Painswick Road Care Home Ltd

Saintbridge House Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on the 7 and 9 December 2016 and was unannounced. The home was last inspected on 27 August 2014 and met all the legal requirements assessed at that time.

Saintbridge House Nursing and Residential Home is a care home for up to 36 people. At the time of our inspection there were 36 people living at the home.

Saintbridge House Nursing and Residential Home had a registered manager. 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.

People were at risk of receiving care from unsuitable staff because robust recruitment procedures were not always being applied.

We heard positive comments about the care home and the care given to people such as "on the whole I think they do extremely well", "I'm quite happy" and "pretty good".

Sufficient staffing levels were maintained and staff were supported through training and supervision to maintain their skills and knowledge to care for people. Risks to people's safety were identified, assessed and appropriate action was taken. People's medicines were safely managed.

People were treated with respect and kindness and their privacy and dignity was upheld, they were supported to maintain their independence as much as possible. People took part in a range of activities suitable for their needs.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The registered manager was accessible to people using the service and staff. Systems were in place to check the quality of the service provided including surveys to gain the views of people and their relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not as safe as it could be.

People were not always protected by robust staff recruitment practices.

People were supported by sufficient numbers of staff.

People were protected from the risk of abuse because staff understood how to protect them.

Risks to people relating to their care and from the environment were assessed and monitored.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their role.

People's rights were protected by the use of the Mental Capacity Act (2005).

People were supported to eat a varied diet.

People were supported through access to and liaison with healthcare professionals.

Is the service caring?

Good

The service was caring.

People benefitted from positive relationships with the staff.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People received individualised care and support.

People were enabled to engage in activities and social events.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good

The service was well-led.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

The service set out and followed its vision for providing care to people.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of support and accommodation provided.

Saintbridge House Nursing and 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 inspection took place on 7 and 9 December 2016 and was unannounced. Our inspection was carried out by one inspector. We spoke with four people using the service and four visiting relatives. We also spoke with the registered manager, the nominated individual, one registered nurse, the chef, five care staff and three visiting health care professionals. We saw how staff interacted with people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We carried out a tour of the premises, and reviewed records for four people using the service. We also looked at five staff recruitment files. We checked the medicine administration records (MAR) and medicine storage arrangements for people using the service. We also checked records relating to the management of the service. Following the inspection we spoke on the telephone with the activities coordinator.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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 looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Requires Improvement

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not always being applied. We examined five staff recruitment files. Four of the staff had previously been employed in providing care and support to people. However one of these staff had been employed without checks on their conduct during their previous employment or verification of their reasons for leaving previous employment which involved providing care and support to people. In one instance information had been sought and received about an applicant's conduct and reason for leaving employment not involved with providing care and support to people whilst an opportunity to obtain information from more relevant recent previous employment had been overlooked. A request for information had been made to another employer where they had worked providing care and support to people but no response had been received and this had not been followed up. Information on applicants' health had also not been sought. Further Information was only sought if the applicant, in responding to a question, considered themselves to be disabled.

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However one applicant's DBS contained information of concern. This had been the subject of a discussion between the member of staff and the registered manager. A risk assessment had not been completed. Therefore the information had not been assessed in relation to any risk to people using the service before the applicant was employed.

Checks were in place to ensure nurses held current registration with the Nursing and Midwifery Council (NMC). However these were checks of the public register and do not contain detailed information that may be useful to an employer. The NMC offers employers a verification service where more information can be obtained about the registration of nurses. We discussed this with the registered provider who agreed to use the verification service in future.

We discussed our findings about staff recruitment with the nominated individual during our inspection visit. They told us they would make improvements to staff recruitment procedures straight away including updating their staff recruitment policy. Following our visit they provided us with evidence of the changes they had put in place. However we have not been able to determine if these improvements have been fully embedded and sustained. Identity checks had been undertaken before staff started work.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. Bank and agency staff were used to cover staff absences. The provider information return (PIR) stated "staffing levels are adjusted
and increased at busier times of the day". The registered manager described how an extra member of care staff had been allocated to cover a busy time of the day in response to staff feedback. A member of staff told us "We always have the staff we should have on the shift". A visitor commenting on staffing told us "there was always someone to talk to".

