

St Brendans Residential Home

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Inspection report

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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?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 July 2017 and was unannounced.

St Brendans Residential Home is registered to provide care and support to 26 older people living with dementia. At the time of our inspection there were 24 people using the service.

There was a registered manager in post. 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 felt safe at the home and with the way staff provided them care and support. Risk assessments were in place to help staff understand how people could be protected from risk of harm. Staff were knowledgeable about safeguarding procedures and where and when to report their concerns internally or externally to local safeguarding authorities.

People told us there were enough staff to meet their needs in a timely way. There were robust recruitment procedures in place to ensure that staff were recruited safely to work in the service. People's medicines were stored and administered safely.

Staff received a full programme of training and induction that enabled them to carry out their roles effectively. Training was regularly refreshed and updated as required. The manager regularly supervised staff and they received regular performance reviews.

Staff understood the Mental Capacity Act 2005 (MCA) and how this applied in practice. Deprivation of Liberty Safeguards (DoLS) authorisations that were in place were appropriate to keep people safe. People's healthcare needs were identified and met, and they had access to health services as required.

People told us they received enough food and drinks and they had plenty of choices offered to them. Staff were knowledgeable about people's likes and dislikes and delivered care and support accordingly.

The environment had been improved since our last inspection and people were consulted and involved in the decision making around the decorations around the home. There were plans to further improve the environment to help ensure it fully met the needs of the people living with dementia.

Staff demonstrated a caring attitude towards people and respected their privacy and dignity. People were given opportunities to discuss issues through residents meetings and surveys. The service had received many compliments about the care provided to people.

Care plans were detailed about people's needs and also their likes and dislikes. These were still under

development to ensure that the personalised care and support people received was accurately reflected in their care plans.

People told us that they enjoyed the activities at the home. The registered manager told us they were in the process of recruiting an activity coordinator to broaden the type of activities currently provided.

People, their relatives and staff were positive about the manager of the service. The visions and values of the service were clear and staff understood their job roles and responsibilities. The registered manager and the provider carried out regular audits in the home to assess the quality of the service provided and for identifying improvements that needed to be made in a variety of areas. Staff had the chance to contribute to the running and development of the service through team meetings.

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 told us they felt safe and staff were knowledgeable on how to report their concerns internally and externally to local safeguarding authorities.

There were enough staff recruited through robust procedures to meet people's needs.

There were risk assessments in place to identify and minimise the risk of harm to people using the service.

People's medicines were administered safely.

Is the service effective?

Good 

The service was effective.

People told us staff asked for their consent before they delivered any care and support.

Staff were regularly supervised and received adequate training to enable them to deliver effective care and support.

People told us they were happy with the quality and the choices of food and drinks offered to them.

People's healthcare needs were met by staff who involved health care professionals in people's care if there was a need for it.

Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring and they developed good relationships based on trust.

People had been involved in planning their care and support and staff enabled them to remain as independent as possible.

People had their dignity and privacy respected and promoted by

staff.

Confidential information was kept secure.

Is the service responsive?

Good ●

The service was responsive.

There was a program of activities in place to keep people stimulated throughout the day and this was constantly developed.

Care plans were detailed in what people`s care and support needs were and it was a work in progress to accurately reflect the personalised care people received in the care plans.

People told us they received care and support the way they liked it and preferred and staff knew their likes and dislikes.

There was an effective system in place for handling and resolving complaints.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were positive about the manager, and staff told us they felt supported to develop their skills.

There were robust auditing systems in place to identify improvements that needed to be made.

Staff and people using the service had opportunities to attend regular meetings to contribute to the development of the service.

St Brendans 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 28 July 2017 and was unannounced. The inspection was carried out by one inspector.

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 reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed local authority inspection records.

During the inspection we spoke with three people using the service, one relative, three members of staff and the registered manager. We looked at care plans for three people and other records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "Staff look after me very well. I am safe here and happy." Another person told us, "I would not be able to care for myself. I am safe here and they [staff] care for me very well." A relative told us, "It is safe. [Person] had to be moved downstairs but they settled very well and they have a sensor on their bed so staff can help if they are getting up. Staff also do hourly checks during the night."

Staff were knowledgeable about the risks of potential abuse and knew how to report any concerns they had to the relevant local safeguarding authority, which included by way of 'whistleblowing' if necessary. We saw that contact details for the local authority were available and displayed around the service to remind people, visitors and staff to report if they had any concerns regarding people's safety.

People had their individual risks assessed and staff were knowledgeable about safe working procedures. We observed staff using equipment around the home such as hoists, wheelchairs and we saw that they were doing so safely. We saw that risk assessments and care plans included details about what measures staff had to take to mitigate risks to people. For example the manual handling assessment detailed for each person which sling type and size they needed and what hoists were to be used.

