

***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 to check that action had been taken to meet them. This is what we found:

Supporting workers

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Annacliffe Limited
Overview of the service	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. 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.
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

We carried out this inspection to check whether Annacliffe Residential Home had taken action to meet the following essential standards:

- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 12 November 2013, observed how people were being cared for, talked with people who use the service and talked with staff. We talked with commissioners of services.

What people told us and what we found

We carried out this review to check whether Annacliffe Residential Home had taken action in relation to: -

Outcome 14 – Supporting Workers

Outcome 16 – Assessing and monitoring the quality of service provision

This was because the home was not compliant at the previous inspection.

We spoke with a range of people about the home. They included the manager, staff and people who lived at the home. We also had responses from external agencies including the local authority contracts team. This helped us to gain a balanced overview of what people experienced living at the Annacliffe.

We checked records and systems that related to the support of staff and the quality monitoring of service provision. Staff told us they felt supported. Both staff and people living at the home expressed feeling safe and happy at the Annacliffe. One person told us, "The staff are really good and I have no complaints".

We discussed with the manager the action plan she had developed in order to achieve compliance. We confirmed that the home had carried out the actions it had planned.

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

Supporting workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

During our previous inspection in July 2013 we found concerns with how the Annacliffe was supporting its workers. 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.

We discussed with the manager the action plan that had been developed to achieve compliance. We found that our concerns had been addressed and that the home had worked hard to improve this standard. We spoke with the manager and two staff. We also reviewed training and supervision records of two staff members.

We observed staff going about their duties in a cheerful and pleasant manner. People living at the home appeared comfortable and relaxed when being assisted. One person told us, "I'm very happy living here – the staff are very good. They are well trained to look after me properly".

Staff confirmed that they felt supported by the managers and enjoyed working at the home. One staff member told us "The support I get here is really good. We're a really close team and I feel I could talk to anyone".

The manager had introduced two systems to monitor and support staff. New supervision forms were about to be implemented. These would involve the manager and individual staff member looking at strengths and weaknesses. Training and developmental needs would also be explored.

The second system involved the managers observing individual staff members performing care tasks. Staff were unaware of when observations were taking place. Tasks monitored included assisting residents with their nutritional needs, medication, bathing and mobilising. The manager then provided feedback at the end of the session. Where

appropriate, practical or formal training would be provided to develop further understanding.

All staff had undertaken or were in the process of completing appropriate care qualifications. The manager had undertaken a large programme of training since our last inspection. All staff had completed training in medication, movement and handling, health and safety and first aid. We were shown evidence that fire safety training had been booked in for the week of our inspection.

Additionally, an intensive eight week course on Dementia training was being provided for staff. This included mental capacity, safeguarding and end of life care. The manager was in the process of setting up a board that had staff names on and the training they had completed. We were told this would enable more effective monitoring of staff training. This meant that the provider had ensured staff were now supported and enabled to fully deliver care.

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.

The provider had 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.

Reasons for our judgement

During our previous inspection in July 2013 we found concerns with how the quality of service provision was monitored. 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. This meant people were potentially prevented from giving feedback about the Annacliffe.

We discussed with the manager the action plan that had been developed to achieve compliance. We found that our concerns had been addressed and that the home had introduced several quality monitoring systems.

The new business plan in place was very in-depth. It set out objectives in managing arising emergencies that could disrupt the service. These included flood, fire, loss of electrical/gas supplies and infectious outbreaks that could affect staffing levels. Actions were also established to minimise risk and forms were in place to record events if they arose. This meant the home had in place a plan to maintain people's safety if the service was disrupted.

Further to this, the manager had developed new environmental risk assessments. These documents covered risks related to utility supplies, slips and falls, alarm call system and the equipment in use. Maintenance records showed that room checks had been carried out regularly to monitor for any risks. This meant that people were protected from potential environmental risks.

The Annacliffe had in place systems to check people's experiences of their care and the running of the home. One person told us, "They check with me about how I am supported. Whenever they assist me they ask if they've done a good job". Additionally, a recent satisfaction survey had been completed. Comments seen included: -

"Very satisfied".

"I'm very pleased with the way my mother is looked after here – sometimes under difficult circumstances – they are patient and understanding and do their jobs to be as helpful as possible".

"Extremely pleased with all aspects of the Annacliffe".

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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