

Mr Anthony Howell

St Bridgets Care Centre

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 ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 6 and 7 October 2016.

St Bridgets Care Centre is registered to provide accommodation, care and support for up to 12 people. At the time of the inspection there were nine people living at the home. There was a registered manager employed at the service. 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.'

Our previous inspection of the home, completed in April 2015, identified two breaches of the regulations. These related to; failing to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and a breach relating to people's privacy in regard to their records. We told the provider that they must make improvements to protect people from these risks and asked them to send us an action plan stating what improvements they would make. The provider sent us the completed action plan as requested.

At this inspection we found the provider had made the required improvements to meet the regulations that had been breached in the previous inspection. This inspection found the provider was compliant with the regulations.

People were being well cared for and told us they felt safe living at the home. Staff were aware of what constituted abuse and the actions they should take if they suspected abuse. Relevant checks were undertaken before new staff started working at the service which ensured they were safe to work with vulnerable adults.

Staff had the right skills and training to support people appropriately. People told us they felt there were enough staff available on each shift to care for them well. Staff felt well supported by the management team and received regular supervision sessions and appraisals.

Pre-admission assessments were completed prior to people moving into the home. People's risks were assessed and plans developed to ensure care was provided safely. Accidents and incidents were monitored to ensure any trends were identified to enable action to be taken to safeguard people.

Medicines were managed safely, handled appropriately and stored securely. Medicine Administration Records (MAR) were signed to indicate people's prescribed medicine had been given. Medicines were stored securely and at the correct temperatures. There was a system of checks in place to ensure any medicine errors were quickly identified.

People were referred to health care professionals as required. Equipment such as hoists, pressure relieving

mattresses and cushions were readily available, well maintained and used safely by staff in accordance with people's risk assessments.

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.

Staff had an understanding of the Mental Capacity Act 2005 (2005) and how it applied to their work. Records showed appropriate mental capacity assessments had been carried out. Where some people were unable to consent to living in a care home, appropriate applications for a Deprivation of Liberty Safeguard (DoLS) had been made. Staff were able to explain to us how they provided people with choices and how they encouraged people to make their own decisions.

Staff ensured people's privacy and dignity was protected. People received personalised care from staff who were responsive to their needs and knew them well. Staff created a relaxed atmosphere which resulted in a calm and happy culture in the home.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

People told us they felt the service was well led, with a clear management structure in place. Relatives told us they were always made to feel welcome at any time.

There were systems in place to drive the improvement of the safety and quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People were supported by sufficient, suitably experienced and qualified staff.

Medicines were managed safely, stored securely and records completed accurately.

Staff demonstrated a good understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Is the service effective?

Good ●

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered a variety and choice of good quality food and drink.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to a range of healthcare professionals as appropriate.

Is the service caring?

Good ●

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

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate.

Is the service responsive?

Good ●

The service was responsive. People had personalised plans which took account of their likes, dislikes and preferences.

Staff were responsive to people's changing needs.

People's views were sought. They felt they could raise a concern if required and were confident that these would be addressed promptly.

Is the service well-led?

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a positive open culture.

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.

Good ●

St Bridgets Care Centre

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 6 and 7 October 2016 and was unannounced. One CQC inspector visited the home on both days.

Before the 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 met all of the people living there and spoke in depth with six people and one visiting relative. We also spoke with a visiting district nurse, the manager, the cook and four members of care staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences 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 observed how people were supported and looked at three people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records, policies and audits and staff and relatives meeting minutes.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at St Bridgets Care Centre. One person told us, "They always come and help me if I need it, I've no complaints at all". A relative told us, "We've been very happy with the service, everyone is so friendly and helpful, we have no problems".

At our last inspection completed in April 2015 we found some areas where the safety of the people living there could be compromised. The carpet in the communal areas, including, the reception area, corridors and first floor landing, had become worn and stretched and was rucked in places. This could have posed a trip hazard for people and was a risk to their health and safety. Wardrobes were not secured to the wall which meant they could topple over and compromise the health and safety of people living at St Bridgets Care Centre.

