

# Review of compliance

## Birchgrove Health Care (Sussex) Limited St Ann's Nursing Home

<b>Region:</b>	South East
<b>Location address:</b>	9 Stanford Avenue Brighton East Sussex BN1 6AD
<b>Type of service:</b>	Care home service with nursing
<b>Date of Publication:</b>	June 2012
<b>Overview of the service:</b>	St Ann's Nursing Home is registered for older people who have dementia and require personal care and nursing care. The home is registered to support a maximum of fifteen service users. The home has a large garden and summer house and is a short distance from the centre of Brighton and is close to other local amenities.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**St Ann's Nursing Home was meeting all the essential standards of quality and safety inspected.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider.

### What people told us

During our visit we spoke with people who lived at the service, relatives and staff members.

We were unable to speak with many people living at the home due to their communication needs. We took information from other sources to help us understand the views of people living at the home to include surveys and resident meetings.

The people we spoke with told us they were happy with the care they received and with the staff team.

Staff we spoke with knew the people living at the home well and had a good understanding of their support needs.

### What we found about the standards we reviewed and how well St Ann's Nursing Home was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

We found that people who lived at St Ann's Nursing Home were respected and their independence was maintained.

People's views and support needs were taken into account in the way the service was provided and delivered.

The provider was meeting this standard.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

We found that people living at St Ann's Nursing Home had their support and welfare needs met.

People had care plans that met their needs and protected their rights.

The provider was meeting this standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

We found people living at St Ann's Nursing Home were protected from the risks of harm because staff received safeguarding training. Staff knew how to recognise abuse and how to act in the event of any concerns.

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

The provider was meeting this standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

We found that people living at the home had their support needs met and that the staff team had the knowledge to meet each person's identified needs.

We found that there were sufficient numbers of staff employed at St Ann's Nursing Home.

The provider was meeting this standard.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

We found that a quality assurance system was in place at St Ann's Nursing Home that enabled the manager to regularly assess and monitor the quality of the service that people received.

The views of people living at the home and staff had also been sought to improve the quality of care delivery.

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The provider was meeting this standard.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We found that independence and individuality were promoted within the home. People living at St Ann's Nursing Home and their relatives told us they were supported with their care needs.

One service user told us 'I am being supported to increase my independence. I can talk to staff if I need something. There are no issues with privacy'.

A relative told us 'I have no complaints...the staff are friendly, helpful and respectful to my relative'.

##### Other evidence

Care plans had been developed for each person living at the home. We looked at several care plans and found that they provided appropriate and detailed information to staff on how to support people appropriately.

We saw evidence of independence of service users being maintained. For example we saw a care plan where one service user had requested to return home. Clear risk assessments were documented and ongoing risk assessments were taking place to best support the service user to return home safely.

The care plans we looked at provided evidence of person-centred planning around people's likes and dislikes. One service user liked to smoke regularly throughout the day and was supported by staff to access a designated smoking area.

We saw that each service user had their personal belongings in their rooms and their own furniture and decorative effects to make them feel at home.

We observed visual aids in communal areas to support orientation of service users with dementia to move around the home and increase their awareness of their environment.

We were told that there were two menu choices each day for people and the menus were clearly displayed in the dining room area to enable people to have a choice-based nutritious meal daily.

We saw evidence in resident meeting minutes of a service user requesting a late supper. The service user was given options of sandwiches or keeping supper to heat up later in line with their preferences.

We observed that nutritional care plan information outlining people's dietary needs were displayed on dining room walls. We advised the home that due to dignity and confidentiality this was not appropriate. We were told that the home was already aware of the need to change this and this will be addressed by the home.

We saw individual social history information for a service user in the care plan and a social activities log. This enabled staff to establish the likes and preferences of service users to support them to pursue their interests and retain their identity.

The Director of Care Services told us that people living at the home and staff had taken part in a 'Dignity Action Day' event recently to raise staff and service user awareness.

During our visit we observed staff talking to people and supporting people in a professional manner. We saw that, where required, support was offered and provided in a way that ensured that people's rights to privacy and dignity were respected.

### **Our judgement**

We found that people who lived at St Ann's Nursing Home were respected and their independence was maintained.

People's views and support needs were taken into account in the way the service was provided and delivered.

The provider was meeting this standard.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

People living at the home were happy with the care they received and told us that they liked the staff team.

One service user told us 'the food is fine...I get a reasonable level of attention from the staff. Staff are friendly here'.