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and contact details for reporting a safeguarding concern were available.

When we visited we found the care home was warm and clean. Visitors and health care professionals confirmed the care home was clean when they visited. People were protected against identified risks. For example there were risk assessments for falls, pressure area care and nutritional risks. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People were protected from risks associated with fire, legionella, scalding and electrical systems and equipment through regular checks and management of identified risks. Temperature checks both automatic and manual were made on bath water before people received a bath. A plan was in place to deal with any interruption to the service provided. People had personal evacuation plans in place in case of an emergency. The latest inspection of food hygiene by the local authority in October 2016 had had resulted in the highest score possible.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. Medicines administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. Where directions for giving people their medicines had been handwritten, checks were in place to ensure the accuracy of the directions. Individual protocols containing detailed directions for staff to follow were in place for medicines prescribed to be given as necessary. Agreements by people's GPs for them to take certain domestic medicines had been recorded. One person told us how they received their medicines at the correct time each day. There were records of medicines received in to the care home and for any returned to the pharmacy. Medicine audits including stock checks were carried out on a monthly basis. We found some money had been stored in one of the medicine cupboards. This was not good practice and we discussed this with the registered manager. By the second day of our inspection visit the money had been placed in secure storage elsewhere.

Good

Our findings

People using the service were supported by staff who had received training suitable for their role. Records showed staff had received training in such subjects as fire safety, moving and handling, first aid and infection control. Staff also received training specific for the needs of people using the service such as dementia awareness and diversity, equality and dignity. Care staff told us how training was updated to ensure staff had up to date knowledge and skills. Some staff new to the role of caring for people were working towards the care certificate qualification. The care certificate is a set of national standards that health and social care workers adhere to in their daily working life. Other staff had either obtained or were working toward nationally recognised qualifications in caring for people.

Staff also had meetings called supervision sessions with senior staff to discuss areas such as training, care practices and development. Staff also received an annual appraisal of their performance. A new development was a wellness programme aimed at promoting the health and wellbeing of staff with an aim of creating a more effective workforce in the home. At the time of our inspection visit staff were completing questionnaires for the programme.

Registered nurses also received suitable training and support for their role and professional development. One registered nurse had recently received training in medicines, wound dressings and using a syringe driver. They told us how the support they received enabled them to improve their skills and knowledge. They gave an example of how they had to contact the registered manager about a clinical issue and received appropriate support.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. People's capacity to make day to day decisions about their care and support had been assessed. We saw examples of 'Do not attempt resuscitation' forms for some people. These had been completed by a GP and through consultation with the

person's relative and staff where people lacked mental capacity. Applications for authorisation to deprive people of their liberty had been made including assessments of their mental capacity. We checked the conditions relating to the authorisation of these applications and they were being met.

Staff had received training in the MCA and demonstrated their knowledge of the subject. A talk about DoLS had been held at the care home so that people's relatives could understand the process.

The chef described how menus were planned for people using the service. A four weekly menu rotation was in operation which was changed seasonally. This included a choice of main dishes at lunch time and a choice of two desserts. A pictorial version of the menu had been created to help people make meal choices. We saw this used during our inspection visit. To celebrate certain dates in the calendar specific meals were offered. For example typical English dishes were chosen for St George's day. The chef described how individual dietary needs could be catered for such as for people following a vegetarian diet or people with food allergies. A person with dietary needs based on their religion had recently been catered for. Meals were prepared from fresh ingredients. There were individual records of people's food likes and dislikes and any dietary needs for kitchen staff to refer to. During our inspection visit we observed the chef speaking with people to check their meal choices and enjoyment of the food provided. One person told us they had 'friendly relationships' with both of the chefs and were able to discuss their meal preferences with them, they said "they do take note".

