Gail Poole, Paul Poole, Doreen Hiley, Kim Vowles

St Agnes Retirement Home

Inspection report

5-7 Neva Road
Weston Super Mare
Somerset
BS23 1YD

Tel: 01934621167

Date of inspection visit:
11 May 2016

Date of publication:
06 June 2016

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?	Good

Summary of findings

Overall summary

St. Agnes Retirement Home provides care and accommodation for up to 26 older people. At the time of our inspection there were 21 people living at the home. The home is not purpose built and has accommodation arranged over three floors. On the ground floor there are bedrooms and communal facilities. The remaining bedrooms are on the second and third floor. The home is situated in a residential area of Weston Super Mare close to the seafront.

The inspection took place on 11 May 2016 and was unannounced.

There was a registered manager in post. The registered manager was also the provider. 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. The registered manager had appointed a manager for the day to day running of the service.

Care plans provided information about how people wished to be supported and staff were aware of people's individual care needs and preferences. People told us they were involved in their care planning. The electronic care planning system did not always direct us to the most up to date information relating to the person.

The service had systems to ensure medicines were administered and stored correctly and securely. Some medicines records lacked information relating to people's preferences.

People and their relatives were happy with support arrangements provided. People told us they felt safe and were treated with respect. Systems were in place to protect people from harm and abuse and staff knew how to follow them. Staff interactions with people were positive and caring.

Staff received training to understand their role to ensure the care and support provided to people was safe. There were some gaps in staff training and the registered manager had plans in place to address this. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

People were complimentary of the food provided. There were systems in place to receive feedback from people who use the service and their relatives. People and relatives were aware of how to raise concerns and they were confident if they raised concerns these would be responded to.

The registered manager and provider had systems in place to monitor the quality of the service. The service had an action plan in place that identified shortfalls in the service and the required improvements.

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.

People were protected from the risk of abuse because staff were trained and understood how to report it.

Recruitment procedures were in place which ensured people were supported by staff with the right experience and character.

People's medicines were administered and stored safely. Some information relating to people's medicines was missing from care records.

Risks to people's safety were identified and care plans identified the support people required to minimise risks.

Is the service effective?

Good

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received to help them maintain their independence.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were supported by staff who respected their dignity and maintained their privacy.

Staff knew the people they were supporting well.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care.

People made choices about their day to day lives. People took part in social activities and were supported to follow their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally.

Is the service well-led?

Good

The service was well led.

The management promoted an open culture and were visible and accessible to people being supported by the service and the staff.

People were supported and cared for by staff who felt supported by approachable managers.

Systems were in place to monitor and improve the quality of the service for people.

St Agnes Retirement 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.

The inspection took place on 11 May 2016 and was unannounced.

The inspection was carried out by one adult social care inspector and a specialist advisor who was a nurse.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who monitor the service provided.

During the inspection we spoke with seven people and two visitors about their views on the quality of the care and support being provided. We spoke with the registered manager (who was also the provider), the manager and six staff members including a housekeeper and the maintenance person. We looked at documentation relating to four people who used the service, three staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with one further relative and requested feedback from two health professionals.

Good

Is the service safe?

Our findings

The service was safe.

There were systems in place to support people with their medicines. Medicine Administration records were in place for each person (MAR). We found on one person's MAR their medicines had been handwritten by staff. The record of the medicines had not been signed or countersigned for staff which meant there was no accountability to who had written the record. We discussed this with the registered manager who told us they would ensure the record was signed and countersigned by staff.

People had medicines prescribed by their GP to meet their health needs. Some people administered some of their own medicines such as inhalers and eye drops. Whilst the care documents recorded the person 'self-administered' the medicines, we found there were no records detailing when they took it. We discussed this with the manager who told us one person refused to let staff monitor this. They told us following our inspection that the person's records had been updated to state they refused to have this medicine monitored by staff.

People told us they were happy with the way staff supported them with their medicines. One person told us, "Yes, they bring me my tablets, what I need" another commented, "They offer me pain relief".

