

# Sisters of Charity of St Paul the Apostle

# Annie Bright Weston House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

We carried out this unannounced inspection on the 8th November 2016. Annie Bright Weston House provides care and support for a maximum of fifteen people some of whom are living with dementia. There were thirteen people living at the home at the time of the inspection.

There is a registered manager at the service who was present throughout our 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.

People told us they felt safe living at the home. There were sufficient staff available to meet people's support needs. Staff working at the home had knowledge of signs of abuse and how to report concerns.

The provider had identified risks to people. However we found that where risks had been identified appropriate action had not always been taken to monitor the risk for the person.

People were happy with the support they received with their medicines. We saw that the provider had ensured systems were in place to monitor medicine administration.

People were supported to make decisions about their care. Where people were deemed to lack capacity the service had not fully considered the principles of the Mental Capacity Act (MCA)(2005).

Staff had received training to meet people's individual needs and staff informed us they felt supported in their roles.

The registered manager had ensured people had their healthcare needs met.

People were happy with the provision of meals at the service.

People told us they felt cared for and that they were happy living at the home. Staff knew people well and were enthusiastic about their work. People were involved in planning and reviewing their care in order to state how they wished to be supported.

The registered provider had established systems to support people who wanted to raise concerns or complaints.

People had the opportunity to partake in activities which were based on their interests. These included activities out in the community as well as regular activities within the home.

People and their relatives were happy with how the home was managed and had opportunity to feedback their experiences of living at the home. The registered manager had ensured that there were systems in place to monitor the quality of the service.

## 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.

Known risks to people had not always been managed well.

People were supported by suitably recruited staff who were knowledgeable about safeguarding people.

People received safe support with their medicines.

### Is the service effective?

**Good** ●

The service was effective.

People were supported to make decisions about their care although the principles of the Mental Capacity Act (2005) were not consistently followed.

Staff were knowledgeable about people's needs and had received training to support this knowledge.

People had access to regular healthcare and sufficient nutrition and hydration.

### Is the service caring?

**Good** ●

The service was caring.

People felt cared for and were supported by staff who knew them well.

People were involved in planning their care to meet their preferences.

People had their independence promoted and were treated with dignity and respect.

### Is the service responsive?

**Good** ●

The service was responsive.

People were involved in reviewing their care.

There were robust systems in place to handle concerns or complaints.

People had access to a range of activities based on their interests.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were happy with how the service was managed and had opportunity to feedback about the service.

Staff received support from the management team and their colleagues.

There were systems in place to monitor the quality of the service.

# Annie Bright Weston House

## 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 unannounced inspection took place on the 8 November 2016. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. The provider had also completed and returned a Provider Information Return (PIR). This is a form that asks providers to give key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the information we held about the service to plan the areas we wanted to focus our inspection on. We also contacted the local authority who commission services from the provider for their views of the service.

We visited the home and spoke with six people who lived at the home and met all the other people who lived at the home. Some people living at the home did not have the capacity to speak to us due to their health conditions. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, five care staff and the chef. We spoke with two relatives. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

We looked at how the service managed people's known risks. Each person had their individual risks identified in their care plan. We saw that where some risks were identified to people there was not always clear guidance of how to reduce the risk for the person. However, staff we spoke with were aware of how to support people in practice to reduce these risks. Where any accidents or incidents had occurred we saw that the service had ensured immediate checks were carried out on the person's well-being. The registered manager explained the action they took to analyse the possible causes of the accident and then reduce the risk for the person which was then discussed with staff. Although immediate action had been taken, these monitoring checks were not currently recorded and there was a risk that people were at some risk of not being protected from avoidable harm.

We spoke with staff about the action they would take in the event of a fire. Staff gave inconsistent accounts of the action to take which placed people at risk of not receiving the appropriate support in the event of a fire. We spoke with the registered manager about this who explained that regular evacuation practices took place and that each person had a record of the support they needed in the event of a fire. The registered manager assured us that fire evacuation would be revisited immediately with staff.

