

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:
01 August 2018

Date of publication:
03 October 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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. 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 1 August 2018 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 deputy 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 had up to date information relating to people who were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and there were policies and documents to ensure this.

The service had systems to ensure medicines were administered and stored correctly and securely. Medicines records had information relating to people's preferences. However there was no protocols for 'as required' medicines to guide staff about administration and creams did not have a date of when they had been first opened to ensure they were still suitable for use.

There were no hand washing facility at the point of care delivery to prevent cross infection. Recruitment procedures did not always check staff employment history and there were no risk assessments where convictions had been disclosed.

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. All training was up to date.

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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made a recommendation about advanced care plans. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently Safe

Medicines were managed safely however some improvements were needed relating to staff guidance and management of creams.

Recruitment procedures were not always effective in ensuring staff were suitable to work with vulnerable people.

People were not always protected from the risk of cross infection due to lack of hand washing at the point of care delivery.

People told us they felt safe living at the service and staff knew how to protect people from harm.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Checks had not always identified shortfalls in the service.

There was a positive culture at the service. Staff were happy in their role and felt well supported by the provider and that their views were listened to.

Relatives felt that the provider shared the relevant information with them and responded well to suggestions about the running of the service.

People found the provider and manager approachable.

Staff and the provider were aware of their roles and responsibilities and reported notifiable incidents were reported to CQC.

The service worked in partnership with other relevant organisations.

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 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.

This inspection took place on 1 August 2018 and was unannounced, it was a comprehensive inspection. The inspection team consisted of two inspectors, an assistant inspector and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 information we held about the service. This included the action plan which the provider had sent to us following the last inspection, feedback received about the service and statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law.

During the inspection, we spoke with 12 people using the service and two relatives. We made direct observations at meal times. We spoke with eight staff in total. They included three care staff, the chef, the maintenance man, The Care Manager, the deputy manager and the registered manager. We did not use SOFI as all the people were able to express their views and were independent in their mobility, activities and social interaction.

We looked at the care records for six people, the recruitment records for four care staff and staff training information. We looked at a range of documents including meeting minutes, complaints, audits and records related to how the provider monitored the quality of service.

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.'

Is the service safe?

Our findings

During this inspection we found people were not always supported by staff who had access to effective infection control procedures. For example, although staff had access to personal protective equipment (PPE), they had no access to hand washing facilities at the point of care delivery. Staff told us "After I have finished giving care I take apron off and fold over one glove, put it in a bag and take it to the clinical waste bin through the kitchen. I then wash my hands in the sink next to the bin". This increased the potential risk of cross-contamination. This means people could be at risk of cross-infection. We raised this with the manager who said they would look into providing alcohol gel.

We recommend that hand washing facilities are provided in line with the Department of Health 'Code of Practice on the prevention and control of infections and related guidance' or similar published guidance.

Recruitment procedures were in place but they did not always ensure people were supported by staff suitable to work with vulnerable people. Recruitment records we looked at showed that one person did not have any references and another had gaps in their employment but there was no documentation to explain this. The lack of references was explained during the inspection but alternative checks had not been carried out. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff were suitable to work with people and not barred from doing so. Where the DBS had identified an historic conviction for a member of staff, there was no documents showing additional risk assessments had been carried out or support to ensure the staff member was safe to work with vulnerable people. We reviewed the recruitment policy and procedure which confirmed service had not followed their own recruitment procedures.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this with the registered manager who confirmed they would carry out a risk assessment on staff to ensure they were suitable to work with vulnerable adults.

We found there was no clear protocols within people's medicines records about when to administer 'as required' (PRN) medicines. These would support staff to administer these consistently for people. A PRN protocol is a guideline for staff to follow which help them determine how and when PRN medicine should be offered to a person. It also states how to record when a person has been offered PRN, when they have declined or accepted it and the dose that was administered. We saw further evidence that people were receiving these medicines as they needed them as staff knew people well.

We recommend that PRN protocols are developed in line with published guidance.

