

Mr Anthony Howell

# St Bridget's Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This was an unannounced comprehensive inspection carried out by one Care Quality Commission Inspector on 1 and 2 September 2015. Our previous inspection of the home completed in July 2014 found the provider was compliant with the regulations.

St Bridget's Residential Home provides accommodation, care and support for up to ten older people. At the time of the inspection ten people were living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us they felt safe living in the home. The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had completed training in safeguarding people and told us they knew the correct process for raising concerns if they should observe any form of abuse.

# Summary of findings

The provider had a range of systems in place to protect people from risks to their safety. These included premises and maintenance checks, regular servicing and checks for equipment such as hoists, lifts and all electrical equipment and risk assessments for each person living in the home.

Medicines were managed safely and stored securely. People received their medicine when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

There were enough appropriately trained staff available on each shift to ensure people were cared for safely. Staff spent time talking and interacting with all the people in the home and told us they had enough time to do their job effectively. We observed staff delivered support and assistance in a friendly manner and spent quality time with people, ensuring they were comfortable, content and had activities to do and drinks and snacks available.

The provider had a good system in place to ensure staff received their required training courses. The provider employed their own staff trainer which ensured staff received consistent, practical training when they required it.

Staff told us they were well supported by the management team who they found very approachable and stated were always ready to listen or help if required.

They spoke of the supportive, homely atmosphere in the service and how the staff worked well as a team together. They told us communication within the home was good and they felt fully involved and respected working in the home.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. People were supported to make decisions and where people did not have the capacity; decisions were made in their best interest.

The provider had implemented a system to ensure accidents and incidents were recorded and analysed. This meant any trends and patterns could be identified and preventative measures put in place where required.

People were provided with a choice of healthy home cooked food and drink that ensured their nutritional needs were met.

There was a system in place for people to raise concerns and complaints. Records showed the manager responded to complaints in accordance with the provider's policy.

There were clear systems in place to monitor and improve the quality of the service provided.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us they felt safe and staff treated them respectfully.

The provider had a policy relating to safeguarding people from abuse and the staff we spoke with were aware of the contents of the policy and who to contact should they suspect abuse.

There were sufficient numbers of appropriately trained staff to meet people's health needs and to participate in activities of their choice.

Good



### Is the service effective?

The service was effective. Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated an understanding of The Mental Capacity Act 2005 and people were asked for their consent before care or treatment was given to them.

People were offered a variety of choice of healthy food and drink. Menu's offered variety and choice and provided a balanced diet for people.

People accessed the services of healthcare professionals as appropriate.

Good



### Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good



### Is the service responsive?

The service was responsive. People received care that met their individual's needs. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

People were supported to take part in a range of activities that they enjoyed. People said their visitors were always made welcome.

Good



### Is the service well-led?

The service was well led. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service and helped the service continually improve and develop.

Good



# Summary of findings

People and their relatives felt able to approach the management team and there was open communication within the staff team. Staff felt well supported by the management team.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

# St Bridget's Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 1 and 2 September 2015 and was unannounced. One CQC inspector visited the home on both days.

Before our inspection, we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we spoke with the majority of the ten people who lived at the home and two of their relatives. We also spoke with the manager, a visiting health professional, the cook, and four members of care staff and requested feedback from relevant GP surgeries. We observed how people were supported and looked at three people's care and support records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, meeting minutes, premises maintenance records and medication administration records.

# Is the service safe?

## Our findings

People told us they felt safe living at St Bridget's Residential Home. People said, "I'm very comfortable, I like it here" and when asked if they felt safe everyone replied, "Yes".

Relatives commented, "When Mum was on her own at home I was always worried, now I don't worry at all". People told us they were happy with their bedroom and they liked the staff who looked after them. We observed staff interacting with people and saw the staff were attentive to people, ensuring they were safely supported to move around the home.

