

Mr Anthony Howell

# St Bridgets Care Centre

## Inspection report

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### 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 

### Overall summary

This unannounced comprehensive inspection took place on 17 and 20 April 2015.

St Bridgets Care Centre provides accommodation, care and support for up to 12 people. At the time of the inspection there were nine people living at the home. The provider had a registered manager in place. 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.'

Our previous inspection of the home on 30 April 2014 identified breaches of the regulations relating to; care and welfare of people, assessing and monitoring the quality of service provision and the completion of people's personal records.

We told the provider that they must make improvements to protect people from the risks of unsafe care and asked them to send us an action plan stating what improvements they would make. We received the action plan on 30 August 2014.

# Summary of findings

At this inspection we found the provider had made the required improvements to meet the regulations that we found had been breached in the inspection that took place on 30 April 2014.

However we also found two of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Although overall the service was safe we found some areas where the safety of the people living there could be compromised. The carpet in the communal areas which included, the reception area, corridors and first floor landing had become worn and stretched and was rucked in places. This could pose a trip hazard for people and was a risk to their health and safety. Wardrobes were not secured to the wall which meant they could topple over and compromise the health and safety of people living at St Bridgets.

People told us they felt safe at the home. Staff knew how to identify, prevent and report abuse. People were relaxed with members of staff and told us they found the staff to be kind, friendly and helpful. Support was offered in accordance with people's wishes and their privacy was protected. People received personal care and support in a personalised way. Staff knew people well and understood their physical and personal care needs and treated them with dignity and respect.

Medicines were handled appropriately, stored securely and managed and disposed of safely.

People's needs were assessed and care was planned and delivered to meet their needs. Records showed an assessment of need had been carried out to ensure risks to people's health were managed. Risks of people falling or developing pressure injuries were managed effectively. People and their relatives were involved in assessing and planning the care and support they received. People were referred to health care professionals as required. Equipment such as hoists and pressure relieving mattresses and cushions were readily available, well maintained and used safely by staff in accordance with people's risk assessments.

There was a system in place to ensure staff received their required training courses and refresher training as required. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received.

There were enough staff to meet people's needs and the provider had a system in place to ensure staff had the appropriate skills and experience to support people appropriately. Staff felt well supported by the management team and received regular supervision sessions and appraisals. The manager told us they were in the process of recruiting one additional member of staff.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

Staff sought consent from people before providing care and followed relevant legislation to protect people's rights and ensure decisions were made in their best interests.

Staff ensured people's privacy was protected and they were cared for with compassion and kindness. People received personalised care from staff who were responsive to their needs and knew them well. Staff created a relaxed atmosphere which resulted in a calm and happy culture in the home.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider sought feedback from people and changes were made if required.

People told us they felt the service was well led, with a clear management structure in place. People praised the management team and care staff stating, "It's been excellent, nothing is too much trouble for the staff, everyone is so helpful and friendly".

There were systems in place to drive the improvement of the safety and quality of the service. Analysis of accidents or incidents was undertaken so lessons could be learnt in order to minimise the likelihood of them reoccurring.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Overall the service was safe. However, people who used the service were being put at risk because the safety and suitability of the premises was not always maintained.

Medicines were managed safely, stored securely and records completed accurately.

Staff demonstrated a good understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place. Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

Requires improvement



### Is the service effective?

The service was effective. Staff received ongoing support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered a variety of choice of good quality food and drink.

People accessed the services of healthcare professionals as appropriate.

Good



### Is the service caring?

Overall the service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

People and relatives told us that staff were kind, caring and compassionate.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

Family members continued to play an important role and people spent time with them.

People could raise a concern and felt confident that these would be addressed promptly.

Good



### Is the service well-led?

Although the service was generally well led, improvements were needed. People's privacy was not always respected as people's records were left unsecured during the day.

Requires improvement



# Summary of findings

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a positive open culture.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

# St Bridgets Care Centre

## 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 comprehensive inspection took place on 17 and 20 April 2015 and was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met all of the people living there and spoke in depth with six people and four visiting relatives. We requested written feedback from GP's on their views of the care provided at the home. We also spoke with a visiting district nurse. We spoke with the acting manager, the cook and five members of care staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked at four people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records and staff meeting minutes.