People told us they felt safe living at the home and one person commented, "It's quite good and yes I feel safe." Another person told us, "I'm very content here and feel secure at night particularly." Another person told us, "I'm happy, safe and secure."

People were supported by staff who could explain the signs of abuse and what action they would take should concerns arise. Staff we spoke with told us, and records confirmed that staff had received safeguarding training to aid their knowledge of current processes to follow and the signs to be aware of. The registered manager was aware of their responsibilities to report any safeguarding concerns that may arise and gave examples of appropriate action they had taken when safeguarding concerns had been raised.

People received support from sufficient staff who were available to support people promptly. People told us they thought there were enough staff working at the home and one person told us, "There is enough staff I think," and another person told us, "The staff they come quickly they are wonderful." Staff told us there were sufficient staff available to support people.

The provider had ensured that staff were recruited safely and had a robust recruitment process in place. This included checking staff's suitability to work with people prior to them commencing work at the home and obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. This would identify if any member of staff was unsuitable to support the people who used the service.

People told us they were happy with the support they received with their medicines. One person told us, "I have my medication in the morning always, no problem." We saw people receive their medicines in a dignified way and staff asked people for their consent before supporting people to take their medicines. We saw that staff had access to information about when a person may need their 'as required' medicines. Staff

told us and we saw that training had taken place to provide staff with the required skills to administer medicines safely. The provider had carried out checks to ensure staff were safe to support people with their medicines. There were systems in place to audit medicine administration to ensure people had received their medicines as prescribed. The combination of staff training and checks carried out on medicines meant that people received their medicines safely.



# Is the service effective?

## Our findings

People and their relatives felt that staff had the skills to meet their needs. One relative we spoke with told us, "The staff have definitely got the right skills."

We spoke with staff about the opportunity they had to access training suitable for their role. Staff told us they had received sufficient induction and training to carry out their role effectively which included training on people's individual conditions. One staff member told us, "The training is very helpful. It teaches us a lot of things and it's great." The registered manager explained that they had tailored training to staff member's individual learning styles to enable staff to receive training effectively. We saw that the registered manager had access to a training provider who worked with the service to enable training to be planned for the year. The registered manager told us about the observations she carried out of staff practice to check their competencies following training but explained these were not currently recorded. The registered manager had also ensured that new staff had completed the 'care certificate' which is a nationally recognised induction course that provides staff with a general understanding of good care practice. People were supported by staff who had been provided with the knowledge to support them appropriately.

Staff told us they had opportunity for supervisions to receive support and feedback. Supervisions included a learning element where certain themes of care were discussed including safeguarding and DoLS.

Some people at the home were living with dementia. We saw that staff had been provided with training on this subject and appeared confident when supporting people with this condition. The registered manager told us of future training that had been planned to enable one staff member to access a more in-depth knowledge of this area with the aim to share this knowledge with the staff team.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us they were involved in decisions about their care and one person told us, "Yes I get choices." We observed people being involved in daily decisions throughout the inspection visit. Staff had received training about the MCA and had some knowledge of what it meant for people living at the home. Staff informed us of ways that they encouraged people to be involved in daily decisions about their care and informed us that they always sought consent from people before supporting them. One staff member told us, "It is important for people to make choices," and another staff member told us, "People may have capacity to do this and other times they may forget so we act on their behalf." Where people were not able to make some decisions the service had sought input from family members to identify decisions which would be in people's best interests. Assessments of mental capacity had taken place although when people had been identified as lacking mental capacity records did not always detail how this decision had been reached and in which areas the person lacked capacity. The registered manager advised they would review these assessments to ensure people would be supported appropriately.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The registered manager had applied for a DoLS appropriately where people had identified restrictions on their care although none of these had been approved yet.

