

Mrs L Whitehouse

# St Brigas Residential Home For Adults with Learning Dissabilities

## Inspection report

St Brigas  
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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 Brigas is a residential care home providing personal to up to 17 people with a learning disability. At the time of the inspection the service was supporting 16 people.

The service is in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 17 people. 16 people were using the service. This is larger than current best practice guidance. Although the size of the property didn't seem to affect the service they received the building was identifiable as a care home. Identifying signs included the front gate being locked, and industrial bins indicating it was a care home. Staff wore normal clothing that helped not to identify the home as a care home.

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

Staff and people felt the service was safe. Staff had a good understanding of abuse and most knew who to go to if they had concerns. People received their medicines safely and by enough staff to meet their needs. People and staff had access to effective hand washing facilities. Improvements had been made to the environment including covering radiators and checking hot water temperatures.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by staff who felt supported and who received regular supervisions, training and an annual appraisal. People's nutritional needs were met including an appropriate diet to meet their individual needs. People were supported with accessing health care professionals when required and they received an annual health check. People's rooms were personalised including the décor and pictures and photos.

People were supported by staff who were kind and caring. Staff promoted people's independence, gave

people choice and control and encouraged people to maintain relationships that were important to them.

Care plans were person centred and confirmed people's like, dislikes and routines. Regular reviews were undertaken to ensure care and support was still adequate. People were happy with their care and the service had an easy read complaints policy.

#### Rating at last inspection

The last rating for this service was requires improvement (published 11 October 2018) and there were two 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 most improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

# St Brigas Residential Home For Adults with Learning Dissabilities

## **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.

### Inspection team and notice of inspection

The inspection was undertaken on the 8 & 10 October 2019 by one inspector. It was unannounced on the first day.

### Service and service type

St Brigas Residential Home For Adults with Learning Dissabilities is a care home. People in care homes receive accommodation and nursing or personal care as 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.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included actions plans and monthly reports. We used the information the provider sent us in the 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. This information helps support our inspections. We used this information to plan our inspection.

During the inspection-

We spoke with six people who used the service about their experience of the care provided. Following the inspection, we contacted four relatives and gained views from two. We spoke with five members of staff including the registered manager. We reviewed a range of records including medication records and three people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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 the last inspection this key question was rated as Requires Improvement. 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 inspection we found people could be at risk of scalding from radiators and water temperatures not being checked to ensure they were within current guidelines. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- For example, improvements had been made to the environment. All but one of the radiators were now covered to prevent people being at risk of burns. Following the inspection, the provider confirmed the radiator had been covered to reduce the risk of scalding.
- Showers had been fitted with new shower heads that monitor the temperature to ensure it didn't reach an unsafe temperature. Any fluctuation to the water temperature became unsafe and the shower head would turn red so there was a visual aid to know the temperature was unsafe.
- Systems were in place to manage and monitor hot water outlets for example taps.
- Windows had restrictors fitted to ensure they were safe.
- Fire safety checks were regularly undertaken, and personal evacuation plans were in place for people. Fire risk assessments were in place and improvements were being undertaken at the time of the inspection to fire doors and closures.

### Preventing and controlling infection

At our last inspection we found people could be at risk of cross infection due to inadequate hand washing facilities within people rooms. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- The home was clean and odour free.
- For example, people's rooms had been fitted with taps that were on a timer. This prevented the risk of sinks flooding. People had access to hand soap and paper towels. This meant they could wash their hands reducing the risk of cross infection.
- Staff had access to liquid hand soap and paper towels along with personal protective equipment (PPE) and disposable gloves and aprons. Staff had a good knowledge about when they would use PPE.
- Staff had a good knowledge of how to safely manage laundry along with the arrangements for cleaning mops.

- Relatives felt the environment was clean and tidy. One relative told us, "Its always clean and tidy and smells nice". Another relative told us, "Its lovely, the environment is safe".

#### Staffing and recruitment

- People were supported by staff who had checks prior to working alone with vulnerable adults. However, one member of staff hadn't received a satisfactory Disclosure and Barring Service (DBS) prior to working a shadowing shift within the service. This meant people could be placed at risk due to any past convictions being unknown that may prevent the staff member working with vulnerable people. We fed this back to the manager.
- People were supported by enough staff throughout the inspection. Staffing levels were adjusted to support people depending on their activities and appointments.

#### Using medicines safely

- People received their medicines safely and when required. Records confirmed this.
- People received their medicated toothpaste and topical medicines and records were current and up to date. However, guidelines were not in place for one person who required a topical cream. This is important as it gives staff clear instructions with where to apply the topical cream.
- Medicines temperatures were monitored, and records confirmed they were within safe guidelines.
- Medicines were stored safely.
- Topical medicines of a flammable nature had no risk assessment in place. This is important as it identifies any risk and what measures are in place to reduce the risk.

