

St Augustine Ltd

Smithy Bridge Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Smithy Bridge Court is a residential care home providing personal and nursing care to up to 51 people. At the time of our inspection there were 24 people using the service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were sufficient staff, who knew people well, but there was a significant reliance on agency staff. There was an ongoing programme of recruitment.

There were activities available, but these needed to be developed for those people living with a dementia.

Safe systems of staff recruitment were in place. Risks to individuals and staff were identified and well managed. All the required health and safety checks were taking place. People received their medicines as prescribed, but some records were not complete. Staff had received training in safeguarding and were aware of their responsibilities. The home was very clean. The provider was managing the risks related to COVID-19 well.

Staff received the induction, training and support they needed to carry out their roles effectively. People's nutritional needs were met and people told us the food had improved. The home was well furnished, very clean and brightly decorated. People's health needs were met.

Throughout the inspection, staff were observed to have a kind and caring, unrushed approach. People told us they were treated with respect and involved in decisions about their care and support.

Person-centred support plans and risk assessments, that reflected people's needs, were in place to guide staff.

The management team and staff had a clear passion and commitment to continuing with improvements and providing safe, quality care. People were positive about the improvements since our last inspection and about the new registered manager. Systems for auditing and quality monitoring and oversight had been improved. The systems and improvements we saw during our inspection needed to be embedded further and required a longer-term track record of sustained improvement and good practice.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 16 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider; reviewed the menu and dining experience, ensured all staff understood the principles of MCA and DoLS and records relating to assessment and consent were clearly documented, and reviewed good practise guidance to ensure premises were adapted to meet the complex needs of people living at the service. At this inspection we found the provider had acted on the recommendations and improvements had been made.

This service has been in Special Measures since 16 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Smithy Bridge Court on our website at www.cqc.org.uk.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Smithy Bridge Court

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 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 undertaken by two inspectors and an Expert by Experience on the 4 May 2022, and one inspector on 5 and 9 May 2022. 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

Smithy Bridge Court 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. Smithy Bridge Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives. We spoke with 15 staff including both permanent and agency staff. We spoke with the registered manager, operations manager, independent consultant, chef, occupational therapist, nurses and care staff. Following our inspection, we also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. Also, a variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection there were not always enough staff on duty to provide people with the care and support people needed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. We have made a recommendation about recruitment.

- Safe systems of staff recruitment were in place. All required checks had been undertaken prior to people commencing employment.
- There were sufficient staff to meet people's needs and staff knew people well. During the inspection we saw people were provided with the care and support they needed in a timely manner. People said, "I think that they are all lovely staff, and all seem to know me well" and "The staff seem to do things very quickly for me."
- Whilst there were sufficient staff to meet people's needs, there was a significant reliance on agency staff. Concerns were raised by people, relative's and staff regarding use of unfamiliar staff. Some people said they didn't always know the staff which did not provide continuity of care. Relatives said, "Every time we visit there's another agency member of staff being inducted."
- One staff member said, "It can be difficult as we have to guide [some agency] staff. Most of them know people reasonably well." We saw that the provider had taken steps to block book agency staff who were familiar with the service and undertook risk assessments where agency use was high on a particular shift. There were very regular long-standing agency staff and a number of new starters. The registered manager was working with agencies to improve continuity. An ongoing recruitment programme was in place and a number of new staff had commenced to post recently. The provider was developing apprenticeship opportunities to encourage new staff into the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure individual and environmental risks were fully assessed and managed to reduce the risk to people living at the service. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 12.

- Risks within the home, to individuals and staff were identified and well managed.
- The required health and safety and equipment checks were taking place. A new system for staff to report any repairs or work that needed carrying out had been introduced.
- Care records gave clear guidance to staff on what needed to happen to keep people safe, whilst respecting people's choices.
- Records were kept of accidents and incidents that occurred to people who used the service and staff.
- There was a very detailed analysis of any falls that occurred. This identified any themes or patterns, such as time of day or location of person when they fell. This was used to help reduce any future risks to people. There were fortnightly multi-disciplinary team meetings, where risks to all residents were reviewed by a range of professionals.

