrity or pressure areas in the home and daily records we reviewed showed that staff were administering creams when they provided care to people. We discussed this with the registered manager who immediately arranged for new topical cream administration records to be introduced. These documented where prescribed creams should be applied and allowed better recording by care staff when creams had been applied.

There were protocols in place for when people were prescribed medicines on an 'as required' basis. Although these informed staff of the dosage to be given, they did not contain information about how people might display symptoms of pain should they be unable to request pain relief. However our discussion with staff showed they knew people extremely well and were aware of the non-verbal communication people used when they were in pain. Before the end of the inspection, and with support from the dispensing pharmacist, the registered manager had introduced a new format for documenting when 'as required' medicines should be given.

We noted appropriate arrangements were in place to ensure people received their medicines as prescribed, including when they were unable to consent to taking them. Staff had followed the correct procedure to check whether an individual was able to consent to taking their prescribed medicines and whether covert administration (i.e. the administration of medicines in food or drink without the person's knowledge) was in the person's best interests. Risk assessments were also in place to advise staff of what action to take should the person not eat or drink all of the food/liquids in which the medicines were administered.

We saw that all staff responsible for administering medicines had received training for this task. In addition, regular assessments were carried out to check the competence of staff in the safe handling of medicines.

All medicines that require stricter controls by law were stored securely and accurately documented. Records we reviewed showed weekly stock checks were completed when new medicines were received at the home. Monthly medicines audits had also been completed by the deputy manager with action plans in place should any shortfalls be identified. In addition, a pharmacist had completed an external audit of the homes medicine procedures; no issues had been raised during this audit.

We saw the home was very clean in all areas seen. Staff hand washing facilities, such as liquid soap, paper

towels and pedal operated waste bins were provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Staff were provided with appropriate protective clothing, such as gloves and aprons. There were contractual arrangements for the safe disposal of waste. We saw staff had access to an infection prevention and control policy and procedure. The provider employed a team of housekeeping staff and regular checks were carried out of the environment to ensure high standards of cleanliness were maintained.

Records we reviewed showed that the equipment used within Andrews Court was serviced and maintained in accordance with the manufacturers' instructions. We saw that regular maintenance checks were carried out and action taken where necessary to address any issues found.

We looked to see what systems were in place to protect people in the event of an emergency. We saw procedures were in place for dealing with utility failures and other emergencies that could affect the provision of care. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Records were kept of the support people would need to evacuate the building safely in the event of an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire, although we were told no fire drills had taken place in the four years since the service had opened; such drills are important to help ensure staff are aware of the correct action to take should they need to evacuate the building in the event of an emergency. The registered manager told us they would arrange for evacuation drills to be carried out and the responses of staff evaluated to ensure any lessons were learned.

## Is the service effective?

### Our findings

People who lived in the home told us they were happy with the care they received. One person commented, "I am very content. I have no complaints at all, they do everything for me." A relative also told us, "I trust the staff completely to care for [name of relative] when I am not around. [Name of relative] loves being here although, as she says, it is not her home."

Staff told us they received good quality training which enabled them to deliver effective care. One staff member told us, "I feel I have all the training I need." Another staff member commented, "The training we do is very good. [Name of registered manager] keeps a record of all the courses we have done." Staff told us they were also encouraged to access additional training opportunities to help develop their practice and skills.

We noted there was a central system in place to record the training completed by staff. The registered manager informed us they were generally reliant on accessing courses provided by the local authority for staff training although they had also accessed distance learning courses in leadership for some staff.

Records showed new staff received an induction into the routines, practices and policies of the home; this included a period of time working with more experienced staff until new staff members were confident they had the required knowledge and skills to work independently. All the staff personnel files we reviewed contained a checklist that confirmed staff had successfully completed the induction period.

Staff told us they received regular supervision and our review of records confirmed this. We saw that supervision sessions were used to discuss practice issues as well as any learning and development needs.