We saw written feedback from somebody living in the service from minutes of a resident meeting which stated 'I like St Ann's the way it is'.

A relative told us 'I have no complaints....if I did I would talk to the staff about it.....my relative is supported in line with her likes and dislikes'.

We read quotes from a service user survey in response to whether staff interacted appropriately with service users. The feedback was 'most certainly with kindness and compassion...they are well trained'.

Another quote read 'staff are very caring to the residents...they treat residents with great respect and affection'.

We read feedback from the minutes of a relatives meeting where a chiropodist who attended the meeting advised 'I have been coming to the home since it opened and the staff are brilliant....there is always good communication between staff, residents and

the multi-disciplinary team here'.

### **Other evidence**

The Director of Care Services told us that there was a pre-admissions policy in place at the home. We saw evidence of pre-assessment paperwork used by St Ann's Nursing Home to fully assess the needs of people before being admitted to the home.

Care records we saw confirmed that people living at St Ann's Nursing Home had access to healthcare professionals as necessary. We were told that St Ann's retained the services of two local GPs to ensure their clinical needs were supported in a consistent manner, with weekly GP visits made to the home. We were told that there was a nurse key worker scheme in operation at the home.

During our visit we looked at the care plans for some of the people living at the home. The care plans were up-to-date and contained evidence of regular review. They provided information to staff on how people preferred things to be done. We were told by the staff nurse that reviews were completed every three to six months or as required. This ensured that staff remained informed of the current care needs of people living at the home.

The care plans we looked at showed evidence of encouraging people to maintain their levels of independence. The care plans had risk assessments that related to specific and identified risks to people's safety. The care plans contained details of actions to be taken by staff to minimise the identified risks to people.

The care plans we saw demonstrated evidence of people's individual needs to include personal care requirements, likes and dislikes. We saw evidence of up-to-date daily evaluation sheets and monthly observation reports being used. End of life information was also recorded on individual care plans where appropriate.

The Director of Care Services was able to tell us what care and support people living at the home needed and had a good knowledge and understanding of the way people liked things done. This enabled staff to provide care in a consistent manner to people living at the home.

### **Our judgement**

We found that people living at St Ann's Nursing Home had their support and welfare needs met.

People had care plans that met their needs and protected their rights.

The provider was meeting this standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

The staff we spoke with said that they had undertaken safeguarding training. They told us if they witnessed abuse they would speak with the manager or the Care Quality Commission.

One staff member told us 'I have enough training.....I would go to my manager if I witnessed abuse....or I would get information on external contacts from the office. I had safeguarding training in January this year. I am aware of the whistleblowing policy'

Another staff member told us 'I have completed safeguarding training. If I witnessed abuse, I would make the resident safe and then report to my manager'.

##### Other evidence

We were told that St Ann's Nursing Home operated in accordance with the Pan Sussex Multi Agency Policy & Procedures for Safeguarding Adults at Risk.

We saw evidence of internal safeguarding and whistle blowing policies and procedures used by St Ann's Nursing Home which were up-to-date.

In accordance with current procedures we were told that safeguarding alerts were reported to Brighton and Hove City Council. We saw evidence of previous alerts being appropriately reported to the local authority.

We were told that staff attended safeguarding training every year to update staff and

increase their knowledge of safeguarding practices and procedures.

We saw examples of care plans for individuals who needed restrictions in place for care purposes. There was evidence of risk assessments and procedures being followed appropriately.

The Director of Care Services told us that St Ann's Nursing Home ensured, as far as is practicable, that people were safeguarded from all forms of abuse. There were no outstanding safeguarding investigations at the home at the time of our inspection.

**Our judgement**

We found people living at St Ann's Nursing Home were protected from the risks of harm because staff received safeguarding training. Staff knew how to recognise abuse and how to act in the event of any concerns.

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

The provider was meeting this standard.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

As part of our inspection we looked at staffing levels at St Ann's Nursing Home. We spoke with service users and staff to find out whether they thought there was adequate staffing in place at the home.

A service user we spoke with told us 'I get a reasonable level of attention from the staff. Staff are friendly, but they don't always have enough time to talk to you. I think there are enough staff'.

A relative told us 'I have no complaints...the staff are friendly, helpful and respectful to my relative. Staff are attentive to his needs'.

We spoke with members of staff during our inspection about their experience of working at St Ann's Nursing Home.