Using medicines safely

At our last inspection medicines were not always being safely stored and administered in line with best practise. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were stored and administered safely. Records of the storage temperature of medicines were kept.
- Some medicines administration records (MAR) had missing information, including some handwritten MAR not having signatures of two staff. We confirmed that people were receiving their medicines as required, but audit systems in place at the time had not identified the missing information. We have addressed this in the well-led section of this report. The provider had already identified that medicines audit systems needed to be strengthened and implemented a new system of daily audit during our inspection.
- Staff had received training in medicines administration and had their competency checked regularly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Concerns raised were investigated and where required, the local authority and CQC had been notified.
- Staff had received training in safeguarding and were aware of their responsibilities. Staff were confident any concerns they raised would be dealt with promptly. A person who used the service said, "I feel safe in general and like living here."

Preventing and controlling infection

- At our last inspection we found areas of the home were not clean. At this inspection we found the home to be very clean throughout and clutter free.
- 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 PPE 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

- People were supported to have visitors in line with current government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection care plans were not always accurate, detailed or personalised to reflect people's needs and preferences and ensure people received individualised care and support. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Clear person-centred support plans and risk assessments, that reflected people's needs, were in place to guide staff
- People's needs were assessed before they started to live in the service.
- Records of care provided were not always detailed or reflective of the actual good care and support people had received. The provider had training planned for staff to help improve this.

Staff support: induction, training, skills and experience

At our last inspection staff had not received the induction, training and supervision necessary to ensure they were suitable and competent to perform their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received the induction, training and support they needed to carry out their roles effectively.
- Training had been improved and staff received training in specific health conditions, relevant to people they were supporting. Staff had also received training in supporting people with oral care. Staff were positive about the training.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection we recommended the provider review the menu and dining experience to ensure it met the needs and preferences of people living at the service. The provider had made improvements.

- People were supported to eat and drink and maintain a balanced diet. The agency chef had good knowledge of people's nutritional needs, likes and dislikes. People were positive about the food. They said, "I had a lovely meal with [person] last week. They seem to provide plenty of drinks", "The food is very good, they get hot meals, lots of vegetables and good portions too" and "The food is good and it's quite varied. We get plenty of drinks and snacks."
- Food was presented very well and pictorial menus were planned. We noted that additional training regarding the preparation of modified diets took place during our inspection. Where people were at risk of losing weight, nutritional records detailed what support they needed and regular checks on their weights were undertaken.
- Action had been taken following a recent food hygiene inspection. This included more detailed record keeping.

Adapting service, design, decoration to meet people's needs

At our last inspection we recommended the provider review good practise guidance to ensure premises were adapted to meet the complex needs of people living at the service. The provider had made improvements.

- The service was well furnished, very clean and brightly decorated. People said, "The home is clean and well-maintained" and, "I find that the home is fresh, clean and bright and it's warm and well ventilated too."
- Bedrooms were spacious and personalised with people's belongings and things that were important to them.
- Where people had agreed, a system of acoustic monitoring which alerted staff was used in bedrooms to ensure people received the support they needed in a timely manner.
- The garden area had been developed as a level access space, that provided sensory stimulation and allowed people safe access to the outdoors. The final touches to the summer house were arranged and the registered manager told us they were planning to start using the garden in the next couple of weeks.

At our last inspection we recommended the provider ensure all staff understood the principles of MCA and DoLS and that assessments, records and concerns are clearly documented. The provider had made improvements.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of MCA.

- Where conditions had been placed on DoLS authorisations, the provider had ensured these conditions were being met.
- Records relating to capacity, consent and best interest decisions were clear and relevant to the individual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other agencies to ensure people's needs were met.
- People were supported to access a range of health care professionals.
- The provider also employed their own clinical staff including a physiotherapist, speech and language therapist and occupational therapist to support the individual needs of people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with kindness and respect. Throughout the inspection, staff were observed to have a kind and caring, unrushed approach. We saw staff gently and patiently encouraging people. Staff knew people well and spoke with respect and empathy for the people they supported.
- People were positive about the staff and the support they received. People said, "I feel that I'm treated like a queen, nothing is too much trouble" and "I think the staff respond very well to anything I've asked them for. I tell the staff exactly what I want and usually they try to get it for me."
- Peoples beliefs, faiths and cultures were respected.

Supporting people to express their views and be involved in making decisions about their care

- People were listened to and involved in decisions about their care. They said, "The staff have always asked for my consent, for example when entering my room. I can make my own decisions and I don't feel restricted" and "They do listen to my care needs."
- People said, "We work together [with staff], so we can sort whatever [person]needs" and "The staff are involving me more in suggesting changes and my views seem to be being respected. You're not going to get anywhere better than this."

