Mr Anthony Howell

St Bridget's Residential Home

Inspection report

42 Stirling Road
Bournemouth
Dorset
BH3 7JH

Tel: 01202515969
Website: www.stbridgets.com

Date of inspection visit:
26 July 2021
28 July 2021

Date of publication:
18 August 2021

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
St Bridget's Residential Home is a care home for older people providing personal care to six people aged 65 and over at the time of the inspection. The service can support up to 10 people. Accommodation is provided over two floors of a converted house situated in a residential street.

People's experience of using this service and what we found
People were not always safeguarded as reportable incidents had not been shared with statutory agencies such as CQC and local authority safeguarding team.
Staff understood risks people lived with, such as skin pressure damage, and records showed they completed actions needed to reduce the risk of harm. Staff had been recruited safely and there were enough staff with the right skills to meet people's assessed needs. People received their medicines from staff who had been trained in medicine administration, and had their competencies regularly checked. Infection, prevention and control practices were in line with government guidelines.

Staff knew people and their care needs well but care plans did not accurately record assessed needs and preferences and the actual care being provided. This placed people at risk of not receiving consistent person-centred care. A complaints policy was in place but had not been reviewed since September 2015. The registered manager updated the policy during our inspection.

Auditing processes had not been effective in highlighting shortfalls in meeting regulations. Legal requirements had not always been met as statutory notifications detailing incidents and risk had not been submitted to CQC. People, their families and staff spoke positively about the open, friendly culture of the service and felt communication with the home was good.

People were cared for by staff who had completed an induction and had on-going training and support that enabled them to carry out their roles effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice. People had their eating and drinking needs met. Working relationships with other professionals, such as district nurses, led to positive health outcomes for people.

People and their families described staff as kind and caring and told us they had their privacy and dignity respected. Staff understood the importance of supporting people to maintain as much independence as possible and involved them in decisions about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
The last rating for this service was good (published 8 January 2019).

Why we inspected
This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to reporting incidents and risk to statutory agencies, making notifications to the care quality commission, record keeping of people's care needs and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

St Bridget's Residential Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
St Bridget's Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-
We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care workers, care workers and the chef. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to protect people from the risk of abuse were not operating effectively as local safeguarding procedures had not been followed. This meant people may be at risk of harm as there had not been external oversight to ensure risks to people had been investigated and appropriate actions taken to prevent avoidable harm.
- Reportable incidents not shared with external agencies, such as the local authority safeguarding team and Care Quality Commission, included a controlled drug medicine error, injury from a fall and skin pressure damage.

We found no evidence that people had been harmed. However, systems were not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. One person said, "Staff are kind, they give me plenty of time. I feel safe when they help me; they are gentle." A relative told us, "There are so few staff you get to know them well. I completely trust them."
- Staff had completed safeguarding training and understood their role in recognising, recording and reporting concerns to the registered manager.

Assessing risk, safety monitoring and management

- Records showed us that equipment, such as hoists, specialist air mattresses and fire equipment had been regularly serviced. Recommendations on a fire equipment service had not been actioned and we shared this information with the local fire service to review. Refresher fire drill practice was overdue, and the registered manager agreed to arrange this within a week.
- Risks to people had been assessed and reviewed monthly. Staff understood the actions needed to minimise avoidable harm and records confirmed these were being carried out.
- People were involved in decisions about their risks and their choices and freedoms were respected. This included dietary risks and the use of bed rails.
- When needed, specialist advice had been sought in a timely way. This included speech and language assessments for people with swallowing difficulties and district nurses for skin pressure care.

Using medicines safely

- People had their medicines stored safely. One person kept an inhaler in their room so that staff had quick

access to it should it be needed in an emergency. During our inspection staff completed a risk assessment to ensure storage arrangements protected the person and others.
● Not all medicine administration records (MAR) included a photograph of the person. Staff were familiar with people, but best practice advises photographs to aid identification. During our inspection these were added to records.
● When people had topical creams prescribed a body map accompanied the MAR chart. Body maps did not indicate the areas creams needed to be applied. During our inspection these were updated.
● We observed staff offering prescribed pain relief to people when needed and monitoring its effectiveness with them.
● Staff were familiar with medicines prescribed to people which enabled them to recognise side effects. Records showed us this had led to a medicine review when one person had been excessively sleepy.
● Some medicines, known as controlled drugs, had additional legal requirements for storage and administration and these were being met.