We observed lunch being served to people in the dining room. Staff were attentive to people's needs and worked to ensure people's enjoyment of the meal. For example by giving people access to and reminding people about condiments such as vinegar and tartare sauce. One person told us how they had particularly liked having vinegar on their lunch of fish and chips.

Peoples care plan folders contained records of liaison with health care professionals; during our inspection we saw a district nurse, a healthcare assistant and a GP visiting people in the home. The GP was visiting for a weekly round to enable a number of people to be seen during one visit. Health care professionals described good communication and working relationships with the staff team. One said "they are always happy to support anything we need". Another told us how they were contacted "in a timely fashion" if there were any concerns about people's health.

Good

Our findings

People had developed positive caring relationships with staff. One person using the service told us "staff are very pleasant"; another said "staff are very caring and kind". Another person commented, "They look after me". A visiting health professional told us "All staff are very caring". A relative of a person told us "I have never seen anything that wasn't caring and respectful". Another visitor confirmed staff were polite and respectful. We also heard staff were "very attentive" and "they have looked after them very well".

We saw interactions delivered in a manner which was kind, compassionate, sensitive and respectful. On the second day of our visit we spent time in the dining area during the morning when people were finishing their breakfast. At lunchtime we used the Short Observational Framework for Inspection (SOFI). Staff communicated directly with people using the service with regard to their care and support needs. Staff communicated with each other exclusively in relation to organising care and support. At lunch, staff sat alongside people when assisting them to eat. Attention was paid to the detail of the care provided such as cleaning a person's hands when required. Staff dedicated their actions to facilitating people's enjoyment of the meal. Seasonal music helped to provide a suitable atmosphere for people to enjoy their meal.

People and where appropriate, their relatives were consulted about the care and support provided. Information about local advocacy services was available at the home. The registered manager had knowledge of where the use of such services may be appropriate. At the time of our inspection visit there were no people using the services of an advocate. Three people had used the services of a lay advocate. Advocates are people who provide a service to support people to get their views and wishes heard.

People's privacy and dignity was respected. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support such as knocking on doors before entering, keeping doors and curtains closed and ensuring people were covered up. One person told us how they were able to have their privacy in their individual room. Another told us there was "no rush" when staff assisted them with personal care. Care plans made reference to actions to preserve people's privacy and dignity for staff to follow. People were supported to maintain their independence where appropriate. The provider information return (PIR) stated "Individuals independence is maximised through the care plans and empower them to support themselves as much as possible". Staff gave examples of how they would promote people's independence such as enabling people to mobilise independently and encouraging people to carry out some personal care tasks for themselves.

People were able to keep in touch with family members. We observed people receiving visitors in the care

home and they confirmed there were no restrictions on visiting. One visiting relative told us how the care home had organised for the person to make regular telephone calls to keep in touch. People could also make use of electronic forms of communication via the internet. People's relatives told us how they felt welcome when they visited the care home.

Good

Our findings

People received personalised care and support. We saw how the service had responded to meet the individual needs of people. One person told us the approach to their needs meant they had the freedom to get up and to go to bed when they liked. Another person whose first language was not English had a member of staff assigned to work with them who could speak some of the person's language. A relative of a person told us how vertical blinds had been installed in their room in response to the issue of bright sunlight in the room during the summer. Another person preferred a certain coloured cup to take drinks from and this was provided for them. We witnessed the registered manager respond to a person's request for a change to the time they received one of their medicines. Aspects of the environment were designed for the needs of people living with dementia. Some points in the home had been developed as areas of interest such as rummage boxes which provided an opportunity for activities or distraction for people. A card on the wall in people's rooms gave information to staff for favourite topics to start a conversation (known as a magic minute) with a person such as a person's favourite colour. A hydrotherapy bath considered beneficial for people living with dementia had recently been installed. Individually one person made use of coloured bed sheets to aid identification of their bed. A married couple in the home were provided with a sitting room in addition to their bedroom. We saw how they made use of the room to meet with a visitor.