Staff received medicine administration training before they were able to give medicines to people. The manager told us they also completed informal competency checks on staff to ensure they remained competent to administer medicines. They told us they were not formally recording this and would start doing this following our inspection.

Medicine administration records were accurate and up to date. Medicines were stored securely. We checked the medicines stock for three medicines that required additional storage and they were correct. Unused medicines were safely returned to the local pharmacy for safe disposal when no longer needed.
All of the people we spoke with told us they felt safe living at St Agnes. One person told us, "Yes I do feel safe". Another commented, "I feel very secure". People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said, "I have no qualms that they are in any danger". Another commented, "They are definitely safe".

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at three staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work and we saw evidence of this.

The service had suitable arrangements in place to ensure people were safe and protected from abuse. The registered manager, manager and staff knew the importance of safeguarding the people they supported. Staff told us they had received training in safeguarding adults and the manager confirmed all staff received this as part of their induction. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. They told us this would be reported to the registered manager or manager and they were confident it would be dealt with appropriately. They were also aware they could report this outside of the organisation to the local safeguarding authority or police. One staff member said, "I would go straight to the [registered] manager and I am 100% confident they would manage it". Another said, "The manager would definitely act". We observed posters around the home instructing staff on what action to take if they thought a person was being abused. This meant people were supported by staff who knew how to recognise and report abuse.

People were able to take risks as part of their day to day lives. For example, some people who were independently mobile could walk safely in the home. One person showed us a call bell they had around their neck to summon staff. The person told us, "I press the button and the staff come straight away, they are very good". Records demonstrated assessments were undertaken to identify risks to people who used the service. They gave information about how these risks were minimised to ensure people remained safe. Assessments covered areas where people or others could be at risk such as risk of falls, environmental risks and moving and handling. The staff we spoke with were aware of these risks and the measures in place to reduce them.

People were supported by a sufficient number of staff to keep them safe. People and relatives told us there were enough staff available to meet people's needs. One person told us, "There are usually enough staff; they come if you call them". Staff told us they thought there were enough staff available to meet people's needs and keep people safe. One staff member told us, "Staffing levels are ok, manageable, the cook is off today but the shift is covered". Another commented, "Staffing is ok, they have employed more staff which is good". During our inspection we observed there were enough staff available to respond to people's needs and call bells were answered promptly.

We looked at the staff records and discussed staffing levels with the registered manager. The registered manager told us that staffing levels were based on people's individual needs and they confirmed their minimum staffing levels with us. We looked at the staff rota for the previous four weeks and saw the levels were not running below the minimum level identified. The registered manager told us if people's needs changed they would provide additional staffing. They told us, "If staff are under pressure we have an open door policy for them to come and tell us, if we needed to we would get additional staffing in". The registered manager and manager also worked in the home and could provide additional support if this was needed, which they did on the day we inspected. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty.

Good

Is the service effective?

Our findings

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. One person told us, "Yes they all know me well". Relatives told us staff understood their family member's care needs and provided the support they needed. One relative told us, "They definitely know and understand [name of relative] well".

New staff completed an induction when they commenced employment; the registered manager told us they had linked their induction to the Care Certificate. The Care Certificate standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member said, "I shadowed until I felt comfortable, they would have extended it if I didn't and it prepared me for the role". Another commented, "The induction prepared me for the role, they would have extended it if needed".

Staff felt they had enough training to keep people safe and meet their needs. All staff received basic training such as first aid, fire safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as dementia care and nutrition. Staff described the face to face training they received as, "Really good". Staff also explained they had access to an online training system where they could access additional training. We looked at the providers training records which identified some staff required updated training in some online subjects. Following our inspection the manager confirmed they had requested staff complete the updates by the end of May 2016.

The staff we spoke with had mixed knowledge and understanding of the Mental Capacity Act 2005 (MCA). One staff member said, "I did the training last year, there are five principles we follow and I've been involved in best interest meetings". Another staff member we spoke with told us they had not received training on the subject and their knowledge was limited. Following our inspection the manager confirmed further MCA training had been arranged for all staff in June 2016. They also showed us a leaflet they had previously given to all staff covering the main principles of the Act.