We found that people received their medicines safely and medicines management was well organised. People could expect to receive their medicines as they had been prescribed because systems followed safe management of medicines. One person required their medicine liquidised and dissolved to reduce the risk

of choking. Direction and instruction had been sought from the GP and pharmacist and this was documented. Medicines were stored and administered safely. People received their medicines at the times specified on their charts and intermittent medicines at the correct intervals. People had their creams applied as prescribed and staff signed to confirm these had been applied as shown on the body maps. However during the inspection we observed that the creams were not dated as to when they had first been opened, although there was a system in place. However after discussing with the manager and care manager, by the end of the inspection, the creams had been marked with an opening date.

People and their relatives we spoke with felt safe and secure at St Agnes Retirement Home. One person told us "I feel safe here, the staff come around and see that I am okay, even at night". One relative told us "My [Person] is safe here, when they first came they had a fall, they checked them over and got the doctor, since then the staff have made sure they have not fell over since, they are very attentive".

Procedures were in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and we saw they had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. Staff were able to confidently describe to us the types of abuse people were at risk from, and what they would do if they were concerned.

Risks to people were assessed, managed and reviewed to minimise the risk of harm. When risks were identified, clear guidance was in place for staff on how to reduce the harm to people and how to keep them safe. Care plans contained risk assessments for areas such as falls, mobility and skin integrity. These had all been regularly reviewed. For example, if people were at risk of falls, risk assessments confirmed what equipment the person required and any support. We found one person with bed rails who had been assessed as having capacity. Their bed rail are raised when they are in bed. Staff confirmed the person used the bedrail to turn themselves. However there was no documentation to support that the bed rail had been assessed as the best aid to use for turning. A bed rail is considered as a restrictive measure. There was no documentation to support the person had given consent for bed rails to be used. We brought this up with the manager who explained the person had been moved to the home with this equipment based on a previous assessment. The registered manager has said they will make a new referral to the occupational therapist to determine if the bed rail remains the best aid for the person.

People's records included information about how their dietary needs had been assessed and how their specific needs were met. If there were risks identified relating to eating and drinking there were risk assessments in place to show how the risks were reduced. This included people who were at risk of malnutrition. Where required, other professionals were contacted for guidance and support to meet people's needs, such as a dietician or the speech and language therapy (SALT) team. One person was prescribed "Thick and Easy", however staff knowledge on when and how it should be used was inconsistent. One member of staff said they had not seen the thickener before another said she used it all the time. This was fed back to the manager who told us all staff will be reminded during handover on how and when to use the thickener and to also to read the nutritional plan.

Moving and handling plans detailed any equipment needed to move people safely, such as hoists and slings. One person required a slide sheet for regular turns and repositioning. Staff were able to describe in detail how the slide sheet is used. This equipment was used correctly; staff informed people what was happening and reassured them throughout the procedure.

People told us and we could see for ourselves that there was enough staff available to meet people's needs and to keep them safe. People told us "I always feel safe here I don't have to worry about that, plenty of

people around to look after me" another person said "Plenty of staff around here to make sure you are okay". Staff confirmed they had time to chat with people and were not rushed and we observed staff not being rushed.

The registered manager ensured lessons were learnt from any accidents or incidents and had processes in place to review these with staff during supervision, handover and team meetings. The registered manager liaised with the local authority to fully investigate any concerns and protect people. The registered manager kept clear records about actions taken and worked transparently with other organisations such as the local authority and the NHS.

Environmental risks were well managed and included regular checks of fire safety systems, hoists and gas and electrical appliances. Fire drills for staff were held every three months for night staff and six months for day staff. A number of staff had received additional training to act as fire wardens.

Is the service effective?

Our findings

The service remains Good

People were supported by competent and skilled staff who were trained and supervised. Staff told us, "I have supervision every six weeks with [Name]. I have raised issues plenty of times and definitely feel listened to. Action has been taken and it's good because you get feedback to say what is being done and they update you". Provider mandatory training is training all staff must complete. Staff commended that "The training is good. We have recently been doing red crier and I have done my NVQ3. I believe I have the training and knowledge to do my job" and said "The training is good. We have recently been doing Redcrier and I have done my NVQ3. I believe I have the training and knowledge to do my job" and "I am proud of passing my NVQ 3 and when I have supported not just the person but the families during end of life care. I try to make sure people are comfortable and keep talking to them." New staff completed an induction which helped them understand their role. Staff received additional training so that they were able to support people with their individual needs. For example, one member of staff told us they had received additional training in diabetes. Other training staff had received was end of life, Incontinence, Dignity and respect and awareness and diabetes awareness.