Some people had information about their life history, interests and likes and dislikes completed for staff reference in a Life story document. However the care home generally relied on people's relatives to complete the relevant information and this had not been achieved for everyone in the home. Part of the role of the home's two dementia champions was for meetings to be arranged with family members to complete people's life histories. One person however told us how they had started to write their own life story. Care plans were personalised with specific and individualised information about people's needs and the actions for staff to take to meet them. One person's care plan stated "all requirements must be met through positive individualised support and be person-centred on dignity, equality, fairness, autonomy and respect". Care plans had been reviewed on a monthly basis.

Staff told us personalised care meant "We adapt to every individual and their needs, every person is an individual". A visitor commented on how staff respected the choices of their relative. A visiting health professional observed staff were "in tune to individual needs".

People took part in a range of appropriate activities both in groups and on an individual basis. Activities were organised on a daily basis and planned for three months ahead. The home's dementia champions explained how suitable activities were being used and developed for people living with dementia. The

activities organiser described the value of using musical activities with people living with dementia and we saw musical activity sessions taking place on both days of our inspection visit. Activities took place outside of the care home. People attended a local school for a Christmas lunch. Pub lunches were also a favourite and took place on a regular basis. One person told us how they enjoyed the activities provided and said "I don't get bored". Saintbridge House Nursing and Residential Home had won the care home of the month award in January 2016 awarded by the local care home support team for the provision of activities.

There were arrangements to respond to any concerns or complaints. The provider information return (PIR) stated "We have a robust complaints policy in place and relatives/ residents and staff are aware of this. Any concerns are taken seriously and investigated/ followed up in timely manner". No complaints had been received since July 2015. An appropriate response had been given to this complaint following investigation.

Good

Our findings

Saintbridge House Nursing and Residential Home had a registered manager who had been registered since September 2014. A registered manager is a person who has registered with 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 and associated regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred.

The service had a clear direction set out in a document "the home's culture and vision". This explained the importance of dementia care at Saintbridge House, stating "we want to provide a visual, exiting, tactile environment and an activity schedule which will keep people occupied and enabled". Planned developments for the service included demolition of a conservatory to be replaced with an extension. Other aims were to make the care home more 'dementia friendly' such as the provision of meaningful activities to promote people's well-being, developing the garden to enable people to increase people's access and enjoyment and plans to set up a dementia café. The café would further enhance contact with the local community which currently existed in the form of links with local schools and garden fetes. Other developments that had recently been successful included producing meals from fresh ingredients and developing the role of dementia link workers. The registered manager described some of the challenges of running the service such as developing care documents to be more 'user friendly' to enable staff to complete recording relating to people's care. Also ensuring recording was carried out in a personalised way.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Information about whistleblowing was available in the whistleblowing policy. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Staff were positive about their role, one told us "I enjoy the job" another said "this is a good place to work". We heard positive comments about the management such as "very supportive". Regular staff meetings were held for specific staff groups such as nurses, care staff and kitchen staff. This enabled staff to keep up to date with any changes to the needs of the people they supported and any developments with the service provided.

Audits resulted in action plans where areas had been identified for improvement. A range of audits were

carried out such as a dignity audit, a falls audit, a night audit (carried out by the registered manager at 6am), care plan audits and a health and safety audit. Other quality checks included a monthly inspection of the home environment completed by the registered manager, the nominated individual and the maintenance man. A monthly audit was completed against the Key lines of enquiry as used in our inspection process. The audits did not pick up the shortfalls with staff recruitment we found at our inspection. However the nominated individual responded to our findings and put in place improvements for future staff recruitment and provided us with evidence about this. Further quality audit was completed on a regular basis by a manager from another of the care homes operated by the registered provider. Surveys had been completed in 2016 to gain the views of people using the service and their representatives. Areas for development had been identified and included in an action plan for the care home. The action plan identified staff responsible for taking action, the resources, possible challenges and the desired result. Areas for development suited to an environment for people living with dementia included a sensory room, decoration of the home in vibrant colours and developing more 'points of interest'.