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.

We checked whether the service was working within the principles of the MCA and found that they were. Where people had capacity to made decisions about their care we saw examples of their consent being

given in care records. Where people lacked the capacity to make decisions we saw family members were involved in the best interest decision.

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. At the time of the inspection there was one authorisation to restrict a person's liberty under DoLS. The registered manager had completed one further application for another person and was waiting for the outcome. Where the DoLS had been granted we found the home had been following the conditions of the DoLS.

Staff had formal supervision (a meeting with the registered manager and manager to discuss their work) to support them in their professional development. They told us this gave them an opportunity to discuss their performance, any concerns and identify any further training they required. One staff member told us, "We talk about positive things and where we need to improve, any training needed and suggestions for improvements. I definitely feel supported". Another staff member said, "They are ok, we talk about training, any safeguarding issues, we can raise any concerns".

People and their relatives told us they were happy about the food provided. One person told us, "There is plenty to eat and it is nice". Another commented, "The food is varied, you get a choice". Comments from relatives included, "[name of relative] loves the food, they are very happy with it". We observed people were offered a choice of hot and cold drinks throughout the day and one person told us if they wanted something to eat the staff would get it for them at any time of the day.

On the day of the inspection the cook was off. In their absence the house assistant took their place. We spoke with the house assistant and they told us how they had filled in for the cook in the past when they were off. The house assistant told us there was one meal option on offer each day and they said if people did not want it they would look at cooking alternative options. They told us people were asked each morning what they would like for their main meal. One person confirmed this commenting, "They will make you something that you want and you can have whatever you want to drink". The registered manager told us the menu was based on what people liked; they said the cook spent time with people discussing what they would like to be on the menu.

There was a list of people's likes and dislikes in the kitchen. The house assistant was aware of people's allergies and dietary needs however this information was not recorded in the kitchen. This meant the information may not be easily available for staff who were unfamiliar with people's needs. We discussed this with the manager who showed us this information was recorded in people's care records. It was also recorded on a board in the office. The manager told us they would ensure this information was also recorded in the kitchen.

Where people were at risk of malnutrition this was identified in people's records. We noted in one person's care records they were 'refusing meals'. We looked at their records and noted that although staff were recording if they had refused meals they were not always recording the amount they had eaten and drunk. This meant staff may not be able to monitor accurately the person's food and fluid intake. We discussed this with the manager who told us the person had recently had a decline in their health which resulted in them refusing meals. They told us they would discuss with all staff the need to record more specifically what they were eating and drinking. Following our inspection the manager confirmed the person's eating had improved.

People told us they were able to choose where they ate their meals. One person said, "You can have your meals in your room if you like". We observed the lunchtime meal in the dining room. The atmosphere was calm, relaxed and a sociable experience with people chatting to each other. Staff offered people assistance where required and people had condiments available on the table if they wanted them.

People told us their health care was supported by staff and by other health professionals. One person said us, "They make appointments for you, you can choose if you want your Dr to come in or if you want to go to the surgery". A relative commented, "I totally trust them to get medical assistance, they are on the phone if there are any problems".

Records demonstrated people were supported to see their GP, chiropodist and the district nurse as required. A record was kept of each appointment and the outcome. Health professionals spoke positively about the staff and their knowledge of people's needs. One health professional told us, "They know people well; I always find they make extra effort to know people and what's going on".

Good

Is the service caring?

Our findings

The service was caring.

Each person spoken with said staff were very kind and caring. People praised the way staff cared for them. Their comments included; "The staff are very helpful and cheerful" and "The staff are all very good, they are a nice crowd". Comments from relatives included; "I can't fault the staff they are all lovely" and "It's wonderful, like a hotel". A health professional told us from their observations staff were, "Very good".

Staff had built trusting relationships with people. Relatives thought staff knew their family members well. One relative told us, "They definitely know [name of relative] well, they talk about what she did when she was younger and her memories; there is a good rapport or relationship and they treat her as a person".