One staff member told us 'I like it...it is a small home...we can be close to the residents and it feels more like home. I like the staff and my manager...she helps us a lot...she is always here...we can always talk to her. We manage with the staff we have...there are enough staff'.

Another staff member told us 'I am happy working here. There is enough staff to meet the needs of the residents. If there is staff sickness we contact bank staff or the other Nursing Home [owned by the company]'.

**Other evidence**

We discussed staffing arrangements at St Ann's Nursing Home with the Director of Care Services as the manager was on annual leave. She confirmed that the staff team consisted of permanent and bank staff. No agency workers were used by the home.

We were told that one staff nurse and two care staff (one senior level) were on duty for each shift. There was one staff nurse and one care assistant working at night. There was an on-call system in operation. Care handover forms we saw were up-to-date to enable the needs of service users to be communicated where needed for example at shift changes.

An activities co-ordinator attended the home Monday to Friday in the mornings. . We observed service users taking part in an activity during our inspection to increase their level of stimulation and promote their well-being.

We were told that the majority of staff at St Ann's Nursing Home had received training to National Vocational Qualification (NVQ) level.

During our inspection we looked at the duty rota for staffing levels in the home and found that there was sufficient staff numbers at the care home.

We observed staff to be working and interacting with service users in a calm and responsive way during our inspection.

**Our judgement**

We found that people living at the home had their support needs met and that the staff team had the knowledge to meet each person's identified needs.

We found that there were sufficient numbers of staff employed at St Ann's Nursing Home.

The provider was meeting this standard.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

During our visit to St Ann's Nursing Home we asked people their views about the home and whether they were happy living there.

People we spoke with told us they were happy living at the service.

One service user told us 'I would go to the office if I had a complaint'.

##### Other evidence

During our visit to St Ann's Nursing Home, we observed people being spoken with and supported in a friendly and professional manner.

We observed that service users were able to express their views and make suggestions by talking directly to the staff where possible.

The Director of Care Services told us that a clinical review had been completed by Brighton and Hove City Council on 16th April 2012. Medication storage, care plans and incident reporting forms were checked as part of this review. Controlled drug competences and compliance were also assessed. The manager was awaiting the review report. She had been provisionally advised that there were no significant issues which needed to be addressed.

We were told that an audit had also been completed by the Contracts Team at Brighton and Hove City Council and that no significant issues had been highlighted to the

management team.

We saw that there were file auditing tools being used by the manager at the home. There were up-to-date medication and fire risk assessments in place. We found evidence of care plans and infection control checks being undertaken at the home on a monthly basis to ensure high standards of care provision and hygiene.

We were told that a consultancy company completed regular health and safety audits and training workshops with staff. We saw an 'infection control champion' certificate on the wall in the office which was valid until December 2012. We saw there was an infection control audit checklist developed from the National Infection Control Nurses Association being used by the home to minimise risks of infection to service users.

We saw that there was a fire safety policy at the home and a fire drill took place on the day of our inspection.

Policies and procedures within the home were comprehensive, up-to-date and accessible to staff.

During our visit we saw evidence that service user surveys had been undertaken in March 2012 by the manager to better understand the needs and wishes of people living there. There was evidence of survey analysis as a service user suggested that staff wore name badges to prompt their memory. Badges are now being worn by staff in the home.

The manager organised monthly relative and resident meetings. We saw evidence of this in up-to-date meeting minutes. During the last meeting discussions were held about a garden party to be organised in August 2012. Comments from people living at the home were clearly documented to ensure the event was organised in line with their wishes and preferences.

We saw up-to-date maintenance record requests and were told of various maintenance projects being undertaken in the home to include a portable ramp for a bathroom to support people with mobility difficulties. Another example was a fence being built around the patio area as a safe area for service users to enjoy.

We saw evidence of a complaints policy in place at the home. We also saw evidence of an incident reporting system in place which was up-to-date.

We were told that St Ann's Nursing Home had membership of the Registered Nursing Home Association as at 1st January 2012. This enabled the home to share information on best practice in care delivery within the home with other nursing homes.

We saw evidence of an up-to-date training matrix showing the training needs of staff and current training schedules for staff on an information board in the office. This ensured that staff had appropriate competence to undertake their caring and clinical roles.

### **Our judgement**

We found that a quality assurance system was in place at St Ann's Nursing Home that enabled the manager to regularly assess and monitor the quality of the service that

people received.

The views of people living at the home and staff had also been sought to improve the quality of care delivery.

The provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The provider was meeting this standard.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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