People told us there were enough staff to meet their needs. One person said, "Oh staff is always around and they help me when I need help." Another person said, "Oh yes. It is enough staff." Staff we spoke with told us they had time to care and support people in a timely and personalised way. One staff member said, "We are enough staff and it is good that we are permanent staff. If there is a need for extra staff because a person's condition changes we can discuss it with the [registered] manager and we get help."

On the day of the inspection we observed staff responding to people in a timely way. They went about their duties in a calm and relaxed way often stopping and having a laugh with people. We also saw the registered manager helping staff when it was needed and also chatting with people who they clearly knew well. Recruitment was completed robustly with all appropriate pre-employment documentation being sought. This included written and verified references, criminal record checks, eligibility to work in the UK and proof of previous qualifications.

People received their medicines safely by trained staff who had their competencies checked regularly. We found that medicine administration records (MAR) were completed accurately and signed by staff each time after they administered people's medicines. We counted medicines for five people and we found that the stock corresponded with the records kept. Medicines were stored appropriately in a well organised room; however the room's temperature were recorded sometimes above 25 degrees which is the maximum temperature medicines could be stored under. The registered manager told us they were taking immediate steps to ensure the temperature was better controlled and kept under 25 degrees.

The service had robust measures in place which detailed the steps staff would take in an emergency. Each person had a personalised evacuation plan (PEEP) in place which detailed how they would be supported in

case of fire or other emergency situation. There were contingency plans in place in case people needed to be relocated or any event took place which would affect their ability to deliver care.

Is the service effective?

Our findings

People were supported by staff who had received training to enable them to carry out their role. One person said, "The staff knows what they are doing and they are supervised very well. They care for people here very well." Another person said, "They [staff] are so good. They know how to help me. They remind me to wash my teeth."

Staff told us they received training and regular updates on various topics relevant to their job roles. One staff member said, "We have regular training and supervision. We have regular updates in infection control, manual handling, safeguarding and a lot more." Another staff member told us, "Training is on-going. We are always on top of it to make sure we are up to date with the requirements."

Staff told us they felt well supported by the registered manager. One staff member said, "I had been here for a number of years and I always felt supported. I have regular supervision with the [registered] manager and a yearly appraisal. It is nice to have feedback on what I do well and improve if I need." Another staff member said, "The [registered] manger is very good and listens. They are very supportive."

The Mental Capacity Act 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). Where DoLS authorisations were in place for people using the service, we found that these were appropriate to support people to keep safe.

Mental capacity assessments and records of best interest meetings were contained within people's care plans and demonstrated the least restrictive ways to keep people safe from harm. For example a person who lacked capacity was found to be unsettled and walk around during the night in their rooms. Staff used a sensor alarm which alerted them when the person was getting up so they could attend and offer assistance. Staff also used sound monitors for people who were known not to sleep very well so they could attend to people in a timely way and offer reassurance if needed.

People told us staff asked for their consent before they delivered care and support. One person said, "They [staff] come and ask if I am ready to get up or to go to bed. They are really good like that." We saw that where people were able they signed consent to care forms in their care plans. Where people were not able their care was discussed with their close relative or independent advocate to ensure the care people received was in their best interest.

People told us they liked the quality of the food and drinks offered to them. One person said, "It`s nothing wrong with the food here. It is plenty and very good really." Another person said, "The food is very good. We have three or four meals in a day and plenty of choice. We are constantly offered tea, coffee and cold drinks."

I have no complaints. I am putting weight on." A relative told us, "The food always smells and looks good." We saw that there was a suitable alternative to each meal, and that people's choices and preferences were taken into account. For example where people preferred vegetarian food or special type of meat this was available for them.

Those people at risk of weight loss were regularly weighed and monitored and referred to specialist health professionals if there was a need for it. People were provided with adequate fluids throughout the day.

People had access to health and social care professionals as needed. We saw that people were visited by their GP, occupational therapists, dentist and chiropodist. People were also supported to attend hospital appointments when needed. One relative told us, "They [staff] are very quick in getting the GP out if needed."

The home had been redecorated and provided a more stimulating environment to people living with dementia. The registered manager told us they involved people in the decisions around what pictures they wanted to see around the home and we saw that their options were listened to. For example in one area of the home there were images of the town in the 1950`s. In another part of the home where people had been interested in old movies there were posters of well-known movies which people enjoyed. The registered manager told us they continued to develop the environment to meet the needs of people living with dementia.

Is the service caring?

Our findings

People and their relatives told us that the staff were caring, kind and respectful. One person said, "I didn't think I could fit in an old people`s home but staff are so kind and they are very good." Another person told us, "The staff here are very nice. I know them all." A relative told us, "I really like the atmosphere in the home. Staff are very friendly and nice."