Throughout our inspection staff interacted with people who lived at the home in a caring way. For example, one member of staff told one person who had just had their hair styled, "I love your hair, you look lovely". We observed people speaking to staff and using their first names; which meant they were familiar with the staff. There was a good rapport between people; some chatted happily between themselves and with staff. There was laughter, chatter and friendly conversations. Staff talked positively about people and were able to explain what was important to them such as choosing who supports them, chosen routines, personal items, maintaining their independence and their friends and family members. One staff member told us, "The residents are the best thing, we all get on; it's so nice".

People chose what they wanted to do and how and where to spend their time. One person told us, "You can do exactly what you want here". Staff told us how they supported people to follow their spiritual beliefs. They told us how they were aware of different religions and explained how they supported one person with their faith.

People told us they were treated with dignity and respect. One person said, "They always knock on the door and respect your privacy". We observed staff treating people with dignity and respect. For example, ensuring they were on the same level as people when they were talking to them and knocking on bedroom doors before entering. The registered manager told us they had appointed a staff member to be a 'dignity lead'. They told us this role involved the staff member working alongside new staff, raising awareness and ideas in the team and updating the team's knowledge on the subject.

Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, closing doors and curtains, giving people personal space and knocking on people's bedroom doors. One staff member said, "We make sure people are covered with towels when we support them with personal care and we leave people in private and go back a bit later". Another staff member said, "We always knock on doors and make sure they are closed". Staff had a good understanding of confidentiality. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

We observed a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included; 'Words cannot express the appreciation I have for you all', 'To all the wonderful, caring and loving staff at St Agnes thank you for all your kindness' and 'You all go above and beyond what you do and we couldn't wish for a better home'.

Each person who lived at the home had a single occupancy room where they were able to see personal or professional visitors in private. People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. One person told us, "Visitors can come anytime and stay as long as they like, they are made to feel welcome". One relative said, "We can visit when we want, there is always someone around". Health professionals also commented they were made to feel welcome by the staff. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

Good

Is the service responsive?

Our findings

The service was responsive.

People told us they made choices about their day to day lives. One person said, "We do what we want". People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations.

During the inspection we read four people's care records. A computerised care planning system was in place. One staff member told us the system was, "Good and easy to use". All of the care plans were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. One person required an air mattress on their bed to prevent them from developing pressure ulcers. We found their care plan did not include information on what the air pressure setting should be and staff were not recording that the setting was accurate. We discussed this with the manager who told us the district nurse came in to check the correct setting for the person every three months. They told us they would ensure this was recorded in the persons care record and would be regularly checked and recorded by staff.

We found the care record system did not always enable us to access a person's most up to date care record. For example, in one section of a person's care plan reviewed in November 2015 it stated they were mobile. However in another section of their care record updated in May 2016 it stated they required hoisting. We discussed this with the registered manager and manager who told us they were going to attend a day course to gain a better understanding of the care planning system. They said they would raise this issue there to find a way to resolve it. The staff we spoke with were aware of the current level of support the person needed.

Staff had a good knowledge of the people who lived at the home and were able to explain how they picked up on changes in people's needs. Staff were able to tell us detailed information about how people liked to be supported and what was important to them. Care plans included information relating to what people could do for themselves and what support was needed from staff. People and their relatives were involved in developing the care plans. Care plans were signed by people to confirm their agreement. One person told us, "I am aware of my care plan, they write what you can do and where you need help. You can tell them what you want help with, staff follow it and know what to do". Comments from relatives included, "I am very involved and invited to reviews" and "We are involved in reviews of the care plan at least four times a year, we go and review things and can voice our opinion we are listened to". The registered manager told us care plans reviews were held three monthly and people and their relatives were invited to be part of the review.

Staff told us how they had monthly 'key worker' meetings which involved them spending time with the person talking to them and finding out if they are happy. We saw records of the meetings confirming this. One person told us, "We speak to our named worker, they come in to talk to you and if you're not happy about something they would change it". The registered manager told us they spent time weekly talking to people and asking them if they are happy or not.

