Mrs Theresa Platt

St Bridget's Care Home

Inspection report

St Bridget's
64 St Nicholas Street
Bodmin
Cornwall
PL31 1AG

Tel: 0120878170

Date of inspection visit:
04 August 2016

Date of publication:
13 September 2016

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 inspection took place on 4 August 2016 and was announced. We gave the provider 48 hours' notice. This was because there were only three people living at the service and we needed to be sure somebody would be in to speak with us.

St Bridget's is a small, family run residential care home that provides care for people who have a learning disability. The home can accommodate up to five people. At the time of the inspection there were three people living at the service.

There was 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..

We observed positive and caring interactions between people, the registered manager and staff. The registered manager and staff knew the people they cared for well and spoke about them with warmth, fondness and affection. One staff member told us; "We want the best for people".

People's care plans were detailed documents which contained information about their background, history, like and dislikes. Staff confirmed that the care plans contained the correct guidance and information in order to support people.

People enjoyed the meals. They told us they were of sufficient quality and quantity and there were alternatives on offer for people to choose from. People were involved in planning the menus and their feedback on the food was sought.

People had their healthcare needs met. For example, people told us they had their medicines as prescribed and on time. People were supported to see a range of healthcare professionals including psychologists, doctors and social workers, when necessary. People were kept cognitively and socially engaged through a range of activities, both at home and in the local area; these included attending day centres and going on holidays.

The registered manager and staff had received training relevant to their role and there was a system in place to remind them when it was due to be renewed or refreshed.

Staff were knowledgeable about the Mental Capacity Act and how this applied to their role. People at the service had capacity to make decisions for themselves, but staff were knowledgeable about what action they would need to take if this changed and had received training in this area. People were involved in planning their care and their consent was sought prior to being provided with any assistance.

There was a safeguarding adults policy in place at the service and staff had undergone training on this subject. The registered manager and staff confidently described how they would recognise and report any signs of abuse, including which external agencies they would contact if required. There was a whistleblowing policy in place and the registered manager promoted an ethos of openness and honesty at the service.

People, staff and relatives were encouraged to give feedback through a variety of forums including team meetings and residents' meetings. This feedback was used to drive improvements within the service. There was a system in place for receiving and managing complaints. People and relatives said they felt confident that if they raised concerns these would be dealt with to their satisfaction. The registered manager operated an annual cycle of quality assurance and there were audits and checks in place to detect any issues and make changes if required.

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 received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

People were protected from the risk of infection by a clean and hygienic environment.

People were kept safe / protected by a registered manager and staff who had knowledge and understanding of how to recognise and report signs of abuse.

Is the service effective?

Good

The service was effective.

People were supported by a registered manager and staff who had received training to carry out their role effectively.

The registered manager and staff had an understanding of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards and what this meant for the people they supported.

People were supported to see health and social care professionals when needed.

People were supported to maintain a balanced diet and could have drinks when they wanted.

Is the service caring?

Good

The service was caring.

Interactions between people and staff were positive, kind and supportive. People said they felt well cared for.

People were supported by staff who were respectful and ensured their dignity was upheld.

People were supported by staff who knew them well and who spoke about them with fondness and affection.

People's confidential information was stored securely.

Is the service responsive?

Good

The service was responsive.

There was a system in place for receiving and investigating complaints. People, relatives and staff felt confident that any concerns would be dealt with appropriately.

There were a range of activities on offer in order to keep people socially and cognitively active.

People's care plans were personalised, detailed documents which provided the correct level of guidance to provide their care.

Is the service well-led?

Good

People, staff and relatives spoke highly of the registered manager and felt they were approachable.

There was a policy in place on whistleblowing and an ethos of openness and honesty was promoted by the registered manager.

People and staff were given opportunities to provide feedback on the service and their opinions were valued and used to make changes where possible.

There was an effective quality assurance system in place with a range of regular audits which were used to drive improvements within the service.

St Bridget's Care 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 inspection took place on 4 August 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

This inspection was carried out by one Adult Social Care inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications about the service. Notifications are specific events registered people have to tell us about by law.

During the inspection we looked around the premises, spoke with two people who lived at the service and one relative. We also spoke with the registered manager and two staff. We looked at three care records, personnel files and a range of policies and procedures. After the inspection we contacted two health care professionals who had knowledge of the service, to obtain their feedback about the quality of care provided.

Good

Is the service safe?

Our findings

People said they felt safe at the service. People looked comfortable and at ease with the registered manager and staff. One person told us; "Yes, this is a safe place". Comments from relatives included; "They are brilliant and I cannot fault them" and; "People seem well looked after, the environment is clean. No problems whatsoever".

Although the service did not employ paid staff, the registered manager and staff had undergone the necessary checks to ensure they had the correct characteristics to work with vulnerable people. For example, disclosure and barring service (DBS) checks were obtained. People told us there were enough staff on duty to meet their needs and we observed staff interacting with people in an unhurried way.