People told us they developed a good relationship with staff who knew them well. One person said, "I can be a bit of a handful but staff know how to deal with me. I have very good interaction." A relative said, "I noticed that [person] has a good relationship with staff at the home. They [staff] noticed that [person] is friendly with another person in the home and they make sure they sit next to each other so they can have a conversation." Staff we spoke with demonstrated they had in-depth knowledge and compassion towards the people they cared for.

People told us staff were attentive and protected their dignity and privacy. One person told us, "Staff is always respectful of my dignity and privacy. They always knock on my door and wait until I invite them in. I do like my privacy. Another person said, "They [staff] knock on my door and I am very comfortable with them."

Each person had a key worker in place and we saw that they were named in people's care plans. This enabled people to have a point of contact if they had any issues that needed to be discussed. When people joined the service, they were provided with welcome packs which gave them details about the service. Key workers discussed care plans with people and ensured that people`s voice was heard. One person said, "I do discuss my care plan with my worker. I do know what is in there [care plan] and I am happy with it."

Staff were aware of people's preferences, choices and life histories and the registered manager told us they were planning to further develop care plans to capture all staff`s in-depth knowledge about people in the records. There was information about advocacy available and at the time of the inspection one person had an independent advocate to ensure their voice and best interest was represented when decisions were made in their best interest.

Care plans were held securely to help ensure confidentiality was maintained.

Is the service responsive?

Our findings

People told us that their care needs were met. One person said, "I am very happy here. I could not be better looked after." Another person said, "I like it here. I like everything and I have no complaints. I can do what I want."

People's care plans had been well developed and they provided staff with clear guidance on what people needed with all aspects of their lives. This included personal care, support with communication, mobility and others. However we found that care plans needed further personalisation to capture all the details staff knew about people's likes, dislikes and preferences.

There were thorough handovers at the beginning of each shift to ensure all relevant information was shared with staff about people they supported.

During the inspection we observed various activities people were involved in depending on their abilities and preferences. For example there were people involved in a word game, another person was popping bubble wrap which clearly occupied them, another person sat in the garden and there were people who enjoyed watching and having conversations with staff or other people. One person told us, "We play cards and dominoes and we can go out if we want." Another person said, "I am never bored. We do repeat playing some things but I like it." The registered manager told us they were in the process of recruiting an activity coordinator to further personalise activities for people.

People and their relatives told us they knew who to complain to; however they had no reason to do so. One person said, "I have no reason to complaint. I know I can talk to a senior staff member or the [registered] manager if I need to." Another person told us, "I do know the [registered] manager and [name of the provider]. I can talk to them any time." One relative said, "If I approach the [registered] manger to raise something, they are usually aware of the issue and already have something planned to resolve it. I don't have any complaints." Complaints that had been received in the past had been dealt with appropriately.

People and relatives were given the opportunity to raise any issues in regular meetings or by talking with the registered manager on a daily basis.

Is the service well-led?

Our findings

People we spoke with told us that they knew who the registered manager was and found them helpful and approachable. One person said, "I know the [registered] manager. They are always around." A relative said, "I do find the [registered] manager very approachable." Staff were equally positive about the manager and told us they were supportive and helped them to develop their skills and knowledge. One member of staff said, "the manager is very good. They helped me develop my skills and I progressed." Another member of staff told us, "I feel very comfortable working here. We [staff] have good support from the [registered] manager."

The manager was actively involved in providing care and support to people during our inspection. We observed that they placed people's needs above their other responsibilities, ensuring that they were available when people requested assistance. For example they apologised to us when they noticed a person wanted to go out and they offered help. The registered manager was able to tell us about each person living in the home in depth including their background history, likes and dislikes.

People, relatives and visitors including health and social care professionals were asked to complete questionnaires following their visit in the home. The feedback we saw was very positive and praised the staff and the management of the home for their friendliness and knowledge about the care they provided to people.

The manager used a robust auditing process for quality monitoring in the service. Tools had been developed to monitor key areas of people's care and identify any issues that needed to be resolved. There were audits in place which looked at medicines, personal hygiene, care plans and the environment. We found that issues identified were quickly resolved and regularly re-visited. The provider carried out regular provider`s visits and audited all areas of the care delivery to ensure that people received high quality care.

Staff told us they attended regular staff meetings and they felt listened by the registered manager. One staff member said, "We have regular staff meetings, which I enjoy because we all come together night and day staff and we discuss everything. The [registered] manager listens and they try to resolve issues." Staff also told us that the provider regularly spent time in the home and they could approach them in case they wanted to discuss anything with them.

The registered manager told us they monitored staffing levels by their observations within the home. They told us they had the flexibility to increase staffing if people`s needs changed. However they were not using a dependency tool to accurately assess people`s needs regularly and inform staffing accordingly.

The registered manager was very passionate about developing the service and deliver high quality care for people. They had plans in place to improve the environment, improve people`s care plans and develop individual activity plans for people.

Notifications were made as required by the registered manager of events they are required to inform the