# Is the service safe?

## Our findings

People who were able to tell us said they felt comfortable and safe living at St Bridgets Care Centre. One person told us, "It's very good here, very friendly, we have everything we need". A relative told us, "It's been excellent...the staff always keep us informed if there is anything we need to know, the care has been excellent, we see the same familiar faces each visit which is really good, we feel Mum is safe here and looked after very well".

Although overall the service was safe we found some areas where the safety of the people living there could be compromised. The carpet in the communal areas which included, the reception area, corridors and first floor landing had become worn and stretched and was rucked in places. This could pose a trip hazard for people and was a risk to their health and safety. Wardrobes were not secured to the wall which meant they could topple over and compromise the health and safety of people living at St Bridgets Care Centre.

Failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, and others arising from the worn carpet and unsecured wardrobes was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff supporting people with their medicines and saw staff explained to people what the medicine was for and waited while the person took their medicine to ensure they had received it correctly. Staff supported one person at a time with their medicines and spoke knowledgeably about how people preferred to take their medicines.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was clearly recorded.

There was a system of body maps in people's care plans to ensure people had prescribed creams applied in the correct place and frequency.

Our inspection on 30 April 2014 identified that people's needs were not always accurately assessed. This was due

to inaccurate use of a nationally recognised tool that was used to assess people's risk of malnutrition. At this inspection, records showed people's nutritional assessments had been correctly completed and recorded.

Our inspection on 30 April 2014 identified that people's moving and handling needs were not adequately assessed. At this inspection we saw people's moving and handling plans had been updated to incorporate a step by step guide for staff to follow. People had their own individual hoist slings that were identified in their personal care records.

Staff demonstrated a good knowledge about the procedure for reporting allegations of potential abuse. Staff told us they had completed training in protecting people from abuse and were aware of the provider's policy for safeguarding people. We reviewed the provider's safeguarding policy and saw it included relevant contact details for the local authority. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

There was a system in place to ensure people's risks were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of three people. This was so we could evaluate how people's care needs were assessed and care planned and delivered. We found people had their health needs assessed for areas of risk such as falls, moving and handling, nutrition and pressure area care. Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

There were enough staff employed to meet people's needs. The manager showed us the staff rotas for a two week period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were generally enough staff on each shift to manage the needs of the people living at St Bridgets Care Centre. The manager told us they reviewed the needs of people to ensure the correct levels of staff were available on each shift. During our inspection visit we observed call bells were answered promptly and people who required assistance were attended to quickly and safely. During our observations in the communal areas of the home we observed people were given support in a friendly manner

## Is the service safe?

that was not rushed. People were frequently offered a choice of drinks and or snacks and were supported in a timely manner and did not have to wait for lengthy periods to get assistance.

We reviewed three staff recruitment records, one of which had been recently recruited and spoke with two members of staff about their recruitment. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they were left to care for them independently. We saw records that showed recruitment practices were safe and that the

relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at St Bridgets Care Centre.

We reviewed the providers system for maintenance of the premises and saw regular tests for Legionella were conducted and regular flushes were completed on the water system. Legionella is water borne bacteria that can be harmful to people's health. The manager told us the provider employed their own maintenance team who ensured the regular schedule of maintenance checks was adhered to.

# Is the service effective?

## Our findings

One person told us, “I like living here, I have everything I need, the staff are brilliant”. Relatives told us, “It’s always spotless here, everyone is treated with respect we have no complaints at all”. One relative told us, “The staff team are very stable here, it is always nice to see familiar faces all the time, we can go away and know our relative is in safe hands”.

Our inspection on 30 April 2014 identified that people’s fluid requirements were not assessed on an individual basis which could mean people were at risk of dehydration. At this inspection we saw people’s daily fluid intake requirements were completed with an individual assessment and a plan put in place for staff to follow should the person fluid intake drop below the required amount. We saw fluid totals were recorded each day to ensure staff could easily identify if people were at risk of becoming dehydrated.