Regular handover meetings, handover records and communication diaries helped keep staff up to date about people's changing needs and the support they needed. All the staff spoken with had a good understanding of people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found there were appropriate policies and procedures in place and staff had completed relevant training. The registered manager had

submitted DoLS applications for 14 people who used the service; 10 of these applications had been authorised by the local authority. The registered manager had submitted required notifications to inform CQC when any DoLS applications had been authorised. A system was in place for staff to quickly identify from care records when a DoLS authorisation was in place; this should help to ensure staff were aware of any restrictions in place to help ensure people received the care they required.

Care records we reviewed included information about the decisions people were able to make for themselves and how staff should support them to do so. Care records also informed staff what decisions they were able to make in individual's best interests if they were unable to consent to their care in Andrews Court. One person's records stated, "I am not able to express my likes and dislikes so staff need to observe my facial expressions and body language." From our conversations with staff it was clear that they had an excellent understanding of the way people communicated their consent to any interventions. People's consent in areas such as information sharing, taking photographs and medicine management was documented in the care records.

Staff spoken with demonstrated an excellent understanding of the principles of the MCA. One staff member told us, "You always have to assume each person has capacity unless an assessment says otherwise. You can sometimes make best interest decisions on a person's behalf if they can't make the decision for themselves." Another staff member commented, "It will be in people's care plans what to do in their best interests." All staff spoken with were able to tell us how they supported people to make their own decisions and choices. This was confirmed by our observations throughout the inspection when we heard staff regularly check with people where they wanted to sit and what they wanted to do during the day. Another staff member told us, "In this home it's all about choices. People are always asked what they want; it's completely up to them."

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. We observed the lunchtime experience on both floors of the home and noted it was a relaxed and pleasant experience. The food looked appetising and well presented. Food was served on an individual basis and help was available to everyone. We noted one person decided they didn't want the lunch she had ordered. Staff took the time to offer them three different varieties of soup or a sandwich. Another person's lunch was ready on their return to the home from a hospital appointment. A staff member told us, "People enjoy the food here. We try to encourage people to try new things but another choice is always available."

We spoke with the chef who told us they were aware of each person's dietary requirements or allergies. They told us they sourced fresh local produce on a daily basis and tailored the menu to this. They also informed us that they tried to use spices and ingredients which were rich in minerals to help the nutritional intake of people who lived in the home.

Records were made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals were made to a variety of healthcare agencies including GPs, dieticians, speech and language therapists, dentists and opticians. We noted that staff were available to accompany people to health care appointments should family members not be available to provide this support. Relatives spoken with considered their family member's health care was managed well. A relative told us, "They always keep me informed of any changes. Staff thought [name of family member] was becoming depressed and made an

appointment for the doctor."

We asked the registered manager how they ensured other professionals were made aware of people's needs when they were transferred to hospital. They told us the comprehensive assessment they completed and a list of the individual's prescribed medicines was always transferred with them to hospital.

We looked at how people's needs were met by the design and decoration of the home. We found all areas of the building were decorated to a high standard. Bedroom doors had been painted in different colours to help people identify their own personal space. Most people also had memory boxes outside their bedroom door that contained objects and pictures of special significance to them. People were able to personalise their rooms with furniture and pictures. One relative told us, "[Name of family member] didn't like the colour of the paint in her room so she was given a choice and the wall was repainted." Aids and adaptations had also been provided to help maintain people's safety, independence and comfort. Technology such as sensor mats was also used where necessary to help protect people who were at risk of falls in their bedroom.

## Is the service caring?

### Our findings

Without exception, people told us staff were extremely kind and caring. Comments people made to us included, "I didn't expect it to be so caring from our experience with other homes", "We laugh a lot and [name of registered manager] is my angel, but they are all nice" and "The care here is fabulous." A visiting healthcare professional told us, "This is the best home I visit in the local area."