Staffing and recruitment
● People were supported by enough staff to meet their assessed needs. We observed people getting help and assistance in a timely way. Staff were able to spend time with people, including regularly checking in on people who chose to spend time in their rooms.
● Staffing levels were responsive to people's changing needs including providing one to one staffing when required to ensure a person's safety.
● No new staff had been recruited directly by the service since our last inspection. Bank staff were regularly used but recruited through a linked service. Recruitment had been carried out safely, including criminal record checks and obtaining references.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Accidents and incidents were reviewed monthly by the registered manager to determine trends. Actions were put in place to improve outcomes for people. This had included changes in moving and transferring equipment, referrals to medical teams and sharing learning with the staff team.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been completed that provided information about the care and support people needed and reflected their lifestyle choices.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology including specialist pressure-relieving mattresses, alert alarm mats and call bells.

Staff support: induction, training, skills and experience

- Staff had received an induction and on-going training that provided them with the skills to carry out their roles effectively. This included emergency first aid, mental capacity and moving and handling. One carer told us, "We have done on-line training through COVID; we (staff) usually do it together which is really helpful."
- Training specific to people had included diabetes. A carer told us, "Our diabetes training covered food, medicines and diet."
- Regular supervisions had not been taking place during the pandemic, but staff told us they felt supported and the registered manager was always available to talk with if needed. Staff had been offered opportunities for professional development including diplomas in health and social care.

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

- People's eating and drinking needs were understood, including special textured diets where needed. Staff knew people's likes and dislikes and ensured these were reflected in the choices offered. One person told us, "There's plenty to eat and it's tasty." A relative told us, "The food has always been good with lots of fresh vegetables."
- We observed people being regularly offered drinks and snacks. Where people had limited dexterity specialist equipment was in place, such as adapted crockery.

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

- Staff worked alongside a range of other professionals to ensure good care outcomes for people. A district nurse told us, "(Staff) good at following instructions such as no creams and putting (name) feet on a pillow. One of the better homes for communication; always helpful."
- People had access to opticians, chiropodists, dentists and a wide range of community health teams with outcomes recorded and shared with the care staff team and families.

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

● Changes to the environment during the COVID-19 pandemic had included fitting easier to clean flooring and new furnishings.

● A garden room had been installed in the garden and could be used for family and friends visiting and for activities.

● Signage and large clocks had been placed around the home to aid orientation.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● Decisions had been taken in line with the principles of the MCA. When people had been assessed as not being able to make particular decisions these had been made in the person's best interests and included family or professionals who knew them. Examples included providing personal care, medicines and the use of equipment.

● DoLS applications had been made appropriately and were awaiting authorisation from the local authority.

● We observed staff providing information to people, giving them time to make informed decisions and provide consent. Examples included being helped with care, choosing lunch or how they wished to spend their time.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families spoke positively about the care team describing them as kind and caring. One person said, "It's very nice here, I like it very much. It's home from home." A relative told us, "It's exemplary care, it's my (relative) and I feel it's the best place they could be."
- We observed staff respecting people's wishes. Staff had completed equality and diversity training and were knowledgeable about people's care preferences and lifestyle choices.
- We observed relaxed, friendly interactions between people and the care team. Staff engaged in conversation about things that were relevant to the person such as a sport they were enjoying on the TV.

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

- People had their communication needs understood which meant staff were able to support them to make decisions about their care. A carer explained, "I always ask (people) what top would you like? Some people can tell you what colour, some can't and we can show them a choice."
- We observed people being included in decisions such as when they would like help from staff, what they would like to eat and drink and where they would like to spend their time.
- Staff respected people's decisions. A relative told us, "You just have to say one thing and (staff) are straight on it."