Staff were knowledgeable about spotting the signs of abuse and knew how to report possible abuse to the local social services. Staff had completed training in protecting people from abuse and were aware of the provider's policy for safeguarding people who lived in the home. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

The provider had a system to ensure risks in delivering people's care were assessed and plans were in place to reduce these. We looked in depth at three people's records. This was so we could evaluate how people's care needs were assessed and care planned and delivered. We found people had risk assessments in place for areas of risk such as falls, bed rails, nutrition and pressure area care. We saw records that showed an assessment of need had been carried out to ensure risks to their health were managed. Records showed if people's health was deteriorating the person was referred to a suitable health care professional such as their GP or the district nursing team.

The registered manager showed us the system they had put in place to monitor accidents and incidents in the home. The system ensured all accidents and incidents would be reviewed and analysed so that learning from such incidents could be achieved and people's safety maintained. For example, the system had highlighted one person had started to fall more frequently. Records showed the risk had been identified and the manager had arranged for better fitting slippers to be purchased for the person. This meant they could walk around the home safely and the frequency of their falls subsequently decreased. Another example was a trend had been identified where one person was becoming unsteady and slipping from their armchair around the dinner time period. Preventative

measures were taken with the person being re-positioned during the lunchtime period and given the use of a footstool to reduce the risk of them slipping. Additional discussions with staff took place to raise their awareness and ensure the person had sufficient support around the meal time period to prevent further incidents.

There were enough staff employed on each shift to keep people safe. We checked staff rotas for three weeks which showed there were adequate levels of suitably qualified staff available on each shift. The provider had not recruited any staff since our last inspection in July 2014; however we checked their recruitment policy and three staff files which showed they recruited staff safely in accordance with the regulations. Records showed criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the service. Staff told us there were enough staff available on each shift and stated they had enough time to do their jobs safely and effectively without feeling rushed.

We saw records that showed staff had completed a range of training courses, such as; moving and handling, fire safety and safeguarding adults. Staff told us wherever possible they covered staff absences such as annual leave or sickness between themselves. They said this meant people received good continuity of care and were supported by staff who knew them well. The manager confirmed they only used agency staff at particularly busy periods such as Christmas and Easter.

There was a system in place for the administration, recording, and storage of medicines. We checked the most recent medication administration records (MAR) for all the people who lived in the home and found medicines were recorded accurately. Items were correctly listed in the medicines register and the levels of stock were accurately reflected, this showed returned medicines were accounted for accurately. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded.

The provider used a unit dosage system with medicines being supplied by the pharmacist. Staff told us they liked using this system as they found it a safe and easy method for administering people's medicines.

People had body map records completed to show staff where to apply prescribed creams. The MAR gave good

## Is the service safe?

detailed guidance for staff on how much prescribed cream to apply, how often and where, for example 'take an amount the size of a fingertip directly to the affected area'. This information was kept separate from people's body map records. We discussed this with the manager who confirmed it could be beneficial to have all the cream application guidance in one place to ensure staff had easy access to the information.

The majority of people living at St Bridget's Residential Home had capacity to tell staff when they needed pain relief and there was a system in place to record when people took their medicine as required. Staff told us how people presented when they were in pain which ensured they were able to give medicines for pain relief when people were unable to ask for it. The manager confirmed no one was currently given medicines covertly.

We observed staff supporting people to take their medicines. Staff were knowledgeable about how people

liked to take their medicines and explained what the medicines were for before giving them to people. Staff waited patiently while people took their medicines and did not rush them.

The kitchen had been assessed by the local environmental authority and had been awarded 5 star rating which was the highest grade. Staff told us kitchen equipment and fittings were well maintained to ensure their safety.

People had personal evacuation plans completed for them which were placed on the back of their bedroom doors; these gave staff clear instructions on how to evacuate the person in an emergency situation such as a fire.

The premises were well maintained, clean and decorated to a good standard throughout. We identified that the majority of wardrobes had come away from their wall fixings; we raised this to the attention of the manager who arranged for all of the wardrobes to be secured to the wall within two days of our inspection visit.

