

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:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Supporting workers	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed

Details about this location

Registered Provider	Annacliffe Limited
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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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 3 July 2013, 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, talked with staff and talked with commissioners of services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke individually with the manager, staff and people who lived at Annacliffe Residential Home. We also discussed care with relatives. We additionally observed care being undertaken throughout our inspection. We undertook a Short Observational Framework for Inspection. We reviewed care records, policies and procedures, audits and risk assessment documentation.

The service demonstrated good practice that ensured people were cared for in a supportive and respectful manner. One person told us, "Staff are very caring and respectful – I really like them all". A relative said, "They're always working hard and keeping the place clean and tidy". This was underpinned by the service's understanding of consent and infection control practices.

However, care practice and record-keeping was not fully underpinned by clear, regular auditing procedures. The home did not undertake formal, recorded supervision. Regular, updated mandatory training had not been provided.

Nevertheless, we observed that staff were able to provide care in a respectful, timely and unhurried way. People appeared relaxed and comfortable.

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

What we have told the provider to do

We have asked the provider to send us a report by 13 August 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with the manager, staff and people who lived and worked at Annacliffe Residential Home. We observed care being provided at the home and spoke to relatives.

Staff had a good understanding of what consent meant. They told us they obtained consent for people's overall care, as well as on a day-to-day basis. One staff member explained, "Not giving people a choice would deprive them". Another staff member stated that staff met privately with people on admission and discussed their care needs and plan with them. The staff member told us, "We look at what their needs are and how they want to be supported".

Prior to our inspection we received information of concern that people were got up out of bed very early. On our arrival at 6.50 am we found some people up and dressed in the lounge. However, staff explained that this was as a result of people's choice. Some people with dementia refused to return to their bed, whilst others wanted to get up early. All the people we spoke with confirmed that they decided when they wanted to get up.

However, when we checked care records some files did not record people's preferences around getting up times. The provider might like to note that in doing so, this provided recorded evidence of consent. The manager stated that this would be updated.

We observed staff consistently asking people what they needed throughout our inspection. The staff supported people to make basic decisions. This included what to eat and drink, as well as what they wanted to do. Where people were struggling to understand what was being said, staff used alternative options. This included writing things down.

One person told us, "I'm given choices and they help me to make decisions about my care". Another person said, "They don't do things for me without asking first".

Relatives we spoke with confirmed that staff consistently sought consent whenever they

engaged with people. One relative told us, "I went to a few homes before bringing my dad here – we both agreed it was the best home we looked at. We don't regret that decision".

We looked at the care records that the service held, which contained space designated for formal evidence of consent. Annacliffe used an electronic care file system. We were told that the consent section was printed off to obtain people's signatures or their relatives where appropriate. However, the provider might like to note that some formal signatures for consent to care were not in place. The manager stated that this would be updated.

Staff had received training in Mental Capacity and Deprivation of Liberty and had a good understanding of its principals. This should enable them to assess people's mental capacity should there be concerns about their ability to make decisions for themselves.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at the care records of five people who lived at the Annacliffe. We also spoke with three people and a relative. Additionally, we discussed care with staff and the manager. The care records were kept electronically and outlined people's support needs.

The care file system contained individualised, person-centred care plans. These included information about managing individual needs. An assessment of people's needs was recorded on admission and transferred to the individual's care plan. We were told that a member of staff discussed this with the individual and their families. A plan of care would then be agreed.

Care Files contained information such as personal details, psychological, physical and social needs. Additionally, records were made of appointments with people by other professionals, such as GPs, District Nurses and Speech Therapists. Details were recorded about what issues were looked at and actions to address problems.

Daily records reviewed, consistently highlighted any emerging changes in physical and psychological health. Further action was noted, such as visiting the GP. This demonstrated good communication between staff and shift changes.

Care files held a variety of risk assessments. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered areas such as stair/lift access, use of mobility aids, bathing and medication. These assessments were transferred to the individual's care plan. All documents, where applicable, were reviewed and updated. However, the provider might like to note that the electronic system had a facility to demonstrate people's involvement. The records we reviewed did not document involvement.

We observed care being provided in a safe and supportive manner. We additionally undertook a Short Observational Framework for Inspection (SOFI). We spoke with staff who had a good understanding of care planning and the individual needs of people.

People appeared content and relaxed throughout our inspection. One person told us, "It

was a big decision to come here, but I'm glad I made it. I wouldn't want to be anywhere else". Another person said, "The staff and the home are fantastic – I couldn't ask to be in a better place".