People and their relatives told us they were happy with the activities provided. One person told us, "There are activities going on, you can join in if you want. Someone came in and read poetry last summer". Another commented, "I don't like the bingo but I like the card game and join in, or you can sit and watch". A relative told us, "There are enough activities to keep people busy". The registered manager told us they arranged for external people to come in weekly and undertake activities with people such as karaoke, exercises, a theatre company and animals being brought in for people to pet.

A notice displayed in the home showed other activities being held during the week. These included quizzes, games, baking and bingo. It also had information about the newspapers people liked to read and we saw people had access to these during the inspection. We also observed people carrying out individual activities such as knitting with minimal staff support as required. The registered manager told us about the links they had with the local community. These included; the local social club, churches, the centre for people with visual impairments and local community facilities such as cafes. The registered manager showed us a copy of a newsletter they distributed to share information relating to the home.

People and their relatives said they would feel comfortable about raising a concern if they needed to. People were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the registered manager. One person told us, "I have nothing to complain about but if I did I would go to [name of registered manager] and they would sort it". Another person said, "You can always go to the office if you're not happy or want to change anything". Comments from relatives included, "[name of registered manager] is at the end of the phone if we have any problems," and "If I had a complaint I would go to [name of registered manager] or [name of manager] they would do something, you can raise concerns and there is no offence taken".

There had been three complaints received by the service in the past year and these were responded to in line with the provider's policy. Two of the complaints had been resolved and one was on-going. We saw one complaint where a person raised concerns about the tidiness of their bedroom. This had been discussed with staff and we saw action points were implemented as a result.

Surveys were undertaken to receive feedback from people using the service, their relatives and visiting professionals annually. We saw the results from the latest survey carried out in November 2015. The survey covered areas such as staff interactions, menus and activities. We saw the results from the latest surveys carried out in February 2016. The provider had identified areas to improve from the feedback received from people and their relatives and had an action plan in place. Feedback from the visiting professionals had all been positive. We also observed there were feedback cards available in the entrance of the home for people, relatives and visitors to give their opinions on the home.

Good

Is the service well-led?

Our findings

The service was well led.

There was a management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service.

There was a registered manager in post at St Agnes who was also the provider. The registered manager had appointed a 'manager' to oversee the day to day running of the home. The registered manager and manager told us they kept their skills and knowledge up to date by reading care related magazines and from the CQC website. They told us they subscribed to the 'quality compliance systems' website to keep up to date with current standards. The manager told us they attended local provider forums to share ideas with other providers. They told us how they attended the provider forum in January 2016 which shared learning on the CQC inspection process.

Staff told us the registered manager and manager were approachable and accessible and they felt confident in raising concerns with them. One staff member told us, "They are very good managers, very approachable and assessable. If you have a query about anything [name of manager] is on the end of the phone if needed". Another said, "They are really approachable, you couldn't ask for better". The registered manager and manager told us they promoted an "Open door" policy for staff to approach them. The registered manager said, "If staff have work related issues they talk to us and we listen, we want the staff to be happy". The registered manager and manager told us they spent time with staff working alongside them and observing them informally, giving them feedback to support their development and promote best practice.

We looked at staff meeting records which showed meetings were held to address any issues and communicate messages to staff. Items discussed included; team culture, policies, information relating to people's needs and the staffing rotas. Staff told us they felt able to voice their opinions during staff meetings. Comments included; "Staff meetings are held every six months, you can speak up and I feel listened to" and "Staff meetings are ok, you can say what you think and things change".

We spoke with the registered manager about their vision for the service and they told us, "It is a family run home since 1980 and I want people to feel a nice homely atmosphere as soon as they walk through the door. This is their home and everyone is treated as an individual". The registered manager and manager told us their vision was shared with the staff team through staff induction and team meetings. Staff understood the aims of the service and worked in ways which promoted them. One staff member told us, "It's their home and we are here for them, to help and support them". Another commented, "We want to do the best possible for the person and help people to do as much as they can for themselves".

The service had quality assurance systems in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included medicines, records, maintenance, complaints and surveys. The audits identified shortfalls in the service and the action required to remedy these. All accidents and incidents which occurred in the home were recorded and analysed for

themes and trends. Action points were recorded as an outcome and we saw evidence of these being completed. The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.