# Is the service effective?

## Our findings

People told us they liked the staff and felt staff had the required skills to care for them. One relative told us, "The staff are really good, they certainly know their job and the care is very good". Another person told us, "The staff know how I like things done; I never have to tell them twice". A visiting health professional told us the service provided good care and the staff followed instructions correctly, ensuring people's health was effectively maintained.

Staff told us they received quality training and felt sufficiently skilled to carry out their roles. The provider had a system in place to ensure all staff received training at the appropriate time. Refresher training was scheduled and staff spoke positively about the standard and content of the training courses they had attended and completed. Training courses staff had attended included; infection control, The Mental Capacity Act 2005, safeguarding adults and medication. Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period.

Staff said they felt supported by their manager and colleagues and told us they had regular supervision meetings which allowed them to discuss their performance in their role. Staff told us they felt involved in their annual appraisal process. Records showed supervisions and annual appraisals were detailed and gave staff the opportunity to request further training and development. Annual appraisals consisted of a three stage process; self-appraisal, the appraisal interview and review and evaluation. This process allowed staff time to reflect on how they felt they had performed in their role in addition to ensuring their manager could assess their on-going performance and development.

Staff told us communication in the home was effective and stated they felt fully involved in providing care and support to people in the home. Staff spoke knowledgeably about individuals we asked them about and were able to demonstrate they were up to date with the specific care and support people required.

Staff demonstrated a basic knowledge and understanding of the Mental Capacity Act 2005 (MCA) because they had received training in this area. People were given choices in the way they wanted to be given their care and support. People's capacity to make their own choices was

considered in care assessments so staff knew the level of support people needed while making decisions for themselves. If people did not have the capacity to make specific decisions, the manager involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

There was a system in place to ensure the manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. The manager was aware of how to obtain support and guidance from the local authority regarding applications to deprive a person of their liberty. We looked at whether the service was applying the DoLS appropriately and saw completed DoLS records for two people.

Staff sought consent from people before care and support was provided. We observed staff spoke to people with kindness and consideration, for example asking them where they would like to sit, whether they would like to join in with the activities or explaining what their medicines were for before prompting them to take them. Staff told us about different methods they were able to use with specific people. For example, one person preferred to eat their meals in their bedroom and staff ensured their wishes were respected.

Some people's care records included 'do not attempt cardiopulmonary resuscitation (DNACPR)' forms. These had been correctly completed by healthcare professionals with the person or their relative's involvement.

We spoke to the temporary cook who was covering the position during our inspection visit. They were normally employed by the service as a care worker so they were able to demonstrate a very good knowledge of what people living in the home preferred to eat. People's likes and dislikes were clearly displayed in the kitchen for staff to view. The menu's offered healthy home cooked meals that ensured people received the correct nutrition. People's dietary needs were assessed taking into account any



## Is the service effective?

medical needs such as soft or pureed dietary requirements. People were weighed monthly and any concerns regarding weight gain or loss were referred to the appropriate health care professionals for their advice.

We conducted observations in the main dining room over the lunchtime period to observe how the staff assisted and supported people. We used the Short Observational Framework for Inspection (SOFI) and observed five people. Staff were attentive to people's needs ensuring they had enough to eat and drink. The main meal was well presented and appetising. There were enough staff

available to ensure people were assisted to eat their meal in a timely manner. People were not rushed and were asked if they wanted any more food before their plates were taken away. People told us they enjoyed the meals and were able to choose something different to eat if they didn't like what was on the menu.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including; district nurses, chiropodists, opticians and GP's.

# Is the service caring?

## Our findings

People told us they liked living at St Bridget's Residential Home. One person said, "I can't live at home anymore but if I had to be anywhere else it would be here, they are very good to us". One relative told us, "I have no complaints at all; I find it all very good, it's a home from home".

People told us the staff treated them with dignity and respect and they enjoyed their company. One person said, "It's so nice to have company, there is always someone to talk to, at home it was just me".

