

Mr & Mrs K Whalley

# St Davids Residential Home

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

St Davids is a 'care home' for 16 older people. There were 15 people living in the home when we visited, some of whom were living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on 17 February 2016 we rated the service as overall 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Audits were not always effective in highlighting gaps in the management of medicines. Some improvements were required to ensure risk assessments were reviewed more regularly. People, relatives and staff were happy with the way the service was being led and both the registered manager and provider were approachable and visible in the home. There was a culture of openness and empathy and the views of people were used to plan improvements to the service.

People continued to receive a safe service. People told us they were happy living in the home and that they felt safe. There were enough staff on duty to meet people's needs and allow staff to spend time with people without being rushed. The home was clean and tidy which reduced the risk of infection and staff knew how to report any concerns if required. People told us they received their medication at the right time.

People continued to receive an effective service. Staff received training that was relevant to their role and which helped them meet people's needs effectively. People told us they enjoyed the home cooking provided by the cook and we saw that staff monitored people's health needs closely to ensure people were referred to healthcare professionals when needed.

People continued to receive a caring service. People were treated with kindness and respect and staff enjoyed supporting and caring for people. People's independence was promoted; staff actively encouraged people to do as much as they could for themselves. People were supported to keep in touch with relatives and friends and develop new relationships. Relatives were happy with the quality of the service and were made to feel welcome in the home.

People continued to receive a responsive service. People enjoyed a range of activities and trips that were organised in line with their wishes and preferences. Healthcare professionals told us that the service worked hard to ensure people received high quality end of life care. People's needs were assessed and care was delivered in line with these assessments.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains Good.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not consistently well-led.</p> <p>Audits did not always identify errors in medications records.</p> <p>People, relatives and staff were happy with the way the service was being led and managed.</p> <p>The registered manager and provider had created a culture of openness and empathy.</p>	<p><b>Requires Improvement</b> ●</p>

# St Davids Residential 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 comprehensive inspection visit took place on 15 November 2018 and was unannounced. The inspection team consisted of two inspectors.

When planning our inspection visit, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also contacted the local authority commissioners of people's care who purchase the care on behalf of people to ask them for information about the service.

During our inspection visit, we spoke with four people who used the service for their views about the service they received. We spoke with the provider, the registered manager, the cook and three staff. We also spoke with three relatives and two healthcare professionals who were all visiting the home during our inspection. We looked at a range of records which included two people's care plans, five people's medicine records, two staff recruitment records and quality assurance systems that were in place.

# Is the service safe?

## Our findings

People told us that they were happy to be living at the home and were comfortable with the staff that were supporting them. People were protected from harm because there were processes in place to minimise the risk. Staff had been trained in recognising signs and symptoms of potential abuse and shared an understanding of who they should report concerns to.

Staff had developed a good understanding of the risks to people and the steps they needed to take to reduce these risks. We saw that people had easy access to equipment that helped to keep them safe such as walking aids and alarm calls. One person told us, "It is very reassuring that I can press the bell and someone would be here very quickly."

People were supported by sufficient numbers of staff. We observed that staff had plenty of time to talk to people and provide support when required, as well as completing jobs around the home. One relative told us, "The staffing is adequate; [person's name] never has to wait for help."

People told us they received their medication at the right time on a consistent basis. Relatives were happy with the way medicines were managed. One person told us, "The staff give me my tablets at meal times and they make sure I take it." We saw that staff were respectful when giving people their medication and always ensured there was a drink on hand if people needed one. Staff also told us that they had received training in how to give medication safely and records showed that every six months the registered manager had checked staffs' competence in giving medication safely.

The provider had a system in place to check that staff working at the home were suitable before they started work. Staff files contained evidence of the checks that had been undertaken and these included references from previous employers and identification checks.

The registered manager kept records of any incidents and accidents and these were analysed so that lessons could be learnt to reduce the risk of reoccurrence. For example, an analysis of falls had prompted staff to refer one person to the local falls clinic after a number of falls. This had resulted in a diagnosis of low blood pressure which had been treated. The person had not fallen again since receiving treatment.

People were protected from the risk of infection. We saw that the home was clean and tidy and that staff had access to cleaning materials and personal protective equipment, such as gloves and aprons to use when required.

## Is the service effective?

### Our findings

Staff told us they received training that helped them maintain their skills and meet people's needs. We found that staff had completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Records showed that staff had supervision every six weeks and they told us the registered manager was always available for advice.

People told us they were happy with the meals they received and enjoyed the food on offer. One relative told us, "The food looks very good. [Person's name] is eating better now than they did at home". We observed lunchtime which was a pleasant and unrushed experience with people being offered choices and additional helpings if they so wished. We saw staff offer people drinks on a regular basis throughout the day and there were also drinks available in people's rooms.

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 Act 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of our visit, the provider had applied for one DoLS which had been granted as a result of a full capacity assessment.

Staff told us that they gained people's consent prior to any care being delivered and we saw this being done throughout our inspection. Staff had a good working knowledge of the MCA. One member of staff told us, "I would always ask before delivering care and ask people if they need assistance first."

People were supported to access the healthcare they needed. One person told us, "I have a doctor that comes to see me if it's needed." One of the GPs who covered the home was visiting during the inspection and spoke positively about the care and support delivered at the home. Another healthcare professional told us, "This is one of the best homes we go to. The staff are approachable and they handle incidents well."