People were happy with the meals they received at the service and one person told us, "We get a choice. The food is beautiful, lovely." Another person told us, "The food is lovely and hot. There is plenty of food. Staff always ask if it's alright." One relative told us that their family member enjoyed the meals and had put on weight since arriving at the home and that people had regular access to drinks. We saw that meal times were a social, enjoyable experience for people although we noted that on one occasion one person did not receive the consistent support they needed with their meal. We spoke with the registered manager about this who assured us this was not usual practice and informed us of action they would take to prevent this from occurring again. We saw that people's preferences for meals had been incorporated into the menu plans to ensure they received foods that they liked. We saw the chef speak to each person to seek their views on what they would like for their meal that day and one person told us, "She comes around every morning to see what we'd like." To encourage a variety of foods the chef had asked people's views on new meals they may like to try. The chef was planning on carrying out a taster session of different foods that people could experience to identify new menu items people would like to eat.

There were systems in place to ensure people had access to routine healthcare when required. People told us they saw healthcare professionals and one person told us, "The doctor visits and I go with my daughter to the dentist." Another person told us, "I see a doctor if I need to and the dentist and chiropodist visit." We saw that the registered manager kept records of when a healthcare professional had visited which also included any follow up action that may be required following the visit. The service had ensured that people had their healthcare needs met.

# Is the service caring?

## Our findings

People felt cared for by the staff who supported them. People told us, "I love it here. I love everything," and another person told us, "I'm happy. The staff are wonderful." One person told us, "Oh staff are kind and they do have time to talk." Relatives we spoke with commented on the caring nature of the staff team and one relative told us, "The staff are lovely. They have really looked after my mother." Another relative told us, "The staff are all lovely, very caring."

People, with the support of relatives where requested, had been given the opportunity to be involved in planning their care in order to state their likes and dislikes and their preferences for care. The service had also introduced life history books for people which detailed important information about the person and these were used in conversations between people and staff. This ensured that people received care how they preferred.

We observed kind and caring interactions between people and staff. Staff provided people with reassurance where needed. Staff had a good knowledge of the people they were supporting and knew key phrases to say to people to reassure them. One staff member told us, "It makes me happy that the residents are happy. We want to make a difference."

People told us that their relatives could visit when they wished to maintain relationships that were important to people. There were areas of the home that people could meet their relatives in private. People told us their relatives, "Can visit when they want," and another person told us, "My family are involved in my care." Relatives we spoke with told us they felt welcomed into the home when they did visit.

People told us it was important for them to maintain their faith. There was a chapel at the home where people attended mass daily. People told us of the importance of this and commented, "We enjoy mass it's most beautiful for us," and another person told us, "They know I like to go to mass every morning it's important to me." Relatives we spoke with described the enjoyment their relative got from attending mass and commented, "Mom loves to go to the chapel each morning," and another relative told us, "It's most perfect for mum to be able to go to church every day." People who had different religious requirements were supported to access their chosen place of worship.

People were treated with dignity and had their privacy respected. One person told us that staff, "Always knock the door." We saw that care had been given to ensure people had their individuality maintained through their clothing and jewellery. People were encouraged to retain their independence and staff gave examples of how they encouraged people to take part in tasks around the home when they wanted and to carry out their own personal care tasks wherever possible.

## Is the service responsive?

### Our findings

People felt the service was responsive to their needs and people commented, "I only have to ask and say and they do it." Another person told us, "If I wanted something I could ask for it." To enable people to retain their independence and to keep people safe, there was a call system within people's bedrooms and in key areas of the communal areas where people could summon assistance from staff if needed. People told us that staff were responsive to these calls for support and one person told us, "The staff, they come quickly."

People living at the home benefitted from the provision of activities which were based on their interests and that encouraged stimulation and participation. During the inspection a music and movement activity took place and we saw that people enjoyed taking part in this. We saw that there were recent outings to local parks and in house activities had taken place where people's relatives were also invited to participate in such as making cakes.

The service had worked on improving the provision of activities over the past year and gave us examples of positive outcomes this had resulted in for people living at the home. One relative told us, "There is plenty to do." One person told us, "There are things to do I like to join in. I like music." People told us about group activities that took place but also the opportunity to partake in favourite pastimes such as reading or word searches.

