

Colleycare Limited

St Brendan's Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Brendan's Care Home is a residential care home providing personal care. St Brendan's Care Home accommodates 62 people across three separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with advanced dementia. The service provides support to older people who may also have dementia. At the time of our inspection there were 51 people using the service.

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

The home ensured infection prevention and control guidance was followed to keep people and staff safe. People reported to feeling safe living at the service. Risk assessments were personalised and included detailed information of how to mitigate the risk.

The service had an open and transparent way of working to ensure the safety of the people living at the service. The provider was able to demonstrate that quality assurance systems ensured the quality of the service was maintained. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively. People reported that the management team were approachable and willing to listen.

Meetings for residents, relatives and staff had taken place and improvements to the service had been made based on the comments made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 23 October 2018).

Why we inspected

We received concerns in relation to staffing levels within the care home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

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 remained 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 St Brendan's Care Home 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Brendan's Care Home

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 included checking the provider was meeting COVID-19 vaccination requirements. 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 one inspector and an Expert 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

St Brendan's Care Home 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. St Brendan's Care Home is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of inspection, the service did not have a manager registered with CQC. The manager had started the application process to become registered manager.

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 looked at online reviews of the

service. We used the information the provider sent us in the provider information return. 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 with seven members of staff including the manager, nominated individual, care staff and the administrator. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to 12 people who use the service. We reviewed a range of records. This included four people's care records including people's medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We sought further information and reviewed evidence found during the inspection. We continued to seek clarification from the provider to validate evidence found. We contacted professionals for feedback. We also reviewed quality assurance records.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff had received safeguarding training. Staff were aware of what actions to take if they felt people were at risk including to contact outside organisations including the local authority and the Care Quality Commission (CQC).
- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff were aware of different types of abuse and how this may look. Staff were also able to state how they would raise concerns. One staff member said, "I know I can go to my senior or team leader, manager, CQC, head office and also the local authority."
- People felt safe in the home and liked the staff who supported them. People told us, "I feel absolutely safe because there's plenty of people around." And, "I would probably speak to one of the managers if I didn't [feel safe] but I do not have that problem."
- When safeguarding concerns were raised, the manager had dealt with them appropriately and recorded all actions taken.

Assessing risk, safety monitoring and management

- Risk assessments were consistent and clear and the guidance that staff should take to mitigate risks was accurately recorded and had improved since the last inspection.
- There was evidence that environmental safety had been managed. We saw records of legionella checks, fire systems and electrical checks that took place.
- Routine safety checks had been carried out and were within the safe and expected levels, such as monthly hot water temperatures at taps accessible to people who use the service.
- People had individualised fire risk assessments and emergency evacuation plans.

Staffing and recruitment

- Both staff and people felt that there were enough staff on a day to day basis to support people's needs. Staffing numbers were also regularly reviewed by the regional management team and the manager through a calculating system.
- We saw staff responded to people's requests for support in a timely manner during the day of the inspection.
- A review of employment documents showed that appropriate employment checks had been obtained, including satisfactory evidence of conduct at previous employments and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager acknowledged there has been some difficulty in recruiting staff, however they had arranged

for regular agency care staff to support the home to maintain safe staffing levels. The same agency care staff were used to ensure continuity of care.

Using medicines safely

- Detailed and individualised 'when required' medicines guidance was in place to explain to staff when the medicine was necessary.
- Only trained senior care staff were administering medicines.
- Where people received controlled medicines, the medicine administration records (MAR) chart were signed by two staff administering the medicine as per the provider's medicine policy.
- We reviewed people's MAR charts and no recording gaps were seen. When observing a medicine round, people were seen to be supported with taking their medicine at the correct time.
- Medicines were stored securely in a locked medicine trolley. We reviewed the stock of specialised drugs kept in a separate locked cabinet and accurate records had been kept.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- An effective system was in place to record individual incidents and accidents.
- Incidents and accidents were recorded and reported to ensure that harm to people was appropriately documented and reviewed.
- There was evidence that the management team investigated incidents and accidents appropriately and identified themes and trends. For example, the majority of accidents in January 2022 had been identified as falls. This was reviewed by the manager who had implemented further actions including effective communication with hospitals prior to admission to support with the reduction of falls within the home.

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 good. The rating for this key question has remained 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

- The staff were keen to share with us their feedback around the improved culture within the home. Comments from staff included, "I think we are a good team and we work well together..."
- Feedback from people showed they were in the centre of the service delivery. Comments included, "[Name of old manager] was quite nice but this lady [name of new manager] is marvellous... [new manager] seems to be more connected with the people that work here... I'm very happy here... All in all I'm lucky that my family found this place." And, "We [the residents] are in charge."
- Staff told us they were involved and listened to. When asked if staff would approach the management team if they had a concern, staff replied, "Yes. This management are much better and I do feel happy to raise concerns."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about an incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider was aware of their responsibilities in relation to this standard.
- The management team ensured required notifications had been promptly submitted to us when required.
- The management team had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Although there was no registered manager of the service, the manager had submitted an application to register with CQC.
- The manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included documentation and a regular review of medicine administration records, care plans, incidents and accidents and records related to the maintenance of the home.
- The provider had also completed an internal compliance audit and actions taken were clearly documented.
- An analysis of audits was completed to identify themes and trends.

- Regular team meetings took place and records of the meetings were reviewed. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to share from the residents meeting.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Minutes from meetings with people and relatives demonstrated their views were sought.
- There were recent surveys that had been carried out with people and relatives.
- Staff were supported via one to one meetings and staff meetings. Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision. Any concerns raised would also be discussed with staff members and actions were recorded.
- Staff commented positively on improved teamwork, staff morale and communication within the team. One staff member said, "We are really good at communicating with each other. We know the residents really well and if anything changes we will tell each other..."

Working in partnership with others

- During the pandemic and lockdowns, the service demonstrated they worked effectively with stakeholders.
- Staff liaised with health protection teams, the local authority and commissioners when there were suspected or actual cases of COVID-19. This ensured the safety of people, relatives and staff.
- There were regular reviews of people's health and social care needs by community-based professionals.