We found that decoration around the home was clean and tidy and people were able to move around the home freely. People's bedrooms were personalised to their own tastes and there was a large accessible garden which people told us they very much enjoyed in warmer weather.

## Is the service caring?

### Our findings

People were cared for by staff who were kind and respectful. For example, we observed that staff talked to people politely and out of earshot of others if they were offering support with personal care. One person told us, "The staff are very good to you and bring you what you want."

The registered manager told us about some awareness training that had been delivered to people without dementia so that they understood the needs of people living with dementia in the home. This had a positive impact on the atmosphere within the home and people had become more accepting of others.

People's independence was promoted and respected where possible. We saw that people were encouraged to move around the home independently and support was only offered and provided when needed. One member of staff told us about one person who had come to the home from a rehabilitation unit and had initially expected staff to do everything for them, but now the person was doing most things for themselves.

People were involved as much as possible in making decisions about their daily routines and support. Staff told us that people were able to choose when to get up in the morning and what activities they wanted to take part in. We saw staff asking people to make choices throughout our visit. People were supported to maintain and develop relationships with relatives, friends and loved ones. The registered manager told us how they had worked with the staff team and relatives to promote the rights of two people who started a new relationship after meeting each other in the home.

Staff enjoyed their work and felt motivated to provide a caring and high- quality service. One member of staff told us, "I love my job and I love the caring environment. The home is nice and cosy and feels very family orientated."

Relatives were happy with the quality of the care and support provided by staff and were made to feel welcome when they visited the home. One relative told us, "It is very homely here. [Person's name] is well looked after and thinks it's home."



## Is the service responsive?

### Our findings

People's needs had been assessed on an individual basis, and care and support was delivered in line with these assessments. Care files contained personalised information for staff on how people wanted to be supported with their routines and staff we spoke with were knowledgeable about these. One member of staff told us about one person they cared for who was living with dementia. They told us, "[Person's name] has good and bad days but they can't tell you so you have to look for signs."

People were supported to take part in activities they enjoyed. We observed that there was always something going on in the communal areas for people to enjoy. For example, there was a tuck shop, ball games and knitting taking place during our visit. The deputy manager was responsible for organising activities and people told us how much they had enjoyed a dancing session the day before the inspection. People were supported to attend places of worship by their families if they so wished, and staff organised activities in line with special events such as Remembrance Day.

The registered manager had developed a 'wish list tree' which asked people to explore things they wanted to experience and achieve. The staff team then made arrangements to make these wishes happen. For example, they had organised a special cream tea for one person and plans were in place to take a group to a Christmas pantomime.

Relatives told us and we saw that they were involved in reviewing and planning people's care. The registered manager told us that most people attended their reviews and relatives were invited.

The provider had a complaints policy in place. Records showed that there had been no complaints in the last 12 months but people and relatives told us they knew how to complain and would contact the registered manager if they had any concerns. We saw there was a file for compliments which contained a range of letters and cards from families and professionals.

No-one at the home was receiving end of life care at the time of the inspection. People's care plans detailed how they wanted to be cared for in the future, and a healthcare professional told us how knowledgeable and responsive the registered manager had been when people had passed away at the home previously. The registered manager told us how they involved other professionals to ensure people experienced a pain free and dignified death at the home.

## Is the service well-led?

### Our findings

At the last inspection in February 2016, the provider was rated good under this key question. At this inspection, we found that some improvements were required so this key question is now rated as requires improvement.

A range of audits were in place to ensure peoples' care was being delivered safely and staff were working effectively. Whilst some of these audits were effective, we found that audits and checks had not identified some errors related to the management of medication. For example, records of medication stocks did not always tally with the amount of medication in the home. Staff had not always recorded whether medication had been given or refused. The temperature of the medication cabinet was monitored, but had on several occasions gone over the maximum temperature advised but no action had been taken as a result of this.

Regulations state the provider should maintain accurate and complete records in respect of each person using the service. We found that although people's care needs and risks were known to staff, care records were not always clear and it was not always evident which information was the most up to date. We also saw that some risk assessments needed to be reviewed. We discussed this with the registered manager and provider who agreed that they would look for a more simplified system for care records in the coming weeks which would be introduced into the home.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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. The registered manager was fully aware of the requirement to notify us of any changes or incidents that affected people who used the service.

People, relatives and staff told us they were happy with the way the service was being managed. They told us that the registered manager and provider were visible, approachable and always responded promptly to any concerns or changes in people's needs. One relative told us, "You can talk to [registered manager's name] at any time and they listen which means a lot." There was a culture of empathy and openness which staff and people recognised and appreciated.

People, staff, relatives and professionals were given the opportunity to give feedback on the service via questionnaires. We looked at the summary of these and feedback was consistently positive. People were encouraged to play a part in the running of the home by being part of staff interview panels and making decisions on what activities and trips should be on offer.

The staff team worked in partnership with other agencies and shared information with other professionals as appropriate to ensure people were receiving effective support. One healthcare professional told us, "The staff always get things moving and respond to my requests. The manager gets things done – nothing is too much trouble".

Registered providers are required by law to display the ratings awarded to each service in the home. We confirmed that the rating for St Davids was on display both in the home and on the provider's website. Showing this rating demonstrates an open and transparent culture and helps people, relatives and visitors understand the quality of the service.