At this inspection a new carpet had been fitted which provided a level safe surface for people to walk on. We conducted a tour of the premises and saw every wardrobe had been securely fastened to the wall. This meant the risk of wardrobes toppling over and injuring people were greatly reduced. These improvements meant the provider had taken corrective action to ensure people could live at St Bridgets Care Centre safely.

Staff demonstrated a good knowledge about the procedure for reporting allegations of potential abuse. Staff told us they had completed training in protecting people from abuse and were aware of the provider's policy for safeguarding people. We reviewed the provider's safeguarding policy and saw it included relevant contact details for the local authority. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

There was a system in place to ensure people's risks were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of three people. This was so we could evaluate how people's care needs were assessed and care was planned and delivered. We found people had their needs assessed for areas of risk such as falls, moving and handling, malnutrition and pressure area care. Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

There were enough staff employed to meet people's needs. We reviewed staff rotas for a three week period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were generally enough staff on each shift to manage the needs of the people living at St Bridgets Care Centre. The manager told us they reviewed the needs of people to ensure the correct levels of staff were available on each shift. During our inspection visit we observed call bells were answered promptly and people who required assistance were attended to quickly and safely. During our observations in the communal areas of the home we observed people were given support in a friendly manner that was not rushed. People were frequently offered a choice of drinks and or snacks, were supported in a timely manner and did not have to wait for lengthy periods to get assistance.

We reviewed three staff recruitment records. Staff told us they felt well supported and knew people who

lived in the home very well so they could give good, individualised care and support. Records showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at St Bridgets Care Centre.

We reviewed the providers system for maintenance of the premises. Regular tests for Legionella were conducted and regular flushes were completed on the water system. Legionella is water borne bacteria that can be harmful to people's health. The manager told us the provider employed their own maintenance team who ensured the regular schedule of maintenance checks was adhered to.

People's medicines were stored, administered and recorded safely. People received their medicines when they needed them and at the required times. Staff had guidance and training on how to tell if people were in pain if people were unable to communicate this. Staff spoke knowledgeably about people and explained what symptoms and mannerisms they looked for in people when they were in pain. This meant people received appropriate pain relief when needed. Staff were trained and had a competency assessment to ensure they were safe to administer medicines. There were systems in place to check that medicines had been given to the right person at the right time.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was clearly recorded.

There was a system of body maps in people's care plans to ensure people had prescribed creams applied in the correct place and at the correct frequency.

Is the service effective?

Our findings

People were positive about the service they received living at St Bridgets Care Centre. People told us, "I'm very happy here, I have everything I need". A relative told us, "I'm always kept informed about things...I'm very happy with the care". We spoke with a visiting health professional who told us the staff were friendly, helpful, listened to advice given and followed instructions well. They told us they had no concerns about the service at all.

People received care and support from staff who had the appropriate training. There was a clear programme of training in place, staff commented positively about the training they had received and found members of the management team supportive. The provider had their own staff trainer who conducted the majority of staff training internally at the home. Staff told us, and we saw records that showed regular supervision sessions and appraisals had been completed and clearly recorded for them.

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. We reviewed completed DoLS assessments and saw the manager had put a system in place to ensure the DoLS process was correctly managed.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people's care were carried out in their best interest where people lacked the ability to give their consent. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a basic understanding of the Mental Capacity Act 2005 and issues concerning consent. Staff told us if they needed further guidance they would refer to their manager.

We observed staff had an effective knowledge of how people preferred to be cared for and showed a good understanding of how people living with dementia needed supporting. People had their routines they preferred and staff demonstrated good knowledge about how people chose to spend their day, where they liked to sit and what they preferred to do.

People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat. For example, pureed or a 'soft' diet or fortified meals with added cream and cheese. Snacks, sandwiches and fruit were available throughout the day and we observed staff offering people hot or cold drinks and a variety of fruit juices. People were able to request an alternative meal if they did not like what was on the menu. People told us they enjoyed the food which they said was "Very nice".