Staff told us there were a variety of activities provided at the Annacliffe on a daily basis. This consisted of memory lane, quizzes, Indian Head Massage and entertainers. The home additionally took a small group of residents to Llandudno for a few days every year. One person told us, "If I get bored, it's my own fault – I should do something about it. But there's enough to do if I want to."

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

On arrival to the home, we saw that it was clean, tidy and well-maintained. Furnishing and décor were of a good standard. The Annacliffe had a homely environment, which people told us was very important to their care.

Hand hygiene and infection control facilities were available throughout the home. Signs were posted at various points in the home explaining the importance of maintaining infection control. People were able to confirm this when we discussed infection control with them. One person told us, "They're always cleaning and tidying up".

Annacliffe's training matrix demonstrated that some staff had received infection control training within the last twelve months. We were told by the manager that all staff would be receiving updated training over the next few months. We spoke with staff who had an in-depth understanding of related protocols. Staff expressed having ample products to support them to maintain infection control. However, we were told that daily, weekly and monthly tasks were not recorded as and when they were completed. The provider might like to note that recording cleaning tasks underpins good infection control practices.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found the home had been maintained and decorated for the comfort of the people who lived there. Aids and adaptations were available around the home to meet the needs of people. We observed a hoist being used appropriately during our inspection. One person told us, "I feel very safe here because they know what they're doing – such as using equipment properly".

The home had grounds which were accessible to wheelchair users and people with mobility problems. On the day we visited the home it was clean and tidy. During our tour of the building we observed furnishing, fixtures and carpets to be in good condition. Bathroom and toilet areas were clean and hygienic. Hand washing dispensers were readily available for staff members involved in delivering personal care.

Hot water temperatures were checked throughout and found to be delivering water at a safe temperature in line with health and safety guidelines.

We found all equipment in use by the home was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements.

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not fully supported to deliver care and treatment safely and to an appropriate standard.

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

Reasons for our judgement

We observed staff going about their duties in a cheerful and pleasant manner. People who lived at the home appeared comfortable and relaxed when being assisted. We spoke with four staff and the manager. We also reviewed the staff files and training records.

Staff confirmed that they felt supported by the managers and enjoyed working at the home. One staff member told us "I can have staff one-to-ones whenever I need one, they do it straight away, so no problem there. Overall, I feel supported by the manager".

We were told annual appraisals were undertaken, but these were overdue. We were also told that the manager meets with staff every day to check how they are doing.

However, this is not recorded and the home does not undertake formal supervision. This meant it was very difficult to assess how the home monitors staff progress and general training and support needs.

Additionally, the training matrix showed that staff mandatory training had not been updated. The manager told us that she was behind on staff training, but that it would be completed in November. This meant staff were not always appropriately supported in relation to their responsibilities. Staff were not fully able to deliver care that was underpinned by appropriate training.

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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

Reasons for our judgement

The provider was only able to show us a limited number of internal quality audits. These included maintenance files that recorded what and when issues were raised and what actions were undertaken.

The Annacliffe had up-to-date gas and electric certificates. Fire safety checks were undertaken regularly and fire equipment appliance checks were current. Regular medication audits were performed, which monitored the administration of medicines and record-keeping. Regular team meetings enabled staff members to raise any concerns with the manager.

However, we were told that the home did not have a formal business plan. There were no environmental risk assessments in place. Health and safety checks and provider reports were not undertaken. Additionally, there was no recording of lessons learnt or actions undertaken following incidents and potential risks. This meant that people could be at risk if any environmental issues developed.

There were no other systems in place to monitor and assure the quality of service provision. For example, we were told that people's views were formally sought by providing them with a survey. However, the home was unable to provide recorded evidence of this. This meant it was difficult to assess how the Annacliffe further monitor's its quality of service provision.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: <p>We were told that the home did not provide formal, recorded supervision. Staff mandatory and update training was overdue. This meant staff were not always appropriately supported in relation to their responsibilities. Staff were not fully able to deliver care that was underpinned by appropriate training.</p>
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision
	How the regulation was not being met: <p>The home had limited systems in place to measure the quality of care provided. There were no environmental risk assessments held at the home, putting people at risk from potential environmental issues. The service did not have an established business plan. The manager was unable to provide us with recorded evidence of service user surveys, potentially preventing people from giving feedback.</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 13 August 2013.

CQC should be informed when compliance actions are complete.

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

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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