Staff meetings were held regularly and staff received regular supervision. Staff told us "I have supervision every month with [Manager], I feel listened to but have not personally raised any issues. We also have regular monthly staff meetings". We looked at four staff supervision records and could see that they recorded issues discussed and the agreed actions to be taken by both the staff member and the supervisor. Records showed staff had been supported to identify their training and development needs. Staff reported that they were well supported by both the registered manager and deputy manager. We were told this was on a formal and informal basis. Each staff member had a designated supervisor who completed their supervision.

People were supported to eat and drink enough. We observed lunch; the food looked and smelt appetising and people appeared to eat it with enjoyment. The portions were generous, there was plenty, second helpings were offered to everybody. Comments from people included, "Food is very good, you get a choice, never go hungry here", "Food is very good, plenty to eat here", "I had a good breakfast, having Chicken for dinner, looking forward to it, my only complaint is I am getting fat, they give you too much to eat".

Where people required a specific textured diet these were provided. One person was on a textured diet and staff were very knowledgeable about their food choice and how they wanted it presented. Staff told us "If someone new comes to live here or if something changes [name of staff] will always let me know about any specific requirements. [Person] has her food blended. [Person] sometimes prefers to eat through a straw or a spoon. [Person] has a very sweet tooth and if [Person] sometimes does not want to eat the main course we can tempt [Person] with the dessert." Kitchen staff were familiar with people's individual needs including their dietary requirements. They told us, "We prepare some sugar free meals for people with diabetes and we use their thickener in drinks as required". Kitchen staff also told us that, "People are offered two menu choices for their lunch but [people] can change their mind if they don't fancy it or can't remember what they

chose". Another member of staff confirmed, "People can request food that is not on the menu and the kitchen staff would be happy to prepare it". During the inspection we observed people being assisted when required to eat and drink.

People's health was monitored and referrals were made when required to a range of specialist health care professionals. For example people were weighed regularly and any changes in weight were recorded. Referrals had been made to the GP and district nurse when there were sudden or continuous drop or increase in weight. The registered manager confirmed that the GP visits the home along with the elderly community nurse. We saw this for ourselves a GP did visit a person at the home during our inspection. Staff sought advice from professionals when required. For example, staff told us one person was losing weight and they referred to the GP. The person had a reduce appetite and low food intake. The GP then prescribed some build up drinks and they started to regain weight. Another person had specialist dietary assessments in place to manage their individual needs this included input from speech and language therapists who gave guidance to reduce the risk of choking.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Two people were under DoLS and were not free to leave the service unsupervised. We saw appropriate DoLS authorisations were in place. Staff had a good understanding of these pieces of legislation and when they should be applied.

Is the service caring?

Our findings

The service remained Good

During the inspection we observed positive interactions between staff and people. Staff were seen to interact with people in a kind and compassionate manner. Staff addressed people by their preferred name, talking to them respectfully and at a volume and tone of voice appropriate to their needs. Terms of endearment were used and people seemed to respond well to this.

All people and relatives spoken with were complimentary of the care they received from the service. People felt they were treated with care, kindness and given emotional support when needed. People said, "The staff are very kind and dandy, nice", "The staff are very kind towards me and everyone else here", "Its good here the staff are kind towards everything and everyone."

People felt treated with dignity and respect. One person told us, "The staff here are wonderful, kind and compassionate, they are always here for me and everyone else, they are really good at respecting my need for some privacy" All personal care took place behind closed doors and we saw that staff knocked on bedroom doors before entering. Staff said "I always knock on bedroom doors, keep the door shut when giving personal care and always place a towel over the other half or when someone is on a commode. I ask them how they would like their care to be given." We observed lots of positive interactions between staff and people. People were relaxed around staff.