Care provision was reviewed with people to ensure it continued to meet people's needs. Every month people had a meeting with a named member of staff to discuss whether they wanted to change anything about how they were supported. The registered manager explained that these reviews had been introduced to enable people to be able to tell staff of, "The little things that make a difference." We saw that staff had responded to people's comments at these reviews.

There were systems in place to ensure staff had current information about people's needs. Each day the staff team had a handover where important information was shared about the people living at the home and how they wanted to be supported.

The provider had established systems around the raising of concerns or complaints. The registered manager informed us that there had been no formal complaints in the last twelve months. People we spoke with told us that they felt able to approach staff if they had any concerns and one person told us, "I tell them straight away if there is a problem. They don't ignore you." Another person told us, "I could complain if I had to but haven't." One relative we spoke with told us they felt able to raise any concerns they may have with the management team and told us, "The key is they are approachable." Where concerns had been raised by people living at the home we saw that the registered manager had taken action to resolve this for the person and meetings were held afterwards to check if they were happy with the outcome. We saw that there was literature available around the home explaining the procedure for raising complaints. This demonstrated an open culture to complaints.

## Is the service well-led?

### Our findings

People and their relatives were happy with how the service was managed and one person told us, "Yes I know the manager. I would talk to her." Relatives we spoke with described the registered manager and told us, "She is approachable. I trust her to look after mum and I trust her to do the right thing." Another relative told us, "She is very nice, friendly and caring."

The registered manager understood their responsibility to inform the Commission of specific events that had occurred in the home and was aware of what changes in regulations, such as the duty of candour, meant for service provision. The registered manager was aided by a deputy manager who was available to provide support in the monitoring of the quality of the service. The deputy manager was also able to provide leadership to the staff team should the registered manager be unavailable.

Staff told us they felt supported in their role and were happy with how the home was managed. Staff spoke of the improvements that had been made following the last inspection. One staff member told us, "The managers are available to approach at any time. I feel supported." Staff spoke of the communication that happened between the staff and management to ensure effective communication took place and one staff member told us, "We always work together as a team. Any problems the manager is here to support us." One staff member told us, "If we need anything or have concerns we can go to the manager at any time. We help each other. As colleagues we are quite a good team." This team work helped staff feel supported.

People told us they felt involved in the running of the home and felt able to make suggestions for improvements. One person told us, "If you suggest something they try and do it." Another person told us, "[Name] asks our opinions she comes round and we have a meeting in the dining room." People told us they had regular meetings to discuss any suggested improvements to the service.

People had been asked for their opinions of living at the home through topical questionnaires, the most recent of which was a quality of life questionnaire. The results from this questionnaire had been analysed and where people had raised areas that required improvement the registered manager had spent time with each person to see what could be put in place to improve the service for the person. One comment had resulted in people being supported to carry out cooking sessions.

Relatives felt involved in the running of the service and one relative told us, "They do value my opinion." The registered manager had developed a newsletter for people and relatives about upcoming events within the service and had held coffee mornings for people living at the home and their relatives. Relatives meetings took place which one relative told us helped them to feel involved in the home and speak with other relatives for support. The registered manager had conducted a survey with relatives of the people living at the home. The registered manager had analysed the results from this survey and was able to tell us what action had been taken in response to some comments made although these weren't currently recorded. This meant that it wasn't always possible to monitor whether comments had been fully resolved.

There were systems in place to monitor the quality of the service. The registered manager completed regular

audits of key aspects of the service which were monitored by the registered provider. The registered provider also carried out audits of the service to ensure it was meeting the expected standard of care. We found that the majority of quality assurance systems were effective although these monitoring systems had failed to identify that records of some monitoring checks had not been made. The registered manager had identified this themselves and provided us with evidence of a new comprehensive quality management system which was due to be introduced to the service. The aim of this system was to address these issues and improve the quality monitoring of the service further.