#### Systems and processes to safeguard people from the risk of abuse

- Staff felt the service was safe. One person when asked if they feel safe told us, "Yes I do".
- Staff had a good knowledge of the different types of abuse. One member of staff told us, "Abuse can be physical, emotional, sexual and institutional".
- Most staff were able to confirm who they would raise concerns with outside of the service. However, one member of staff was unable to confirm who else they would raise concerns with outside of the service. They knew there was a policy and confirmed they would review this to find out. We fed this back to the registered manager.
- Relatives felt people were safe. One relative told us, "I feel very confident leaving [Name] there".

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and logged so that any trends and themes could be prevented.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training in safeguarding adults, safe administration of medicines, health and safety, infection control and moving and handling.
- Staff received additional training for example in; equality and diversity, working in a person-centred way and nutrition and hydration.
- Staff received supervision and an annual appraisal.

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

- People's care plans were person centred and contained important information relating to people's dietary likes and dislikes.
- Risk assessments were in place where risks identified people at risk of choking.
- People were offered different meal choices to suit their individual likes and dislikes.
- Staff knew people's individual specialist diets and the reason for these modifications. One person however had old information within their care plan that was different to their modified information within their health action plan. We raised this with the registered manager for them to address this.

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 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.

In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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.

- People were offered choice and asked for their consent prior to providing support.
- Where people lacked capacity relating to their care and treatment mental capacity assessments and best interest decisions were in place.
- DoLS applications were submitted when required. The service monitored applications made and renewals when required.

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

- People had access to health care professionals such as GP's, nurses, speech and language therapists, physiotherapists and dentists.
- People's care plans contained important information relating to their individual health needs. For example, Care plans contained information relating to people's foot care, diabetes eye screening and epilepsy reviews and district nurse visits.
- People received an annual oral health check.
- Care plans contained important information relating to referrals made and outcomes of appointments and reviews.
- People received an annual health check. Records confirmed this.

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

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

- People's rooms were clean and personalised. People's rooms reflected their choice in colour schemes, pictures and personal possessions.
- People were free to walk around the home and within the garden area. There was a quiet lounge where people could listen to music.
- People received an assessment that reviewed their individual needs relating to their care and support. For example, care plans confirmed if people wore glasses to support them with their eyesight.
- People were enabled and supported to access the environment as their need's changes. For example, one person had been moved to the ground floor following changes to their eye sight. Another person had fitting changes on door handles so that they were able to access the environment independently. Relatives shared these examples with us.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained 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 felt happy with the support. One person told us, "Staff are down to earth". They went on to also tell us, "Staff are very approachable. They always say good morning".
- Staff were able to demonstrate a good understanding of equality and diversity. One member of staff told us, "Not to discriminate against someone because of their sex, race, gender, it's about treating people in a person-centred way".
- The registered manager and staff had built up positive relationships with people. Staff knew people well. During the inspection we observed staff spending time with people talking to them about things that were important to them.
- People were supported by staff who were kind and caring. One relative told us, "Staff are excellent, no qualms at all". Another relative told us, "They are all very good". Another relative told us, "They are very very caring".
- People appeared well cared for. For example, people had clean clothes their hair and fingernails were clean and well groomed.

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

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected people's privacy and who promoted their independence and dignity.
- Staff knocked on people's doors before entering and people had closed doors so that people had their privacy respected whilst in their room.
- People were encouraged to maintain their independence. People's care plans reflected people's wishes and what aspects of their care they were independent with.
- People were supported to maintain relationships that were important to them. Some people visited family for overnight stays. Friends and family were welcome to visit at any time.
- People were supported by staff who treated them with respect. Staff spoke to people in a polite and caring manner. For example, we observed staff ask people how they were. If they were okay and if they were going out.
- People were asked their views on their meal choice and activities. Staff gave examples of how they encouraged people to make decisions about their daily care and support wishes. One member of staff told us, "We give choice and independence around, meal choices, personal care and (people) brushing their own teeth. It's about encouraging people to choose (for example) their clothes".

- Relatives and representatives were involved in decisions should people require support to express their wishes. One relative told us, "They always contact us and keep us updated with communication".

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and individual. They contained important information such as people's like and dislikes including their hobbies, personal interests, what they liked to eat and drink and how they liked to spend their leisure time.
- People's care plans contained important medical information and histories.
- People's daily routines were recorded such as what time they went to bed and like to wake in the mornings.

Supporting people to develop and maintain relationships to avoid social isolation

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and had built positive relationships so to understand people's verbal and nonverbal cues.
- The service had consulted with speech and language therapists and specialist learning disabilities nurses to devise communication plans for people.
- Care plans contained important information these had been done in a pictorial person-centred way. These reflected what were important to people and the things that they liked to do such as activities and hobbies.
- People were supported to develop and maintain relationships. People were part of the local community visiting shops, coffee mornings and other social calendar activities. This supported people to avoid social isolation.
- People were involved in discussions about how they spent their leisure time. People participated in hydro therapy, art workshops. The service also had cinema nights. Where the local cinema brought films into the home, so people could experience a movie night in familiar surroundings.
- The service had a mini bus which went on day trips locally and to areas of interest where people wanted to visit.
- The service had an interactive sensory table. People could access various interactive games. Staff confirmed this was positivity used by people who enjoyed the individual interactive games.
- Visitors were welcome throughout the day and week.