We were told a strength of the home was the way staff cared for relatives as well as the person who actually lived in Andrews Court. This was obvious from the comments we noted in some of the numerous 'Thank You' cards received at the home. Comments relatives had written included, "Nothing was too much trouble. You didn't just support [name of person who lived in the home], you supported us as a family too", "The care our relative received from [name of registered manager] and her team was in our view the best we could have asked for; the little things such as carers coming in to say goodnight to [Name of person who lived in the home] at the end of their shift, allowing us to be involved in their care as much as we wanted to be and simply stopping by his room for a chat and ensure we were ok when other duties allowed."

The management ethos for the service clearly demonstrated caring and kindness. The caring culture of the service was promoted by the registered manager and staff. We were told by a relative how the registered manager and staff had continued to support their family member after they had initially left the home, due to concerns about whether they could afford to pay for their care. The relative told us how the registered manager had arranged for the maintenance person from Andrews Court to put together a bed in the person's home so that they would be comfortable. They had also offered to do the person's laundry and provide them with meals each day, at no cost to help ensure their needs were met. The person had since chosen to return to Andrews Court and had told their relative, "I don't think I'd rather be anywhere else than here."

The very caring nature of Andrews Court was also praised in feedback received in satisfaction surveys distributed to relatives by the provider. We noted one relative had written, "Andrews Court is not just another care home for senior citizens or those suffering from dementia, it is a home where our family member has become part of a wider family. It is a home where individual choices matter." Another person had commented, "The love and attention [name of relative] received was excellent. Nothing was too much trouble."

Throughout the inspection, we observed all staff were consistent in their caring, compassionate and sensitive approach towards people who lived in the home and their visiting family members. This led to a warm and relaxed environment throughout the home. Staff members often took the time to do things outside of their remit to improve people's experiences and to recognise and act on details that were important to people; this included remembering small details such as a person expressing a wish to read a particular newspaper as well supporting people to attend family events. A staff member told us, "It's just the little things that make people happy even if they've not asked you to do it."

One relative told us how they had chosen to purchase new curtains for her family member's room but found

they were too long. A staff member had immediately offered to alter the curtains to the right size in their own time to ensure the person's room could be personalised in the way they wanted. Another relative told us how staff had gone out of their way to get a particular food their family member wanted. They told us, "This week [Name of relative] wanted spare ribs and black pudding. The staff went to the market, bought the food and the chef cooked them for her. How good is that?"

Records we reviewed included information for staff about how to promote people's dignity and privacy. The dignity policy advised staff that each person should be treated as a special and valued individual. Staff were informed that they should assist people to present themselves in a manner which retains their self-esteem. During the inspection we noted people were supported to wear make-up, jewellery and clothes of their choice. The view of people as valued individuals was clearly articulated by all the staff spoken with during the inspection. One staff member told us, "I read care plans to find out about people's backgrounds. People are treated equally but also as individuals with their specific needs."

We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We noted the actions we observed from staff in communal areas were fully reflective of the guidance that was contained in people's care records.

All the staff we spoke with told us they would have no hesitation in recommending Andrews Court to others. Two members of staff told us they each had a family member who lived in the home and had no concerns whatsoever about the care they received. One staff member commented, "[Name of relative] is comfortable and content. I wouldn't want them to be anywhere else."

We noted that the home had a philosophy of care which underpinned all interventions by staff. The philosophy of care stated, 'This organisation aims to provide its service users with a secure, relaxed and homely environment in which their care, well-being and comfort is of prime importance.' We noted that people who were interviewed for employment at Andrews Court were asked about their understanding of this philosophy at interview; this helped to ensure people who worked in the home had the values considered important by the provider.

The service had a very strong, visible and person centred culture. This was reflected in our discussions with the management, staff, people who used the service and their family members. Staff understood the principles of equality and diversity and told us they worked in a culture where everyone was valued and respected. One staff member told us, "Equality and diversity means allowing for differences but ensuring people's individual needs are met in the way they wish us to do so."

Care records we reviewed were very personalised and included important information about people's diverse lives, backgrounds and interests; this information was used to help staff understand people and hold meaningful conversations with them. A relative told us, "Andrews Court understand the total picture and see the person's individual needs." The registered manager told us they took care to match people who lived in Andrews Court with a keyworker who matched their interests or personality. They commented, "If you can see someone has a connection, it is easier for them to develop a trusting relationship. We get keyworkers to spend time with people if we think they are feeling down or need some emotional support."