The cook told us they were well supported within their role and the kitchen equipment and fittings were well maintained. The kitchen had been assessed by the local environmental health authority and had been awarded a 5 star rating which was the highest grade. The cook told us they completed daily, weekly and

monthly cleans.

The premises did not include a dining room so people ate their meals in their bedrooms or in the main lounge with others, as was their choice. If people needed extra help and support to eat they were supported on a one to one basis which gave them time to enjoy their meal and ensured they got the nutritional support they needed.

There were enough staff available to ensure people were assisted to eat their meal in a timely manner. We saw people's wishes were respected and people were gently encouraged and supported to eat independently. People were not rushed and were asked if they wanted any more food before their plates were taken away.

There were systems in place to monitor people's on-going health needs. People had access to a range of healthcare professionals based on their health and social care needs. Records showed people received care from community nurses, opticians, GP's and chiropodists. One relative told us that staff were responsive to changing health needs and contacted healthcare professionals when needed. They said they were reassured as they were kept informed of any changes in their relatives health needs.

Is the service caring?

Our findings

Every person we spoke with gave positive views on living at St Bridgets Care Centre and the staff that cared and supported them. People described staff as very nice, kind and friendly. One person said, "The staff are always so friendly, they help you all the time." A relative talked about how they were always warmly welcomed into the home and made to feel comfortable. One person clarified how they experienced staff as caring, they told us, "They are all so friendly and kind".

During our inspection we observed various members of the team interacting and talking with people in an informal and relaxed manner. This included the manager, care staff, cooks and maintenance staff. Staff used people's preferred names and engaged in friendly chat and conversation. We observed people responded well to staff. Staff spoke to people in ways which showed they valued and cared about them. Staff supported people patiently and kindly and did not appear rushed. We saw people had built friendships with other people who lived in the home and staff ensured people could sit with their friends if that was their wish. Staff spoke fondly of people and were able to describe what activities they liked to take part in. This showed staff knew the people well and provided support and care in an individualised manner.

Staff told us how they maintained people's dignity by respecting their independence and valuing people as individuals. We observed people were given enough time so that they could continue to do things for themselves with staff on hand if they needed it. Staff encouraged people in a friendly and supportive way. People who were able to, told us they liked the way staff supported them and said it was important they could still do some things for themselves. Staff respected people's dignity and privacy. During our inspection we observed staff knocking on bedroom doors before entering. We observed that people's bedroom doors were closed when people were receiving personal care and people told us the staff were respectful of their wishes and made sure they were comfortable at all times.

We observed staff moving and hoisting people in a communal area. People's privacy and dignity was respected at all times. Staff gave good examples of how they ensured people's dignity was maintained at all times, for example, covering people with blankets and ensuring people's clothing was properly arranged before hoisting them. We asked people if staff respected their privacy and dignity, they all said they did. People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected.

People were involved in making decisions about their care. We saw pre-admission assessments which had been completed. These records contributed towards identifying the care and support the person needed so that a personalised care plan could be developed with them. A relative told us they were involved in decisions about their relative's care and felt they were always listened to. They gave an example of how they had been informed and involved with changes relating to their relative's personal care needs.

Is the service responsive?

Our findings

People received personalised care and support based on their individual preferences, likes and dislikes. Care plans contained detailed information about peoples' preferred daily routines. For example one person told us about their usual morning routine and the time they liked to get ready for bed. We saw this was reflected in their care plan and their daily records showed that the person's daily choices were supported. Assessment and care records covered a range of areas including; allergies, personal care preferences, health, diet, weight, personal hygiene, mobilising and social care. The assessments showed people and their relatives had been included and involved in the process wherever possible.

The provider used recognised risk assessments tools to assess the risk of skin breakdown, malnutrition and mobility. People's assessed needs were then recorded in their care plans that were person centred and provided staff with information regarding the person's history and preferences. Care plans were reviewed each month or more frequently if people's care needs changed.

Where care plans stated people needed specialist equipment such as pressure relieving mattresses and cushions, we saw these were in place and set at the correct setting for people's weight. Where people required mobility aids these were left positioned so people could reach them easily.