People were supported by staff who had received training on safeguarding adults. The service had a safeguarding policy in place which staff were familiar with. Staff said they felt confident in recognising and reporting signs of abuse, including which external agencies they should alert if they suspected or witnessed abuse. The registered manager said; "We would always report things. We don't get complacent because we have known people so long".

People were supported by a registered manager and staff who understood and managed risk effectively. People went out independently and staff supported them to do this. One person had a bus pass and enjoyed visiting different parts of the county. Risk assessments had been undertaken and contingency plans were in place to mitigate any associated risks. For example, people had mobile phones and staff knew where they were going and roughly what time to expect them back. The registered manager said; "We feel it's important to promote their independence". People had PEEPS (personal evacuation plans) in place to provide guidance on what support they would need should an evacuation be required.

Care plans and risk assessments contained information on how to support people if they became distressed or agitated including what action to take to reduce any risks. There was information on triggers, or signs to look out for which may indicate the person was becoming distressed and details on how to help people de-escalate and stay calm. Staff had received breakaway training and there was a policy in place to support this, although staff had never had to use retraint. Any accident and incidents were recorded by the registered manager and then audited to look for any recurrent themes so that the risk of a reoccurrence could be reduced.

People were kept safe by a clean environment. The home was visibly clean and there were contracts in place for the disposal of domestic and clinical waste.

People's medicines were stored, administered and disposed of safely and the registered manager and staff had undergone training to administer medicines. People told us they had their medicines as prescribed and on time. Medicine administration records (MAR) had been signed and updated to ensure medicines were correctly administered. Where refrigeration was required, this fell within the correct temperature guidelines.

Good

Is the service effective?

Our findings

The registered manager and staff had received sufficient training to carry out their role effectively. The registered manager had a system in place to ensure staff were trained in all areas identified by the provider as being mandatory and to remind them when training was due to be renewed or refreshed. Staff had requested additional training in specific areas relating to their roles, such as dementia. One relative said; "They are a small team, but they all seem well trained and they seem to always know the best way to go about things".

There were no plans to employ any new members of staff at present, but the registered manager confirmed that if any staff were employed, they would receive an induction. There was a policy in place regarding the service's approach to inductions. The small, existing team had regular supervision sessions and confirmed they would discuss any issues they had on a daily basis. The registered manager and staff supported each other to debrief if any complex situations had arisen or to share ideas on how to care for people.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive possible. The registered manager confirmed that people living at the service had capacity to make their own decisions, but staff had undergone training around the Mental Capacity Act and understood what action they would need to take if things changed.

People's consent was clearly obtained prior to being offered any support, for example, we saw staff asking people how they wanted to have their medicines and also seeking permission before entering their bedroom. The registered manager told us; "We always gain consent before we do something".

People had their nutritional and hydration needs met. Snacks and cold drinks were available for people as they wished throughout the day. People were involved in planning the menus which were rotated every two weeks. People enjoyed the food and confirmed that it was of sufficient quality and quantity. There were a variety of dishes on offer, including roast dinners at the weekend, barbeques in the summer and occasional takeaway meals.

People had their healthcare needs met. Records indicated they saw a range of health and social care professionals including psychologists, doctors and dentists, as required and staff supported people to attend appointments where necessary. People had six monthly dental and medical reviews and an annual review with a learning disability nurse.

Care plans highlighted people's healthcare needs and what action staff should take to reduce any risks. For example, one person was at risk of developing skin problems if they did not dry themselves adequately. The

care plan provided guidance on how staff needed to pay particular attention to this.

People's bedrooms were personalised and they were able to choose how they were decorated. Following a residents' meeting, people had decided to redecorate the lounge. They had chosen the colour scheme and had been involved in selecting the soft furnishings and wallpaper. People told us they were very pleased with how it looked. People had access to a rear garden with decking and seating, where they could relax or have barbeques.

Good

Is the service caring?

Our findings

People told us the staff were caring and they were well supported. One person said; "I am very happy here". One relative we spoke with said; "The main feedback I would have is to say they are doing a fantastic job and to keep it up".

The registered manager and staff treated people with kindness, spoke with them in a caring and compassionate manner and used appropriate humour in their interactions. The registered manager told us; "Our main purpose here has always been, and will always be, client well-being and happiness".

People's choices were respected and valued, and their independence was promoted. One person occasionally chose to use a taxi to take them to their appointments, even though they had the option of a member of staff transporting them. The staff member explained that using the taxi helped the person feel independent and therefore staff supported their right to make this decision. The staff member said; "It does cost them more, but if it's what they want we have to step back and respect that". One healthcare professional we spoke with confirmed; "They allow those who are independent to be independent".

People were supported to express their views through a variety of forums including residents' meetings and satisfaction questionnaires. People were also actively involved in decisions about their care and involved in developing and reviewing their care plans. Advocacy services were used when required, to support people who were unable to contribute to their care planning independently.