All care records included a detailed assessment of people's communication needs and the support staff should offer people to help ensure they were able express their views and choices. We saw that people were supported to have their eyesight and hearing tested on a regular basis to help ensure they had the aids they required to communicate effectively. We noted that flash cards were used to help some people

communicate when they were less able to do so verbally. This meant people were supported to use a range of accessible and personalised ways to express views and wishes in relation to their care.

During the inspection we observed staff encouraged people to be as independent as possible, particularly when mobilising around the home. This required time and patience from staff but they told us they considered it was important to help people maintain their skills as much as possible. One staff member commented, "It's not good for people to be reliant on staff or equipment when it's not needed."

Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately. Records relating to people's care were stored securely. This meant people's confidentiality was respected.

The registered manager told us independent advocates had been involved in supporting people to make decisions about their care and support needs; this meant people were helped to understand their rights and express their views.

People were supported to spend private time with their friends and family if they wished. We saw that all relatives were made welcome throughout the inspection and were able to make drinks for themselves should they wish to do so. We also noted a relative was able to share the lunch time meal with their family member. This demonstrated the service recognised the rights of people who lived at Andrews Court to a private and family life.



## Is the service responsive?

### Our findings

People told us they felt listened to and that staff responded to their needs and wishes. Relatives were positive about the efforts made by staff to ensure people received care and support that met their needs and preferences. One person told us, "They [staff] look after me and [name of relative]. It makes me feel important. The staff always listen to me and report to [name of registered manager]." One person had commented in the most recent satisfaction survey carried out by the provider that what Andrews Court did best was, "Explain what's happening and keep us updated on things."

We saw that the registered manager completed a detailed pre-admission assessment; this was used to formulate individualised care plans to ensure staff understood how to meet people's needs and preferences. Care plans were detailed, person-centred and underpinned by a series of risk assessments. We saw that people's care records had been reviewed on a monthly basis and updated where necessary to ensure they were reflective of people's current needs. We were told that, wherever possible keyworkers would spend time with people when reviewing their care plans to ensure they were happy with the support they received. Relatives we spoke with confirmed they had been invited into the home to discuss their family member's care needs. One relative commented, "We have regular meetings but if we have problems we go straight to [name of registered manager]; we don't have to wait."

We saw from the records we reviewed that each person had care plans in place that were tailored to their individual needs. They were centred on the needs of each person and took account of their medical history, their skills and abilities, their preferred lifestyle, daily routines and how the person wished to receive each aspect of their care and support. We also noted people's cultural and spiritual needs were recorded as appropriate. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support required. A staff member told us, [Name of registered manager] is a stickler for making sure care plans are correct."

Staff told us they would regularly consult people's care records to ensure they were fully aware of any changes in the way each individual wished to be supported. Information about any changes in a person's condition was also shared during the handover meeting which took place at the start of each shift.

People were supported to discuss their end of life wishes as appropriate. We noted the provider had ensured a service user with a life limiting illness was receiving support from external professionals to help ensure their pain relief was appropriately managed. Care records documented when a DNACPR (do not attempt cardiopulmonary resuscitation) order was in place. The purpose of a DNACPR decision is to provide immediate guidance to those present on the best action to take, or not take, should the person suffer a cardiac arrest or die suddenly.

The home employed an activities organiser who was present on both days of the inspection. They told us they tried to engage people on both a group and individual basis, dependent on people's moods and interests. This was confirmed by a member of care staff who told us, "[Name of activity coordinator] is great. They always make sure everyone has some input." People also had the opportunity to go out on trips to

places of local interest. The activity coordinator spoke enthusiastically about providing people with positive and valuable experiences. They told us, "I am constantly thinking about how to improve things to accommodate everyone's needs. It was clear from our discussions they had a good understanding of people's diverse needs and preferences.