People who were at risk of developing pressure sores had clear directions given in their care plans to guide staff on how often they needed to be re-positioned. However, we saw some re-positioning records had not been consistently completed, we brought these to the attention of the manager who said they would remind staff to ensure consistent completion of re-positioning records

There was a system in place to ensure people who were at risk of dehydration or malnutrition were monitored to ensure they were protected against the identified risk. The system gave clear instructions for staff to follow if people needed monitoring and support.

Staff knew people well and spoke knowledgeably about what people liked and disliked and how they preferred to spend their day. This showed us that people received personalised care from staff who got to know them and were able to recognise when people's care and support needs changed.

The manager told us a range of activities were available for people at the home such as independent entertainers, singers and gentle armchair exercises. During our visit we observed staff spent time chatting to people about things of interest to them and reminiscing and others were asked if they would like to go out for a gentle walk or be taken out in their wheelchair. In warmer months trips to the quay, boat trips and other places of interest such as local exhibitions were organised for people to take part and enjoy if they wished.

The complaints policy was made easily available for people and their relatives. There was a system for logging complaints which we checked and saw the service had not received any since our last inspection in April 2015. People were confident they knew how to raise any issues and one person told us "I have never

had to complain". A relative told us they were able to talk with staff as issues arose and they were satisfied that staff had addressed them. This showed the service listened to people and their families and took any necessary actions.

Is the service well-led?

Our findings

People and staff expressed confidence in the home's management. One person said, "I can always speak to a manager if I need to". Relatives told us, "I'm always made to feel very welcome by all the staff, there is a good, family atmosphere here, I've no complaints". Staff stated they had confidence in the management team and felt the home was well led.

People and staff described the culture of the home as, "Friendly, happy and open" and stated they were confident to raise any concerns they may have with the management and felt they would be listened to. Staff told us communication in the home was good, with all staff working closely as a team for the benefit of the people living there. We observed the service gave individual, person centred care with a friendly, caring and positive approach to people.

At our last inspection in April 2015 we saw people's daily personal records were left unsecured in the main lounge. They were left on display which meant people visiting the lounge could have easy access to them, which was a breach of people's privacy.

At this inspection we saw a lockable cupboard had been installed for the secure storage of people's personal care records. People's records were placed in this cupboard throughout the day to ensure safe storage. This meant people's privacy was respected and personal documents safely secured in accordance with the regulations.

The manager showed us the system they used to obtain the views of people and their relatives. They said as a small home they knew people well and obtained their views on a daily basis in a number of ways. For example they talked with people informally on a day to day basis; they observed people's reactions as well as a more formal process of gaining people's views from an annual questionnaire. They also had a diary system which staff completed if an issue was raised.

We reviewed recent questionnaires that people and their relatives had completed, quotes included; 'Staff treat me with respect and dignity, kindness and good humour' and "Excellent facilities, the staff are lovely, helpful, caring and polite" and " Staff appear lovely and take time to interact with residents". Once the completed questionnaires were returned they were analysed and reviewed and action taken on any negative concerns or queries. This showed there was a culture of continuous improvement in the service.

Relatives we spoke with told us they were kept fully informed and felt involved with the care their relative received at the home. Records showed residents and relatives meetings were regularly held. These meetings allowed a forum for people and relatives to put forward any ideas or suggestions they may have as well as being kept informed about future events planned for the home.

Records showed, and staff told us, they had regular meetings which were conducted in an open and honest way. We saw a selection of minutes from these meetings which showed staff were encouraged to discuss their views and opinions on the running of the service and put forward any ideas for different ways of caring

and supporting people.

The provider had a wide range of policies covering topics, such as; staff recruitment, safeguarding adults, disciplinary and grievance and mental capacity. The manager told us some of these policies were currently scheduled for review, which would be carried out by the end of the financial year.

The manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The manager told us they regularly attended local learning hubs run by independent companies which provided very useful learning and developmental opportunities for them.

The provider had good links with the local community; they ran barbeques and garden parties in the grounds of the home in the summer months for relatives and people who visited the home.