The registered manager and staff knew the people they cared for well, including their background, history and likes and dislikes. People had been living at the service for many years and had formed positive, caring relationships with staff. The registered manager spoke about people with fondness and affection, telling us; "They can feel like part of the family, as much as they want to".

Care records were very detailed and included information on people's religious needs, social interests, likes and dislikes. There was a section in people's care records which detailed their goals. One person who had always wanted to go to Wimbledon had been supported to do so. There was also information around arrangements they wanted at the end of their life, such as where they would like to be buried and which hymns they would like to be sung.

People told us they were made to feel special. A cake was always baked for them and they were given cards and presents on their birthday. If the registered manager's family members had birthday celebrations, people were invited along and made to feel part of the family. At Christmas people chose to go away with the registered manager to visit their family. People told us this was an enjoyable experience and photographs of the occasion at the service supported this.

People's confidential information was securely stored and their dignity was promoted. For example, one person was at risk of becoming ill if their blood sugar became low. The registered manager discussed the risks of locking their bedroom door with that person and a joint decision was made that it would be safer to

keep the door unlocked. Through discussions with the person, they devised a different system to uphold the person's privacy, where they would always knock and only enter if invited.

Good

Is the service responsive?

Our findings

People led full and active lives. There were a range of activities in order to keep them socially and cognitively engaged. People attended day centres throughout the week or went out independently if they chose. There were regular trips out to garden centres, pantomimes and shopping trips. People also had regular holidays. One staff member told us; "They particularly like watching the lights go up at Christmas and Christmas shopping trips and I always support them with that".

People were supported to maintain relationships with people that mattered to them. There were no restrictions on visiting times and relatives could come and take people on outings if they wished.

There was a process in place for receiving, investigating and managing complaints, supported by a policy. People and healthcare professionals we spoke with said they felt confident to raise a complaint and felt that it would be dealt with to their satisfaction. People were encouraged to express their views. Whilst we were carrying out the inspection the registered manager was proactive in explaining who we were and making people aware they could speak with us.

Although there had been no recent admissions to the service, there was a policy in place for if a new person came to live there. Prior to coming to live at the service, a thorough assessment was undertaken of a person's needs to ensure that it was the right place for them. They were then invited to visit for coffee or a meal, and later to stay for a weekend. The registered manager described a gradual process of admission over four to six weeks to allow people to settle in and adjust.

People's care records were personalised documents which provided guidance on how to meet their needs. Care records were comprehensive, legible and well organised with a short profile at the beginning to provide a quick overview of key information which was important when meeting people's needs. Care plans were in both written and pictorial format and were regularly reviewed and signed by people.

Risk assessments were linked to people's care plans. For example, one person had experienced some accidents when out in the local area. In response, there had been a meeting, where the person had decided that as their needs had increased over time, they would rather have somebody with them when they went out. The care plan had been updated accordingly to reflect this change.

The service was responsive to people's change in needs. One person had developed continence needs and a prompt referral had been made to a bladder and bowel services in order to establish a cause. Another person's hearing had deteriorated so they had been promptly referred for a review and new hearing aids had been ordered. One health care professional we contacted said; "They are really good at communicating and keeping us informed. They really are second to none".

Good

Is the service well-led?

Our findings

People, staff and relatives felt the service was well led. People and relatives told us they would be confident to raise a concern with the registered manager and that it would be dealt with. Comments from relatives included; "I would have 100 per cent confidence in the registered manager" and "The registered manager is very supportive and has always managed things sensitively when I have approached her for help with my relative".

People were given opportunities to share their ideas on the service. There were residents' meetings and feedback was sought on subjects such as activities, days out and menu plans. One person had been unhappy with the television in their bedroom and wanted a larger one. The registered manager and staff helped them to budget for this and to install the television when they purchased it.

The registered manager knew how and when to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. They also kept relevant agencies informed of incidents and significant events as they occurred. The registered manager said; "We would always let people know if things had gone wrong, that's the way we have always worked". This demonstrated openness and honesty and reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. One healthcare professional we spoke with told us the service was both open and transparent.

The registered manager had a policy in place on whistleblowing, which staff were knowledgeable about. The policy supported staff to question practice. Staff confirmed they felt confident to raise any concerns with the registered manager or to go further up the management hierarchy and that they would be dealt with appropriately.

Staff were happy in their role, understood what was expected of them and were motivated to provide a high standard of care. One volunteer said; "I love it. I love making a difference to their lives".

The registered manager operated an effective quality assurance system. Questionnaires were sent to people and relatives annually in order to gain their feedback on the service and to make changes if required. There were audits in place, for example on incidents and accidents and on people's records to raise standards and drive continuous improvement. There were regular checks to ensure the building and equipment were safely maintained, this included checking utilities to ensure they were safe.