The range of activities provided included bingo, arts and crafts, sensory time, knitting and newspapers as well as armchair exercise. The activity coordinator told us they arranged events such as summer and Christmas fairs in order to raise money for resident activities. They told us they had recently organised a sponsored 'towel fold' which had been thoroughly enjoyed by everyone who participated.

We noted the home had both a sensory room and a reminiscence room, both of which were used by the activity coordinator to provide people with stimulation to promote their sense of well-being.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which informed people of the timescales in which a response would be provided. Contact details were also included for other organisations people could contact in the event they were unsatisfied with the way their complaint had been handled by the provider.

We noted the complaints' procedure was on display in the entrance area of the home, as well as complaints' forms for people to complete if necessary. The registered manager advised that all information, including the complaints' procedure, could be produced in different formats to meet the communication needs of people living in the home. People told us they would be confident to raise any concerns with the staff or with the registered manager. None of the people spoken with had any complaints about the care they received in Andrews Court.

We looked at the complaints' log held in the home and noted there had been two complaints received since the provider of the service had changed in October 2016. We saw that the registered manager had taken appropriate action to investigate the complaints and provided feedback to the people concerned. We were told that lessons learned and training needs arising from any complaints were discussed with staff in order to help avoid future concerns arising. This demonstrated a commitment to continuous improvement in the service.

## Is the service well-led?

### Our findings

All the people spoken with during the inspection, including people who lived in the home, their relatives and staff, told us the registered manager was caring, approachable and supportive. Comments people made included, "[Name of registered manager] is very approachable; nothing is too much trouble", "We have a good manager" and "[Name of person living in the home] is very lucky that [name of registered manager] is the type of human being she is and her staff team are the same."

Both of the visiting healthcare professionals we spoke with told us the leadership in the home was excellent. Comments they made to us included, "[Name of registered manager] is spot on as a manager; she's firm but fair" and "[Name of registered manager] is always approachable when I am here."

The manager was registered with CQC and had responsibility for the day to day operation of the service. Throughout the inspection they were visible and active within the home, interacting warmly and professionally with people, visitors to the home and with staff

The registered manager told us they had an open door policy which meant people living in the home, visitors to the home and members of staff were welcome to go into the office to speak with them at any time. This was evident throughout both days of the inspection when we saw people approach the registered manager on a regular basis.

All staff had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates. The service's vision and philosophy of care was reflected within their written material including, the statement of purpose and policies and procedures.

All the staff spoken with told us they enjoyed working in Andrews Court. They told us the whole staff team communicated and worked well together as a team for the benefit of people who lived in the home. Staff were aware of the whistle blowing policy and where they could report any concerns about practices in the home. The registered manager told us they were in the process of considering introducing an award for 'Employee of the month'; this showed they were committed to a process of continuous improvement in the home.

Records we reviewed showed regular staff meetings took place. Staff told us they were able to contribute to these meetings and that their comments and suggestions were always taken seriously. One staff member told us that their suggestion to have a communication book for senior carers in order for them to communicate about medicines in particular had been introduced and was working well. Another staff member commented, "You can be very honest. [Name of registered manager] will always listen to suggestions and try them. She also asks us if we think things will work. She won't change things without consulting with us first."

The registered manager was supported by the provider's representative who could be contacted at any time

to discuss any concerns about the operation of the service. Records showed the provider's representative regularly visited the service to monitor compliance and was available to talk to staff, people using the service and their visitors. The registered manager provided regular reports to the provider to assist with monitoring the management of the service.

We found systems were in place to assess and monitor the quality of the service; these included audits in relation to accidents and incidents, care planning and infection control, the environment and fire systems. We saw that any shortfalls had been identified and appropriate timescales for action had been set.

People were encouraged to voice opinions informally through daily discussions with staff and management or at the regular resident's meetings. We looked at the minutes from the most recent meeting which had been well attended and saw that people had been consulted about the refurbishment and redecoration of the building. The registered manager had also reminded people that she was always available to meet with people on an individual basis.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC and other agencies. Accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement; this meant steps could be taken to reduce the risk of foreseeable harm occurring to people.