

Mrs Mobina Sayani

St Paul's Residential Home

Inspection report

127 Stroud Road
Gloucester
Gloucestershire
GL1 5JL

Tel: 01452505485

Date of inspection visit:
28 March 2017

Date of publication:
25 April 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 and 25 April 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staff recruitment checks.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. In January 2017 we received concerns about the techniques staff were using when helping people to move. The provider investigated and wrote to us to inform us of the action they were taking, to make sure the way people were moved was safe and appropriate. We also checked these actions had been completed during this inspection. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Paul's Residential Home on our website at www.cqc.org.uk

St Paul's Residential Home provides care to older people with a physical and/or sensory disability. At the time of our inspection 31 people were living in the home and of these 30 people were living with dementia.

The registered manager was present during the inspection. 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.

This unannounced inspection was carried out on 28 March 2017. At the inspection on 22 and 25 April 2016, we asked the provider to take action to make improvements to staff recruitment checks. In particular to account for gaps in staff employment records. We found that the actions in the provider's plan had been completed.

Staff recruitment processes had been reviewed and a new application form was in use. This included information to explain gaps in prospective staff members' employment history. Gaps in employment history had also been recorded for three existing staff members, where this information had not previously been documented. One new staff member had been employed since our last inspection and we found legal requirements for recruitment checks had been met.

The moving and handling techniques used by staff were safe and appropriate. Information about people's individual needs was recorded in their moving and handling assessment records. Staff were clear about their responsibility to report poor practice to the registered manager.

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.

We found action had been taken to improve recruitment and selection checks, reducing the risk of inappropriate care.

Staff used safe moving and handling techniques when assisting people to move.

St Paul's 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 checked 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.

We undertook an unannounced focused inspection of St Paul's Residential Home on 28 March 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 22 and 25 April 2016 inspection had been made. We also checked that action had been taken by the provider to ensure safe moving and handling techniques were used.

We inspected the service against one of the five questions we ask about services: is the service safe? This is because the service was not meeting a legal requirement.

The inspection was undertaken by one inspector. Prior to the inspection we reviewed information we have about the service which included notifications. A notification is a report about important events which the service is required to send us by law.

During our inspection we spoke with the provider / registered manager and interviewed four care staff. We reviewed staff recruitment processes and the recruitment record for one new staff member. We checked staff training records, observed moving and handling techniques used by staff and tracked how one person's moving and handling needs were met.

Is the service safe?

Our findings

At our inspection of 22 and 25 April 2016 we found people had not always been protected against the risks of harm. Information about gaps in employment history had not been recorded prior to new staff being employed. The provider told us they would address this breach of the Regulations and put an action plan in place to describe how this would be achieved.

In January 2017, we received anonymous concerns about the techniques staff were using when helping people to move. The provider wrote to us to inform us of the actions they were taking to make sure safe and appropriate moving and handling techniques were used.

At our focused inspection on 28 March 2017, we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 19, described above. Gaps in employment history had been recorded for three members of staff, where this information had previously been missing. One new staff member had been recruited since our last inspection. All required recruitment checks had been completed prior to them being employed. The registered manager told us that an administrative staff member now re-checked all applications. If any required information was missing, the application would be referred back to the registered manager. We were satisfied that the process met legal requirements.

All staff received moving and handling training during two sessions held in January and February. These sessions had been booked prior to the concerns being raised and included other updates for staff considered mandatory by the provider. The registered manager completed training alongside staff to give them an opportunity to identify staff members that may require additional support or supervision. However, no staff members were found to need additional support after this training. The registered manager told us they routinely observed staff practice when using moving and handling techniques in communal areas. They planned some 'unannounced' out of hours visits to check staff were using safe techniques at all times.

We observed a person being moved by two staff members using a hoist and sling. The equipment and techniques used were as advised by the occupational therapist who had completed their moving and handling assessment. Staff reassured the person throughout the time they were moving them, keeping them informed and relaxed. The person remained calm and comfortable throughout and fell asleep shortly after being moved.

Staff demonstrated good knowledge of appropriate techniques to assist people. They told us they would intervene if they had concerns about techniques used by another staff member. Any ongoing concerns would be reported to the registered manager. The registered manager was considering their options for future 'mop up' training for new staff members including establishing a 'train the trainer' for moving and handling within the home.