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St Agnes Retirement Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Agnes Retirement Home is a 'care home'. The service specialises in care for older people and can accommodate up to 26 people. 19 people were living at the service at the time of the inspection. The home is made-up of two former domestic properties and laid out across two floors. To the ground floor there is a lounge, additional quiet lounge and dining room with level access to the garden. Bedrooms are situated on the ground and first floors.

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

The service had made improvements to ensure peoples safety. Risk relating to hot surfaces and water had been addressed as had requirements relating to fire regulations. Medicines were stored and managed safely. We have made a recommendation in relation to written guidance in administering medicines.

New staff were recruited safely. Changes had been made to ensure people were supported in the least restrictive ways. Deprivation of Liberty Safeguards were monitored and reviewed. Notifications were submitted as required.

Governance systems were in place. However, further development of audits and relating action plans were required to ensure the service continued to identify and action areas for improvement, including refurbishments.

People were happy and enjoyed living at St Agnes Retirement Home. There was a friendly and welcoming atmosphere. Staff were valued by the provider and worked well as a team. We received positive feedback about the management and staff.

There was good communication. Relatives said the service was open and responsive.

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 19 November 2019). Where six breaches of regulations were identified. We issued a warning notice in relation to Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons employed). We followed up this warning notice in a targeted inspection (published 03 February 2020). The provider had made improvements and met the Regulation 19 breach (Fit and Proper Persons Employed) and the majority of Regulation 12. However, there were still some outstanding areas.

At this inspection we only reviewed the safe and well led key questions. This is because of our current methodology and risks related to COVID-19 meant we were not reviewing the breaches of regulations in the responsive key question.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulations 12, 13 and 17 (HSCA 2008 (Regulated Activities) Regulations 2014) and Regulation 18 (Registration Regulations 2009).

This service has been in Special Measures since 19 November 2019. 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

We undertook this focused inspection to check whether the service was meeting legal requirements relating to Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse) and Regulation 18 (Registration Regulations 2009) (Notification of incidents). This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. Our report is based on the findings in those areas at this inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this 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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Agnes Retirement Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

St Agnes Retirement Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 conducted by two inspectors. An assistant inspector supported with speaking with people and relatives after the inspection.

Service and service type

St Agnes Retirement Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and four staff members which included the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records.

We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

An assistant inspector spoke to three people and three relatives after the inspection. We also spoke with a further two staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last comprehensive inspection, the provider had failed to ensure people were protected from avoidable harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, we issued a warning notice. We followed this up in a targeted inspection in January 2020. The provider had met the majority of the warning notice. However, there were some outstanding areas. As part of this inspection we checked these had been completed.

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

- All radiators at the service were now covered to ensure the risk to people from hot surfaces was reduced.
- Where portable heaters were used an individual risk assessment was in place and regularly reviewed.
- Hot water in bathrooms were set at a safe temperature. Bath and shower water temperatures were checked before people bathed to ensure these were safe. Logs of these temperatures were kept.
- Following an inspection by the fire service. Actions had been taken to ensure fire regulations were met. Regular tests of fire systems and equipment were undertaken. People had a personal evacuation plan, which detailed the level of support they required. Clear and accessible information was available to a staff in the event of an emergency.
- Assessments identified individual risks for people. For example, around mobility, nutrition and skin integrity. Clear guidance directed staff in how to reduce risks whilst maintaining people's independence.
- Regular checks and servicing of equipment and the environment was undertaken.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure potential safeguarding concerns were identified and referred to appropriate agencies, putting people at risk from potential abuse. This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) 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 13.

- Care plans monitored people for any potential safeguarding concerns. Where a safeguarding concern had

been raised, the provider had taken action and referred to the appropriate organisations.

- A system was in place to ensure people with Deprivation of Liberty Safeguards (DoLS) were monitored and actions taken when they expired.
- Care plans contained mental capacity assessments where appropriate for specific areas of people's care and support.
- People had been given choices around the home's entry and exit system to the service. However, this had not been documented. The registered manager completed and sent us details of this after the inspection. This demonstrated people's different choices.
- Staff had received in safeguarding people. Staff knew the different types of abuse and the actions they would take. One staff member said, "It is about ensuring the safety of service users. I would speak to my manager here. Things get acted on."
- People felt safe. One person said, "I've lived here for two years, it's very nice. Yes, I feel safe." A relative said, "I'm really happy [Name of person] is somewhere in my mind where I have no concerns, she is somewhere safe."

Using medicines safely

- Five medicine profiles we reviewed stated medicines were left with people and checked at the end of the medicine round they had been taken. The provider explained this did not occur. Nobody we spoke with said this practice happened. Medicine care plans we reviewed stated staff should stay with people when they take their medicines. Staff confirmed this. One person whose medicine profile had this information told us staff stayed with them whilst they took their medicine.

We recommend the service considers current guidance in the administration of medicines and ensures written instructions reflect this.

