

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

Annacliffe Residential Home

Annacliffe Limited, 129-131 Newton Drive,
Blackpool, FY4 4EA

Tel: 01253301955

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Annacliffe Limited
Registered Manager	Mrs. Carol Almond
Overview of the service	<p>This is a large care home situated close to Blackpool town centre. Parking facilities are available at the front of the home. The home cares for 41 older people.</p> <p>There are ensuite facilities and lift access to all floors. A number of lounges are available so people can choose where to relax. There is a ramp access to the home for people with mobility problems.</p>
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

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 25 September 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with a range of people about the home. They included, the registered manager, senior staff, staff members, people who lived at the home and relatives. We also had responses from external agencies such as social services in order to gain a balanced overview of what people experienced.

People told us they were treated respectfully by staff, comments included, "The staff are all polite and respectful." Also, "I need help walking the staff help me in a dignified way."

People told us they were happy with the service and knew how to raise issues, should they have any. People we spoke with said they didn't have any complaints or concerns. A relative spoken with said, "This was the best place we looked at and it has proved to be. We have never had to complain. The manager and staff sort any issues out straight away."

People we spoke with told us they could express their views and were involved in decision making about their care. Staff confirmed to us they also involved relatives where possible. This was to ensure people received the right care and support. This was confirmed when we spoke with residents and relatives. One resident spoken with said, "I have breakfast in my room every day it's my choice and not a problem for the staff."

We spoke with Blackpool council contracts monitoring department and they had no concerns or issues with the service.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People using this service were able to express their views and were involved in decision making about the care being provided.

Reasons for our judgement

We looked at care records of three people who lived at the home. They were set out in a way which informed staff of people's needs and choices. The records contained a range of assessment information gathered from various sources. This meant staff had the information they needed to support people's needs.

Throughout the day we saw staff talking with people respectfully. We saw they spent time with people on an individual basis and were patient when needed. One staff member said, "This is their home and we have to respect that." A resident we spoke with said, "I have to say all the staff bar none are so polite and willing to help you".

During the inspection we spent time in communal areas observing the daily routines of staff and residents. We saw one member of staff supporting a lady in a dignified way from a wheelchair to the lounge using a specialised hoist. A resident spoken with said, "The staff help me get around with good support and they know the way to help do it."

Care records we looked at started with an admission assessment and contained a care plan outlining areas of support. This included a social history which gave some background information on the life of the individual. It also took into account people's personal preferences, likes and dislikes. This showed us the manager and staff were taking account of individual needs. Care records were person centred which confirmed their input into the support they required.

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

Our judgement

The provider was meeting this standard.

People using the service experienced safe, appropriate care and support to meet their identified needs.

Reasons for our judgement

We looked at the care records of three people who lived at the home to see how their needs were being met and monitored. Care plans contained current information about how people's, personal care, moving and handling, nutrition and mental health needs were being met. This meant staff had the knowledge and understanding of the support people required. Staff members we spoke with were knowledgeable about people's individual needs and how they were being met. One care plan contained information for supporting a resident with cot sides, to ensure they were safe when sleeping and reduce the risk of falling. We saw this was carried out whilst visiting the residents room and talking with the person. Care records and risk assessments were up to date and reviewed on a regular basis.

We spent time in the lounges with a group of people using the service, as well as watching what was going on in other areas of the home. This helped us to gain an overview of how staff communicated with people. All comments from relatives and residents were positive, in the way the staff cared for residents. Comments included, "The best home we visited before placing mum here. The staff and manager are fantastic, nothing is too much trouble." Also, "Since I have been here the staff have been great, always smiling, cheerful and on hand to help me because my walking is bad."

Records we looked at showed there were systems in place should an emergency happen. There were contact details for doctors, hospitals and emergency services. Staff we spoke with understood emergency procedures for the home, which confirmed they had arrangements in place to deal with any issues.

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

Our judgement

The provider was meeting this standard.

There were procedures in place to make sure people who lived at the home were protected from abusive practices.

Reasons for our judgement

The manager had safeguarding procedures and policies in place. This was designed to protect people and respond in an appropriate manner should abusive practice be suspected.

Discussions we had with the manager and staff members confirmed they understood the policies and procedures in place. People using and visiting the service told us they felt safe and secure there.

Staff we spoke with told us they felt they had the knowledge to follow the process if they suspected there was any evidence of abusive practice taking place. One staff member was asked about what they would do if they suspected any form of abuse. They were able to talk us through the procedure and one said, "The training I have had and information from the manager gives me confidence to know how to react if I saw an act of abuse going on."

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

Sufficient trained numbers of staff were available to meet the needs of people.

Reasons for our judgement

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty at all times to support people living at the home. By looking at rosters and talking with the manager, staff and residents, confirmed there were sufficient staff on duty on all shifts. One resident spoken with said, "No, never a problem with shortage of staff, every time I need someone they are there in a flash." A staff member spoken with said, "Staffing levels are good I don't feel as though I am rushed."

We found staffing levels were sufficient to meet the needs of people living in the home. This enabled staff to spend time with people. We saw staff members were responsive to the needs of the people they were supporting.

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.

Appropriate systems were in place for monitoring the quality of service people received.

Reasons for our judgement

The manager of the home had policies and procedures in place to monitor the quality of the service. These included seeking the views of the people they supported by way of surveys, resident meetings, care reviews and regular monitoring. The manager told us the home valued the views and comments they received. The manager also monitored the staff regularly whilst they were working and completed an appraisal form. This ensured staff continued to develop their skills and provide a good service to the residents.

We spoke with the manager about monitoring and recording events which affected people using the service. They told us they continually monitor the home, by way of effective communication and ensuring records are completed. The manager was aware of the requirement to inform the Care Quality Commission (CQC) of any events which may have adversely affected people using the service.

Service contracts were in place confirming the building was maintained and a safe place for people to stay.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

 **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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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