Staff were kind and cheerful, treating people with patience and respect, and were aware of their needs. Staff spent time with people, talking and chatting to them and checking if there was anything they needed. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given. For example, one person liked to have a lie in on certain days and staff accommodated this change in routine as the person wished.

We observed staff talked with people at their level or sat down next to them, before asking them for their views or making alternative suggestions, for example checking if they wanted to go out on the arranged trip or if they would like a biscuit with their tea or coffee.

During our visit, one person was having their hair styled and the staff told us they enjoyed helping the people style their hair. People told us they liked to have their hair done and said it was, "Nice and easy" having their hair done at the home.

People or their relatives were involved in planning their care and lifestyle in the home. We saw records that showed people's views and preferences for care had been sought and were respected. Each person had a completed document which gave clear information regarding their life history, what they liked to do, their dislikes and what things were important to them. Where possible the document had been completed by the person or their relative and gave a good overall summary of the person which would lead staff to give good person centred care and support.

People's privacy was respected. For example, people's bedroom doors were closed when they were being supported with their personal care needs. Staff knocked on people's doors before they entered and called people by their preferred names when speaking with them. Staff told us how they ensured people's dignity when supporting people to mobilise around the home. Staff told us they ensured clothing was arranged to respect people's privacy when assisting people to move from their beds and chairs. We observed staff supported people to mobilise with patience and kindness.

People's care records were kept securely in a lockable cabinet and no personal information was on display. People told us their visitors could visit them whenever they wished. During our inspection visit we spoke to most of the visiting relatives who confirmed they were always made to feel very welcome and could visit, "Whenever they wanted".

# Is the service responsive?

## Our findings

People told us staff responded quickly to their needs. One person said, "I can use the call bell if I need it, but I don't normally have to, there is always someone around if I need help". Relatives we spoke with confirmed the manager kept them involved in the care of their relative and communication was good. One relative said, "I get a phone call if there is ever any health concerns, I'm always kept informed".

Pre-admission assessments were completed before people moved into St Bridget's Residential Home to make sure people would be given the correct care and support. Records showed people and their relatives or representatives were involved in the assessments to ensure people received care that met their specific health needs.

Staff responded promptly and appropriately to people's needs, assisting people to move around the home and supporting them in a friendly and calm manner. We observed staff knew people well and reacted quickly when they needed support or assistance. Call bell alarms were easily reached and answered in a timely manner.

People's needs were assessed and care and treatment was planned and recorded in people's care plans. We looked at three people's care plans in depth. The care plans contained clear instructions for staff to follow to ensure people received care to meet their needs. Where possible staff encouraged people to make their own decisions in order to retain their independence. For example, one care plan stated the person liked, 'Reading, walking and watching television'. We observed staff checking that person had things to read and was in a position to watch television when they wished.

The manager had systems in place to monitor people's health. Records showed referrals were made to health professionals including chiropodists, opticians and doctors. People were supported to maintain good health and have ongoing healthcare support. Care plans showed people had access to a range of health care professional and specialist health teams including, physiotherapists and district nurses. Care plans were reviewed monthly and updated to ensure people's most recent care needs were met. For example, one person's care plan stated they liked to have the radio on in their room playing softly on a cheerful station. We visited this person in their bedroom

and noted the radio was playing on a station in accordance with their care plan instructions. Another care plan stated the person needed assistance to eat and drink but was able to communicate clearly when they had had enough. This communication was recorded accurately and clearly in their care plan for all staff to view.

Care plans described how people liked their care to be given, for example, how much assistance they needed when getting dressed as well as information about the daily tasks such as choosing what clothes they wanted to wear or confirming the correct setting for their air pressure mattress to ensure their skin integrity was maintained.

Records showed people who needed re-positioning were repositioned at the frequencies stated in their care plan. There was a system for recording the amount of food and fluid people had each day. Fluid amounts were totalled each day and a target set for each person. This ensured staff could easily see if a person was at risk from becoming dehydrated if they were not drinking enough fluids each day.