- Medicines were stored and managed safely. One person said, "Yes, the staff bring medication and help us."
- Medicine Administration Records (MAR) were completed accurately. Temperatures of medicine storage areas were monitored. Medicines that required additional storage in line with legal requirements were stored appropriately. One relative said, "They have set times that [Name of person] has her medicines."
- Protocols for, 'as required' medicines were in place. These guided and recorded when people had additional medicines.

Staffing and recruitment

- Staffing levels were kept at the level deemed safe by the provider. A relative said, "There always seem to be a lot of staff about." One person said, "Yes, there is enough staff." A staff member said, "We have time to spend with people."
- Safe recruitment procedures were implemented. This included a Disclosure and Barring Service check (DBS) and a full employment history. However, we did find one staff member whose reference from their last employer in health and social care had not been received.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using 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. Following the inspection, the provider made some changes to enable the laundry and hallway

areas to be easier to clean.

- 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.
- The service was clean. People's rooms were well maintained. One person said, "It is very clean and tidy. It's beautiful, honestly it is, I've got no complaints." Another person said, "It is a lovely clean home."

We have also signposted the provider to resources to develop their approach. We highlighted to the registered manager clinical pedal bins were required on the upper floor and ensuring during this time the service layout was easy to clean by reducing items. The registered manager ensured these actions were carried out after the inspection.

Learning lessons when things go wrong

- Processes were in place to review when things had gone wrong.
- Reflections took place after an accident or incident to make changes which would reduce the likelihood reoccurrence. A monthly analysis of falls was undertaken to monitor for patterns and trends.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant there was further development to ensure 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 provider had failed to submit all notifications to the commission as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 18 (Registration).

- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC of.

At our last comprehensive inspection there was a failure to ensure robust governance systems were used effectively to identify shortfalls and omissions. This was a breach of Regulation 17, (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection and the provider was no longer in breach of Regulation 17. However, some areas required further development to ensure they were fully effective.

- Quality audits were undertaken. These included areas such as the maintenance and grounds, care plans, infection control, health and safety and medicines. We highlighted to the provider where further details were needed to evidence their findings and drive improvements. For example, audits did not detail which MAR or care plan records had been reviewed and areas identified for improvement were limited.
- An action plan had been completed to ensure the findings of the previous inspection were completed. However, there was no further development plan. We discussed with the provider how they intended to use their quality audits to progress improvement plans and monitor ongoing refurbishments needs.
- Recruitment files were checked for completion electronically. However, this inspection highlighted a further review of this process was needed to ensure this was always effective.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service, they did not have a website. However, it was not overly conspicuous and further information was not displayed. After the inspection the provider immediately addressed this to ensure the service's rating and report information was clear and accessible.

- We received positive feedback about how the service was led and managed. A relative said, "The registered manager is very friendly and helpful." One person said the registered manager was, "Approachable," and another person told us, "I speak to [Name of registered manager] a lot."
- People and relatives said they were comfortable in raising any concerns and that staff were very responsive. A relative said, "No concerns whatsoever. I think if I did have concerns, they would be approachable." Another relative said, "We've not had any concerns since [Name of person] has been there. [Name of person] is comfortable and happy there."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a full understanding of the duty of candour. Relatives told us they were kept informed. One relative told us about an incidence involving their family member, "If I had any concerns, I know that they would be answered. They are very responsive. I got a phone call from them straight away letting me know what happened and they had got [Name of person] to hospital. They were very responsive, very caring and let me know when [Name of person] got back to the home."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were happy and enjoyed living at St Agnes Retirement Home. One person said, "'I love it, I would not live anywhere else believe you me. I could not go anywhere better. I love my room. I have everything I want, I couldn't do better.'" A relative said, "They have improved enormously in the last three years. It is a really happy environment."
- There was a positive and welcoming atmosphere. One person said, "All the staff are lovely."
- Staff felt valued and supported by the provider. One staff member said, "Management look after staff and are very family orientated." Another staff member told they had received support and guidance through the Covid-19 pandemic.
- The staff worked as a team. A staff member said, "It is a good team." A relative said, "It seems they have a really nice team that work really well together. They're a smashing bunch. I'm very happy with all of them."

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

- Relatives told us communication was good. A relative said, "'We get communication by phone if there is a problem, we get newsletters, that works well. I find the email better than the correspondence in the post. I think the main thing is they are receptive if I email, I always get a response.'"
- People, relatives and staff had been kept up to date with information relating to the Covid-19 pandemic. A relative said, "They have phoned me throughout the pandemic to check things with me." A staff member said, "Everything was put into place early on."

Continuous learning and improving care; Working in partnership with others

- The provider had made adaptations in response to the Covid-19 pandemic. A garden room had been built to support families visiting in a safe environment.
- The provider facilitated, 'Postcards of Kindness' which is an initiative where people send postcards to people living in care homes.
- The provider had links with other care providers. One person living at the home had joined in a knitting challenge organised by a nearby care home.