Respecting and promoting people's privacy, dignity and independence

- People and their families told us staff were respectful of their privacy and dignity. One person explained when staff help them with personal care, "(Staff) chat to distract and always cover me up with a towel."
- People's personal care reflected individual preferences and helped maintain a person's dignity. A relative told us, "When I visit, I notice (relative) smells of (their) favourite perfume. They go beyond to keep (relative's) hair nice and nails always well-manicured."
- People were supported to maintain a level of independence. A carer explained, "(Name), we encourage to wash (their) face, it's good exercise for (their) hands." A relative told us, "They (staff) encourage (relative) to do things themselves such as guide rather than take over when drinking and eating; that is a great help."
- Confidential data was stored in a secure place ensuring people's right to confidentiality was protected.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs and preferences were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Whilst people received the care they needed and that met their preferences, care plans did not provide enough detail to ensure people's care needs and preferences could be consistently or safely met.
- Staff knew people well and were able to detail people's care needs and preferences, but this was not reflected accurately in care plans. This included how people were supported with eating and drinking, catheter care and personal care.
- Information contained in handover and professional visit notes had not been incorporated into care plans. This included information about changes to a person's pressure care needs.
- Records did not contain details about people's personal history, interests and hobbies. This meant staff did not have the information needed to support people in social or cultural activities relevant to them.
- We discussed our findings with the registered manager who agreed more details were needed. They told us they would discuss with senior staff taking on the role of reviewing care plans as they were more familiar with people's care needs and preferences.

We found no evidence that people had been harmed. However, systems were not in place or robust enough to demonstrate person-centred care was effectively managed. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

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

- People's communication needs were known to staff. This included whether people needed glasses, hearing aids or any additional support. If needed information could be provided in large print, picture format or a language other than English.

Improving care quality in response to complaints or concerns

- A complaints policy was in place but last reviewed in September 2015. Information relating to the right to appeal and to whom was out of date. The registered manager reviewed and amended the document during our inspection.
- A complaints log was in place, but no complaints had been recorded since our last inspection. The manager told us, "Little issues are nipped in the bud" and provided an example relating to damaged

clothing.
● People and their families told us they felt able to raise a complaint and that they would be listened to and any necessary actions taken.

End of life care and support
● People were supported by staff who had completed end of life training. A carer told us, "I've had a little bit of training, but also am experienced and picked up a lot from district nurses.".
● People and their families had an opportunity to be involved in end of life care planning. Care plans provided information on whether a person wished to be resuscitated, any religious or cultural needs and detail of any funeral arrangements.
● End of life care had included support from community health teams in the management of symptoms such as pain management.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Information about incidents and risk had not been shared with external organisations such as CQC and the local authority.
- Auditing systems and processes were not robust enough to identify shortfalls in quality and safety. These had not identified the issues we found at this inspection.
- Care records were not up to date or reflective of people's care needs and preferences.

We found no evidence that people had been harmed. However, systems were not in place or robust enough to demonstrate good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notifications of incidents had not been sent to us in line with regulatory requirements.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

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

- People, their families and the staff team all spoke positively about the home and registered manager. A carer told us, "Through COVID it's been a difficult time and we've needed extra support, (registered manager) will come and help. We wanted special masks and they got them in a short time."
- Staff told us they worked as a team and felt able to share information about people and risk at daily handovers. A carer told us, "You can share ideas (falls prevention), such as suggesting a person moves to a downstairs room or moving furniture."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families and people. A relative told us, "When (relative) has falls they ring me."

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

● COVID-19 restrictions meant that face to face meetings with families and groups of staff had not been able to take place over the last 18 months. A range of other options had been introduced including regular email or telephone call updates. One relative told us, "(Registered manager) keeps in touch; it's quite good. (Registered manager) usually rings but all staff are up to date with what is going on."

● Staff used daily handovers as an opportunity to share information and told us communication amongst the team was good.

● Relatives and families had regularly been sent questionnaires seeking their views on the quality of care. One relative told us, "Now and again we get a questionnaire and I complete it with (relative). There's nothing to complain about. (Relative) is warm, fed and they are there when (relative) asks them for help."

Working in partnership with others

● National and local organisations had been accessed to keep up to date with changes to practice including Partners in Care and Public Health England.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans were not up to date or an accurate record of people's assessed care needs and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes to protect people from the risk of abuse were not operating effectively as local safeguarding procedures had not been followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulatory requirements for reporting risk incidents had not been met. Auditing processes were not effective in identifying shortfalls in service delivery.