Some people living in the home had diabetes. We checked their care plans and although the care plans identified these people had diabetes and gave some additional information regarding the condition; they did not specify what signs to look for if people should have a Hyper or Hypoglycaemic episode. We discussed this subject with the manager who confirmed they would amend the care plans to reflect these points.

Feedback we received about the service from a visiting health professional was positive and stated the service responded well to the needs of the people who lived there.

The provider had a complaints process in place that clearly explained how people could make a complaint if they needed to and the timescales involved. We saw the complaints information form was kept in a folder in the reception area, however the folder was stored in a drawer out of view. The manager confirmed they would ensure the complaint process was displayed on the wall in a prominent position so people could easily see the information. Records we checked confirmed the service had had one complaint since our last inspection in July 2014 and the complaint had been appropriately responded to in accordance with the providers policy. Relatives we

## Is the service responsive?

spoke with told us they knew how to complain if they needed to but they had not had any cause for complaint. People told us they felt they would be listened to if they did need to complain.

People were supported to take part in meaningful activities which they enjoyed. On one day of our visit the manager had arranged for a boat trip along Wareham river for people and we saw the service had a schedule of daily

activities available. Activities included, exercise to music, reminiscence, quizzes, manicures, flower arranging, balloon games and trips out to places of interest such as, Christchurch Quay, Poole and local towns.

People's family and friends were able to visit at any time and relatives we spoke with told us they were always made to feel very welcome, offered tea and biscuits and kept well informed regarding the health and welfare of their relative.

# Is the service well-led?

## Our findings

There was a friendly, open and honest culture at the home that created a homely, calm atmosphere. Staff cared for people with affection and appeared to know them all well. There was a stable staff team who worked well together as a team and supported each other calmly and effectively. Staff told us they had confidence in the management team who offered support and advice when required. Staff told us they would be happy to discuss any issues or concerns with the manager and would be confident they would be listened to and any action required would be carried out.

People we spoke with told us they thought the service was well-led. They told us the staff worked well together and were available if they needed additional support. They said there was a good working relationship between the staff and the management team with staff working together for the benefit of the people living in the home. Relatives told us they were kept informed of any changes in their relative's health care needs and felt involved in the process. They said they had confidence in the management team and felt that their relative got the support and care they required.

Staff we spoke with told us they enjoyed working in the home and felt they worked well together.

All staff we spoke with told us they felt the home included them in decisions made about people who lived there and their care and support. They told us they were included and involved in the meetings that were run at the home. Minutes from a selection of these meetings showed a supportive and honest management style where staff were comfortable to raise issues or concerns and were confident they would be listened to.

Staff told us communication in the home was good and they were confident they were always given the most up to date information regarding people's changing care needs. They told us they found the care plans easy to use which meant they were kept up to date with people's care needs.

People's views were sought through the use of questionnaires. These were given to people using the service and their relatives. We saw a selection of completed questionnaires which had received positive views regarding the service provided by St Bridget's Residential Home, comments included, "Always lovely staff" and "Over last four years I have always found all staff members extremely caring and helpful" and "Staff are always friendly, always offered tea and biscuits, always somebody around and very friendly". One completed questionnaire stated the person did not know how to make a complaint. We discussed this with the manager who confirmed the complaint process would be clearly displayed in the entrance hall as soon as possible.

The provider had a system of on-going audits to monitor the quality of the service provided. For example, environmental and premises, medication, equipment, privacy and dignity and care plan reviews.

Records showed a registered independent contractor had conducted water flushes and Legionella risk assessments on the premises. Legionella are water borne bacteria that can cause serious illness. The records stated the test had been completed and the premises were compliant but the provider had not yet received the Legionella certificate from the company. The manager confirmed they would contact the company to arrange for the certificate to be sent.

People's care and supporting records we reviewed during our inspection visit had been clearly completed, signed and dated by staff and gave a good account of people's individual care needs.