#### Improving care quality in response to complaints or concerns

- People were treated compassionately and given help and support to make a complaint if they needed to. This was through monthly review meetings. This was an opportunity for people to make changes to their care and support plan. These were in an easy read format.
- Complaints made were logged with outcomes recorded to prevent similar instances occurring. People we spoke with were happy with their care. One person told us, "I think it's fantastic here. I like it here".
- Relatives felt happy with the care and all had no reason to complain. "One relative told us, "We've very pleased with it. No complaints at all".

#### End of life care and support

- No-one at the time of the inspection was receiving end of life care.
- Care plans contained important information relating to people's wishes in relation to their funeral arrangements. Records were in easy read and picture form. This was so people could express their wishes in a format that was accessible to them. For example, people's wishes included if they wanted to be buried, their choice on flowers and any specific music they wanted.
- People received a yearly review by health care professionals. This included an annual health check, any hospital appointments and referrals to health care professionals when required. Records confirmed appointments held and regular reviews undertaken. Reviews included medication, oral care, eye sight tests and diabetes checks.

# 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 Requires Improvement. At this inspection this key question has remained the same.

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 we found concerns had failed to be identified through effective quality assurance systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found most improvements had been made to the audits within the service. Although some improvements were still required to the medicines audit, medicines policy and the monthly reports being sent.

- For example, the medicines audit had no checking process for ensuring creams were being checked when opened including the dates. The audit had also failed to identify there was no guidance in place for topical creams and their administration and where a risk assessment was required for one person whose topical cream was flammable. We fed this back to the registered manager for them to address this shortfall into their quality assurance system.
- The providers medicines policy was not in line with the NICE guidelines in managing medicines in care homes. For example, what arrangements needed to be in place for the recording of topical creams including where to apply and how often. Following the inspection, the provider sent an updated policy that confirmed guidelines for staff to following when topical creams needed to be applied. It had a new format and was easier to following.
- Monthly reports sent to the Commission confirmed actions had been completed. However, we found during the inspection one person had a radiator which was not covered. The monthly checks had not identified this or what measures were in place to reduce the risk of scalding from the hot surface. Following the inspection, the service confirmed a cover had been fitted.
- Audits were in place for monitoring the quality of the service. Audits included identifying training needs within the service, auditing the menu's, care plan's, DoLs tracker, fire files and fire safety bags along with incidents and accidents.
- Checks were also in place for the mini bus, electrical testing, gas safety checks, equipment checks, water checks including temperatures, and door closures.
- Staff attended regular handovers to ensure they were current and up to date with any changes to people's care and support. This included activities planned that day and any hospital appointments.
- All relatives felt the service was good and that staff were approachable and nice. One relative told us,

"They are all very welcoming. It's a lovely place, they're very caring". Another relative told us, "It's a relaxed, calm environment, very peaceful".

- The registered manager was actively involved in all aspects of running of the service. They covered shifts in staff absence and held meetings with staff.
- The service was displaying their previous rating. Notifications were submitted as required. Notifications are required when events or incidents occur that prevent the normal running of the service.

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

- The registered manager and staff knew people well and the registered manager was accessible to people.
- The service sought feedback from people, their relatives and health care professionals. This was an opportunity to share views of the care and support and any improvements to the service to be shared.

Continuous learning and improving care

- The registered manager reviewed and monitored incidents and accidents. Records confirmed details of the incident or accident, actions taken and any areas for improvements to prevent similar experiences from occurring.
- The service had a business plan that included areas where the managers and provider wished to drive improvements.
- The service was reviewing staff working hours and how improvements could be made to the rota and the managing of the service hours.

Working in partnership with others

- The registered manager and staff worked in partnership with people, relatives, staff and other agencies to ensure people received good care and support. For example, they had developed good support networks with other registered managers and services locally. As well as work closely with local health care professionals and learning disability teams.
- The registered manager attended local registered manager forums where they could share their practice and experience with other registered managers. This was an opportunity to share practice and innovation ideas.

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 understood their legal responsibilities. For example, they had informed appropriate agencies when something had gone wrong and made referrals if required.

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

- The registered manager promoted a culture which centred on improving the lives of people. They understood the need to provide a service that respected and empowered people's diverse needs.
- The service held regular resident meetings which were an opportunity to discuss catering arrangements, day trips, and how people's care was delivered and experienced.
- Staff felt valued and part of a team that worked together to achieve positive outcomes for people. One member of staff told us, "I believe people are treated as individuals and people are listened to and have their choices. I can always approach [Name] & [Name]. It feels like home – their home".