Staff spoke highly of the care and support they provided for people. Comments included "I get to know people by talking to them when I am giving them care and in communal areas. I like to talk to them about their lives. I get to know their needs and preferences by usually looking at the care plan and by talking to them." and "I get to know people as I am here full time and by talking to them and their care plans." One relative told us; "The staff are very kind and supportive, my [Person] was very poorly last year, they were so supportive towards me, thank you to them all".

Staff knew people well and were able to tell us a lot of background information about them. We observed that staff always took time to explain what they were going to do, why they were doing it and what the outcome was likely to be.

A new electronic care planning system was in place and these were up to date and reviewed regularly. There were also paper copies of the care plan. These were stored securely and care staff member had the access code to the lockable storage cupboard to access people's information; their care plans and guidance for staff to follow to meet people's needs. People and their relatives were involved in decisions about their care and kept informed of any changes. One person told us "The staff make sure my care plan is up to date, I read it if I need to". The care manager told us that after an initial assessment, the care plan is reviewed with them and their family.

Is the service responsive?

Our findings

This service remained Good

People told us the service and staff were responsive to their support requirements.

People had received a copy of the complaints procedure. There was also a service user handbook in the reception and lounge. This advised people how they could complain, set out timescales and contact details of other external agencies. People told us they would feel comfortable to raise a concern or complaint if needed and were confident they would be listened to. People said "No complaints about anything here, if I did I would speak to the manager" another person said "What is there to complain about?, nothing, but if I did I would speak to the boss" and a relative commented "I have never felt the need to complain about nothing, but if I did I am one hundred percent they would sort it out" another relative said, "No complaints here at all, I would recommend this place to anyone, you can speak to the manager anytime you like, all good". The service had received five complaints in 2018 and three between August and December 2017. A log was kept of the nature of each complaint and a brief outcome. Alongside the log book there were incident report for each individual complaint and correspondence and contact with the complainants. We saw evidence of action taken within 24 hours as per the providers complaints process.

Care plans were person centred. People confirmed they had been involved in producing their care plan, which reflected their preferences and choices. This enabled people to receive care and support at times and in the way they wished. Specific guidance was given to staff to ensure care was given how people preferred. People said "I have a care plan, it is reviewed on a regular basis, they listen to what I say". Relatives said "My mum has complex needs and is very dependent, we review the care plan with the social worker to ensure all her needs are met" another relative told us "I have Power of Attorney, I know the care plan is reviewed on a regular basis, I do get involved in this and put my point of view".

Care plans provided information that was important to people. This included family members, relationships, employment and hobbies. This enabled staff to build positive relationships with people. Care plans detailed peoples likes and dislikes, religion and previous employment.

Plans for people who were unable to verbally communicate with people were clear and described the best way for staff to engage meaningfully with them. For example, in one plan staff were guided to address the person by name, make eye contact and to speak slowly and clearly. The plan detailed how the person uses the blink of their eyes to indicate yes or no to confirm their choice. It detailed how staff should use short sentences to allow them to respond appropriately. These plans provided clear guidance for staff on how to support people at these times whilst also ensuring people and staff remained safe.

On the day of the inspection we did not observe many formal activities but people spoke positively about their social experience at the service. Comments included, "I like to watch the TV a lot, but there are things going on from time to time, I am going out for a Cream Tea on Friday", " Nothing special going on today, but I never get bored, I had a game of Draughts last week, that was really nice", "I am never bored here, you can

play games, watch TV, go outside or just sit and chat" and "I am never bored here, I read a lot, at 95 what else is there to do?" The registered manager told us the service had held a baby shower for one of the staff and people participated in games and guessing the birth weight of the baby. They also explained that a lady brings a 'pop up shop' to the service with clothes, cards, toiletries for people to buy for themselves and their loved ones. There were a range of activities for example a trip to Tiffanies which is a local restaurant on the pier, theatre, chair exercises and gardening club. The registered manager also confirmed they had a new activities coordinator who tried to reduce isolation by providing 1:1 activities to those who do not want to participate in group activities.

