

St Augustine Ltd

Smithy Bridge Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Smithy Bridge Court is a residential care home providing personal and nursing care for up to 51 people. The building has 4 different floors. The lower ground floor has 6 beds for females only and an assisted living kitchen; the upper ground floor has 18 beds; the first floor has 17 beds for males only and the second floor has 10 beds. All bedrooms are ensuite, and all floors have shared lounge and dining areas. There are several landscaped garden areas including a sensory garden. At the time of our inspection there were 44 people using the service.

People's experience of using this service and what we found

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely.

Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were well treated, and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The provider and manager responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The manager was available for people to contact, and managers undertook regular quality checks, to help ensure continued good standards of care.

The provider and manager followed governance systems which provided oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 May 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Smithy Bridge Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Smithy Bridge Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Smithy Bridge Court is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Smithy Bridge Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 4 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke 10 staff including the manager, the deputy manager, the lead for nursing care and clinical practice, 2 clinical leads (who were nurse qualified), the activities coordinator, a senior carer, the physiotherapist and 2 care staff. We looked at 4 staff files in relation to recruitment and supervision. We reviewed 8 people's care plans and associated information including medicines records. We spoke with 10 people using the service and 1 visiting relative. A variety of records relating to the management of the service, including policies and procedures, auditing and governance records were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse.
- The manager promoted an open and transparent culture which encouraged people to raise any safeguarding concerns. A person told us, "It's a nice place. The staff are mainly very helpful. They are pretty quick when I need them."
- We saw positive feedback had been provided by a person's social worker shortly before the inspection, who commented, '[Person] is the best he has ever been in terms of presentation and overall wellbeing. [Person's relative] feels overall the staff are brilliant and he can't fault them. [Relative] stated the staff work very hard and he gets lots of feedback on how [person] is doing.' Another visiting local authority professional told us, "I have been here for many years, and I feel they [the home] are on the right path. They are very good at safeguarding and send any concerns information to the local authority timely manner."
- Safeguarding incidents were recorded and investigated by managers, and outcomes were shared with staff to reduce future risk. A person told us, "I think it's very good care; I can't grumble. I could speak with [staff name], who's lovely, about anything that's worrying me. The staff always come quickly if I call for them."

Assessing risk, safety monitoring and management

- Risks to people and the environment had been assessed and regularly reviewed. The provider had systems in place to identify and reduce the risks involved in supporting people.
- Managers regularly carried out audits to monitor the safety and quality of the care people received.
- Managers involved people, and where appropriate their relatives, in assessing risks to their support. Decisions about risks were recorded in people's support plans.
- Staff had completed the appropriate mandatory training to keep people safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely, and the provider followed effective recruitment processes, with appropriate checks completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions
- Managers ensured there were enough staff, with the right training and skills, to meet people's needs. A person told us, "The staff and their qualities vary. There are some very good staff and also, I wouldn't say bad staff, but they just don't have the cutting edge qualities of the better ones. It is hard to gauge if there are enough staff; I wouldn't say they are short staffed, but you could always do with more. My interactions with them all are perfectly okay.
- Staff felt recruitment was effective in reducing the need for agency staff, which contributed to improving the care received by people. Agency staff were very seldom used. A staff member said, "Staffing levels are slowly getting better. Of course, you want more staff, but everyone always says that. We have cut right down on agency staff and plan to recruit more nurses."

Using medicines safely

- Staff managed medicines safely, and people received their medicines as prescribed. Staff had received training in medicines administration. Staff competency to administer medicines was assessed frequently.
- Staff stored medicines safely and correctly and records relating to medicines were clear and completed accurately. Staff completed stock checks of medicines and supported people to manage their medicines safely.
- There were protocols in place to guide staff on when to administer "as and when required" medicines.
- Staff reviewed people's medicines regularly and supported people to attend health appointments where applicable.