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activity plan in place and an activity was scheduled for people to engage in daily. These activities had not always been developed specifically in line with people's interests and preferences. During our inspection we found there was a lack of activities, particularly for people living with dementia. A relative said, "They don't do things to keep [person] stimulated or interested in what's going on around [person]."
- We saw some good examples of individual person-centred activities based, on people's interests, particularly where people were being supported to be part of their local community. However, we noted that these activities were not available to most people who lived at the home. A relative said, "They have worked with [person]. [Person] has come out of their shell."
- The current activity coordinator was not at the service during our inspection. A second activity coordinator had been recruited and was starting the week following our inspection. The occupational therapist, who worked for the provider, would support the new activity coordinator to develop the range of activities on offer. The provider was also involved in a university research project, part of which was looking at developing meaningful activities.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People's needs were assessed, and very detailed person-centred support plans and risk assessments were in place to guide staff about how people liked their support to be provided.
- We saw some evidence that people and those who were important to them had been involved in developing and reviewing plans of care. We received mixed feedback about people's involvement in developing the care records. A relative told us, "The home has never discussed changes in care and we've never seen a care plan." However, people who used the service told us they had been involved. They said, "I have been involved in discussions about my care" and "I've seen my care plan, quite a while ago when I first came here." The provider told us they would review how the involvement of people and families could be improved and recorded more accurately.
- There was an appropriate system in place to manage complaints. One person said, "I would always complain to [staff member] because I feel like I can trust her." A relative said, "I would say something if I wasn't happy."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was following the Accessible Information Standard (AIS).
- Information was available in alternative formats including pictorial and easy read. The provider had a speech and language therapist. The service had access to a range of aids and equipment that could be used to support communication.
- Where English was not people's first language, there was an electronic system that could translate information into many languages.

End of life care and support

- People's wishes for end of life care and support were identified and recorded.
- Records identified advanced decisions about resuscitation.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the providers system of oversight and governance were not sufficient to ensure shortfalls found during the inspection were identified and effectively responded to. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems for auditing and quality monitoring and oversight had been improved. We found further improvement were needed regarding, staffing, medicines audits and activities. During our inspection immediate action was taken by the registered manager and management team to rectify issues found or plans were in place to improve. The systems and improvements we saw during our inspection needed to be embedded further and required a longer-term track record. Whilst some systems and improvements had been sustained, there were still some that need to be embedded further and required a longer-term track record of sustained improvement and good practice.
- Since our last inspection the provider had employed the services of an independent consultant to support with the improvement and development of the service. They had also employed a new manager, who registered with CQC during our inspection. The management team in place had a clear passion and commitment to continuing with improvements and providing safe, quality care. People were positive about the new registered manager and the improvements since our last inspection. One person said, "I think it's fantastic care here." Staff said, "The [registered] manager is very responsive and gets back to you quickly" and "It's a lovely place to work." A person who used the service said, "[Registered manager] is a very good manager and I like her."
- The registered manager completed walk rounds and held daily meetings with representatives of all departments within the service. There were unannounced spot-checks completed by senior managers. Plans were in place to further increase the range of audits and quality checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a range of meetings, including team meetings and supervisions for staff to receive information

and raise concerns.

- Relatives told us staff kept them informed about how their family member was. They said, "I can ask questions and I feel that I'm listened to. The staff seem kind and they do treat us with respect" and "I think they are doing an excellent job. They are helping [person] and keeping [person] safe." Relatives told us they were made to feel welcome and could visit when they wanted. A relative said, "It's a lovely home. The always make me feel welcome."
- Satisfaction surveys had been completed. The relatives survey was in the process of being reviewed and an action plan developed.
- There was an appropriate system in place for the management and oversight of complaints, accidents and incidents and safeguarding's.

Continuous learning and improving care; 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; Working in partnership with others

- There was a positive approach to ensuring continuous development. The service had a range of policies and procedures to guide staff on what was expected of them in their roles.
- The management team and provider understood and acted on their duty of candour. The management team were open and transparent throughout the inspection.
- Statutory notifications of accidents and incidents had been sent to CQC as required
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.
- Throughout the COVID-19 pandemic management had worked very closely with health and social care professionals to ensure people's needs were met.