People were supported to participate in religious activities that were important to them. Staff confirmed that a local church holds a service regularly. Staff confirmed that one person takes herself to a local church every Sunday. The manager confirmed that other national festivals are celebrated at the service.

The manager confirmed that end of life plans were an area for development. However we did see a "Last Wishes" document in the care plan. This document confirmed the person's end of life wishes and choices including those of the family they wanted involved. The manager confirmed that the service will continue to support people as long as possible.

Is the service well-led?

Our findings

The quality assurance manager undertook regular audits and checks throughout the home, however these had not identified the shortfalls identified at this inspection. The recruitment audit had not identified the gaps in the staff files and improvements were needed to the management of medicines and infection control. Since the inspection the manager confirmed they had a 1:1 discussion and carried out a risk assessment with the staff. Audits included different topics such as, dignified care, safeguarding and consent, medicines safety, staffing and recruitment, person centred care, environment and nutrition and hydration. There was a clear action plan that confirmed areas that required improvement. Other records relating maintenance and the day-to-day management of the service were kept up-to-date.

People, their relatives, and the staff team all agreed that the home was well-led. Comments received were all positive, which included, "The home has an open door policy, you can speak to the management at any time"., "You can speak to the manager at anytime, they are always around", at this point the manager walked by, the person added, "that's the boss. Staff said, "We have really nice management - they are very understanding if there are issues. When we had the snow earlier this year they gave staff vouchers for making the effort to get into work despite the weather and I love it here – absolutely love it. Everyone's got a routine and we have good managers we can go to if we have any concerns."

The registered manager and the staff team understood the provider's vision and values to provide quality care. They registered manager told us that they wanted to be more person centred and be able to care for people how they choose to live their lives. Staff said "Its about the residents and not about the staff or what we want". We saw the service had received cards, compliments and letters of thanks from people and relatives about the quality of care people received and staff team's approach. One compliment said, "We will never be able to thank you enough for the love and care you gave to [Person]. We know [Person] wouldn't have wanted to be anywhere else. You're all the most amazing, caring people and we're so happy [Person] was with you at the end".

The service had a clear staffing and management structure. The service was managed by a registered manager. The registered manager was supported by a deputy manager who is on maternity leave. The registered manager confirmed they are in the process of recruiting another deputy manager to cover the maternity period. They were supported a care manager, team of senior care staff, care staff, domestic, laundry, kitchen staff, a chef and a handyman. All staff were aware of their roles and responsibilities and there was a detailed handover at the beginning of every shift. The handover covered, staffing, activities, changes to people's wellbeing, visitors, future events and anything important that day. This meant staff were familiar and up to date with any changes to the management of the home and people's care needs.

Staff attended team meetings. These were an opportunity to discuss changes to people's care needs, problems, incidents and accidents and any other current topic. Staff meetings were an opportunity to discuss different policies and procedures. Staff minutes we reviewed indicated that Resident wellbeing and care plans were discussed and any major changes with people were noted. Staff told us they were confident to raise any issues in team meetings. For example staff raised issue about on-call system and having to use

their own phones. Minutes of the following meeting documented that this was actioned.

People and relatives views were regularly sought through an annual satisfaction survey and regular team meetings. One person said, "The manager is called [Name], very approachable, the door is always open, in the past I have completed some surveys on the home". A relative told us, "I have completed surveys in the past, and I have been invited to meetings but I have never attended, I will try to attend in the future". Surveys that people completed asked about their care experience such as choices in daily life, social activities and their living environment. The registered manager showed us a newsletter for the service which introduced new staff to people and their families as well as announced forth coming day trips.

The registered manager submitted notifications to the Care Quality Commission when required. A notification is information about important events which affect people or the service. The Provider had also returned the Information Return (PIR) prior to our inspection. The PIR explains what the service was doing well and the areas it planned to improve upon.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People who use services and others were not protected against the risks associated with receiving care and support from unsuitably employed carers because of inadequate checks of their character, employment history and risk assessments where previous convictions had been disclosed.</p> <p>Regulation 19 (3)</p> |