Learning lessons when things go wrong

- The manager understood the importance of a lessons learned process when things go wrong, to help improve the delivery of the service.
- We saw evidence of detailed lessons learned processes, including reflective practice to minimise future incidents, which helped to reduce the chance of recurrence.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions regarding visiting. We observed safe visiting arrangements were in place which helped to minimise the risk of the spread of infection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People received personalised care which met their needs and preferences. Care plans were person centred, and included information on what was important to people including their needs, preferences, likes and dislikes.
- Staff reviewed care plans regularly, and understood the preferences of the people they supported well.
- People felt staff understood their individual needs. A person told us, "The staff know everything about me. I can make my own choices, for example I prefer to go to bed in the evening and spend the days here in this lounge. I like doing jigsaws, going outside to collect conkers, and singing. If I was upset, I would speak to any of the staff. I like the films and biographies here too. I feel that staff protect us; that's what they do well."
- Managers maintained an oversight of complaints and logged any complaints and actions taken.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager understood the importance of the Accessible Information Standard and there was a policy in place to support this.
- The manager and staff ensured people's communication needs were met. People had communication care plans in place, including any factors which may hinder communication, and any sensory issues.
- We saw staff understood how to communicate with people effectively. People had communication risk assessments in place, detailing how to best communicate with them. Mental Capacity Assessments considered people's abilities to communicate, and Best Interest checklists were used to ensure staff encouraged people's involvement in actions undertaken on their behalf or in any decisions affecting them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing. Relatives visited regularly and some people accessed the community with their relatives.
- The home employed an activities coordinator who worked alongside people to identify the interests and any activities they wished to do.

- People commented positively on the opportunities available to them. One person said, "The staff all treat me very well and I know that all the staff aim to get me mobile and back on my feet. A woman comes in on Tuesdays to do singing; she also teaches us how to play the piano and sometimes drumming. We also bake which I like; I made some chocolate cookies last Tuesday. I would like to go out more though, for example, we could go into the wider community more often. Some animals, such as rabbits and a dog, have come in to visit us."

End of life care and support

- People's end of life care needs were discussed with relevant other staff and any equipment to aid comfort was provided. Doctors and relevant other professionals supported end of life care provision.
- People had supportive care records, which identified people's wishes at this stage of life and identified if people had a 'do not resuscitate' order in place.
- People and their relatives confirmed they were involved in end of life care discussions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider's audit systems monitored the quality of service delivery and showed the management team were able to question and act on issues raised. There were systems in place in for monitoring complaints, accidents, incidents, and near misses. Staff performance was monitored and spot-checked by managers. A staff member said, "I'm very happy working here and have seen such big improvements with management. We work well together as a team, and I really enjoy it."
- The manager promoted a culture of person-centred care in the home, which focused on developing good outcomes for people. A person told us, "There was a meeting here recently just for family members. It's a lovely atmosphere and they [staff] bring me anything that I need. I would recommend this home because they [staff] care for everyone." A second person said, "I like the manager, and this home is well managed. I went to a residents' meeting. I like all the staff here and I would recommend this home because you get looked after and are protected."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had taken steps to recruit a new registered manager in a timely way. An application to register with CQC was under review at the time of the inspection.
- The manager was experienced and had the skills and knowledge to perform their role and maintain oversight of the services they managed. The manager was aware of their responsibilities to report significant events to CQC and other agencies and was aware of their obligations under duty of candour.
- The manager and provider promoted openness and honesty and kept in contact with people and their relatives, who told us staff informed them if things had gone wrong. Records showed complaints were investigated and apologies given, including confirmation on what action had been taken in response to the concerns raised.
- The manager was initiative-taking throughout the inspection in demonstrating how the service operated and how they worked to drive improvements; they reflected on past performance issues and used this to improve the services provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked with people and their relatives to ensure they understood people's support needs. Staff

explored people's equality characteristics as part of the care planning process.

- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support.
- There was an up to date equality and diversity policy in place and staff were trained in equality and diversity and dementia care.
- The manager and staff team worked with people, relatives, and healthcare professionals such as chiropodists, and opticians to provide the best outcomes for people. The service employed a permanent physiotherapist and an occupational therapist based on-site.
- Records showed a multidisciplinary approach in meeting people's needs and responding to any changes and there was evidence of joined-up work between the provider and other professionals to meet the needs of people using the service.