

Mrs L Whitehouse

St Brigas Residential Home For Adults with Learning Dissabilities

Inspection report

St Brigas
2-3 Jesmond Road
Clevedon
Somerset
BS21 7SA

Date of inspection visit:
27 February 2017

Date of publication:
30 March 2017

Tel: 01275870653
Website: www.stbrigas.co.uk

Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 27 February 2017 and was unannounced. It was carried out by one adult social care inspector.

St Brigas Residential Home for Adults with Learning Disabilities provides accommodation and personal care for up to 17 people with learning difficulties, autism spectrum disorders, mental health conditions and other complex diagnosis.

At the time of the inspection there were 15 people living at the home. The accommodation is arranged over three floors with some office space at the top of the house. There is an area set up as a day centre on the ground floor which includes a kitchen, art room and music room. In the residential part of the ground floor there are a number of communal spaces including a lounge, further kitchen, wet room and dining room.

A registered manager was responsible for the service. This 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.

We carried out a comprehensive inspection of this service on 12 and 14 October 2016. Breaches of legal requirements were found as there were ineffective quality assurance systems in place to make sure any areas for improvement were identified and addressed.

After the comprehensive inspection, we used our enforcement powers and served a Warning Notice on the provider on the 18 November 2016. A Warning notice is a formal notice which confirmed the provider had to meet the legal requirement in relation to effective quality assurance systems, by 22 February 2017.

We undertook this focused inspection to check they now met this legal requirement. This report only covers our findings in relation to these requirements. This means the rating of these key questions remain the same. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk

We found some actions had been taken to improve how well led the service was.

The provider had a new recruitment policy in place and a new quality assurance system for ensuring satisfactory checks were in place prior to new staff starting. There was a twice a day medication check which ensured stock control and records were accurate relating to medicines management. Care plans were being evaluated to ensure they were current and up to date.

Although some improvements had been made we found at the time of the inspection the provider had not

met all the legal requirements relating to our Warning Notice. Quality assurance tools were not in place for overseeing all the quality relating to medicines management and care plans which were actions needed following the notice. Quality audit tools are important as they support the provider to identify areas for improvement. We fed this back to the deputy manager who took action following the inspection and sent us examples of audit tools they planned to use.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

At this latest inspection we found some action had been taken to improve how well led the service was. As we undertook this inspection to check the provider met legal requirements, this report only covers our findings in relation to these requirements. This means the rating of this key question remains the same.

There were effective quality assurance systems in place for safe recruitment. Improvements were still required relating to monitoring the quality assurance for care plans and medicines.

Requires Improvement ●

St Brigas Residential Home For Adults with Learning Dissabilities

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.

This inspection took place on 27 February 2017 and was unannounced. It was carried out by one adult social care inspector.

We undertook this inspection to check that improvements to meet legal requirements after our comprehensive inspection on 12 and 14 October 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting a legal requirement.

We spoke with the deputy manager of St Brigas about actions taken following our last inspection. We reviewed what quality assurance processes were in place for recruitment of new staff, medicines management and care plans. We looked at three people's care records and documentation in relation to best interest decisions. This included the evaluation of those files and any quality auditing processes in place. We reviewed three members of staff recruitment records and the quality assurance process in place for medicines management.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service.

Is the service well-led?

Our findings

At the last inspection of this service on 12 and 14 October 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no effective processes in place to assess, monitor and improve the quality and safety of the services provided or monitor and mitigate the risks relating to the health, safety and welfare of people.

At this latest inspection we found some actions had been taken to improve shortfalls found during the last inspection. Audit tools relating to care plans and medicines management required further developing. As we undertook this inspection to check the provider met legal requirements, this report only covers our findings in relation to these requirements. This means the rating of this key question remains the same.

The provider had developed their own action plan for the service following our last inspection. This covered areas which required improvement including who was responsible for ensuring actions were taken. The provider had worked through their plan and had addressed some actions.

The deputy manager confirmed following the last inspection they had implemented mental capacity assessments and best interest decisions for people. We reviewed three people's care plans and found all three people had mental capacity assessments and best interest decisions in place. For example, best interest decisions had been made relating to finances, medication, fire safety and evacuation, personal care, modifying diets and photos. Records confirmed how the service had communicated with the person and the outcome of the decision making process. Whilst all three care plans had been evaluated we found that the evaluation process had not identified where some best interest records had failed to record relative's involvement. The deputy manager confirmed there was no specific audit tool in place that focussed on reviewing the overall quality of the person's care plan. This is important as a specific audit tool can help the service identify inconsistencies such as poor records. We fed this back to the deputy manager who following the inspection sent us a copy of the audit tool they planned to use relating to people's care plans. This meant although the service had undertaken best interest decision paperwork, records did not always reflect if relatives had been involved in best interest decisions and the evaluation of these people's care plans had not identified this shortfall.

The service had taken action to improve guidance relating to administering medicines and daily checks. However there was no specific audit tool in place which checked the overall compliance relating to medicines management. For example, staff completed twice a day checks relating to stock amount and records of medicines administered. These checks had enabled the service to identify concerns relating to inaccurate stock but there was no overall audit tool that checked all areas relating to medicines management. For example, how medicines were being stored, the temperature of the fridges, if medicines were being accurately recorded, the stock was accurate and medicines no longer required had been returned to the pharmacy. This is important as a specific audit tool can help the service identify any shortfalls with the compliance of medicines management. This meant although the service had identified through daily checks inaccurate stock, by the service not having a comprehensive medicines management audit tool in place could mean shortfalls are not identified for appropriate actions to be taken. We fed this

back to the deputy manager who following the inspection sent us a copy of the audit tool they planned to use relating to medicines management.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

The service had taken action to ensure monitoring was in place for safe recruitment practices for new staff. The service had implemented a new recruitment policy and a recruitment check list. The new policy confirmed what satisfactory checks were required before the staff member started. The new recruitment check list monitored which part of the recruitment process was still outstanding.

One new staff member been employed following our last inspection in October 2016. They had all satisfactory checks in place prior to them starting their employment. This meant there was now an effective system in place to ensure all relevant checks were completed for new staff starting in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found there was no overall quality assurance audits in place to check the overall safety of medicines management and people's care plans.