Our inspection on 30 April 2014 identified people’s re-positioning records did not always have adequate information regarding the position staff had assisted the person to move to in order to relieve pressure. At this inspection we saw people’s re-positioning records showed the time, frequency and position that people were re-positioned throughout a 24hour period. Staff had signed the records to show the re-positioning had been completed as stated in the persons care plan. This meant people were effectively protected against developing pressure areas and compromised skin integrity. People who were at risk of developing pressure sores were regularly re-positioned throughout the day and night and were cared for on air mattresses and pressure cushions. Staff confirmed they had enough specialist equipment available to care for people correctly.

There was a clear programme of training in place, Staff commented positively about the training they had received and found members of the management team supportive. The provider had their own staff trainer who conducted the majority of staff training internally at the home. Staff told us and we saw records that showed supervision sessions and appraisals had been completed for them.

We observed staff had an effective knowledge of how people preferred to be cared for and showed good understanding of how people living with dementia needed

supporting. People had their routines they preferred and staff demonstrated good knowledge about how people chose to spend their day, where they liked to sit and what they preferred to do.

One person liked to have the daily newspaper every morning and read it with a cup of tea. On both days of our visit we saw this person had their newspaper and a cup of tea waiting for them when they were ready to sit in the lounge.

Staff told us they felt well supported by their colleagues and the management team.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. The manager told us they had completed DoLS assessments and sent these to the local authority for authorisation for two people living at St Bridgets Care Centre.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people’s care were carried out in their best interest where people lacked the ability to give their consent. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a basic understanding of the Mental Capacity Act 2005 and issues concerning consent. Staff told us if they needed further guidance they would refer to their manager.

We spoke to the cook who spent time with people checking what choices they had made for their meals. People’s dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example pureed or a ‘soft’ diet or fortified meals with added cream and cheese. Snacks, sandwiches and fruit were available throughout the day and we observed staff constantly offering people hot or cold drinks and a variety of fruit juices. People were able to request an alternative meal if they did not like what was on the menu, one person liked to have fish each day and their choice was respected.



## Is the service effective?

The cook told us they were well supported within their role and the kitchen equipment and fittings were well maintained. The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating which was the highest grade. The cook told us they completed daily, weekly and monthly cleans.

People ate their meals in their bedrooms or in the main lounge with others, as was their choice. If people needed extra help and support to eat their meal they were given assistance in a calm and unrushed manner that allowed them to enjoy their meal at their own pace. People were supported on a one to one basis which gave them time to enjoy their meal and ensured they got the nutritional support they needed.

There were enough staff available to ensure people were assisted to eat their meal in a timely manner. We saw

people's wishes were respected and people were gently encouraged and supported to eat independently. People were not rushed and were asked if they wanted any more food before their plates were taken away.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, opticians, district nurses, chiropodists and GP's.

The manager showed us the new care plans that had been implemented. They were clearly written and person centred and provided clear, detailed guidance on how to provide people with their individual care needs. People's care plans were reviewed on a monthly basis and changes in their plans of care were amended when their health needs changed.

# Is the service caring?

## Our findings

We spoke to five relatives who all spoke very positively about the care their relative received at St Bridgets Care Centre. People told us, “The staff are fantastic, they always treat mum with respect, we can’t fault them in any way”. We asked people if they liked living at St Bridgets Care Centre and whether they were treated with kindness and care. All the people we spoke to replied they were very happy with the care given at St Bridgets Care Centre and found the staff kind, caring and friendly. One person said, “The staff are lovely, always so good to me”. Another person told us, “It’s beautiful, a real home from home, peaceful, quiet, calm and caring”.

We saw staff interacted with people in a caring and compassionate way. Most of the staff had been employed at the home for many years and knew the people well. We observed staff were warm and patient with people and knew them very well. Staff gave good examples of how people preferred to spend their day, for example which newspaper they liked to read, where they liked to sit and read it and what time they would like their morning tea and biscuits. Staff spoke fondly of people and were able to describe what activities they liked to take part in this showed staff knew the people well and provided support and care in an individualised manner.

Staff often touched people gently when supporting them and people responded well to them. Staff spoke to people in ways which showed they valued and cared about them. Staff supported people patiently and kindly and did not appear rushed.

Staff were attentive to people’s needs and regularly checked if they would like a hot or cold drink or a snack. We observed staff encouraged people’s independence; staff offered assistance promptly when required and supported people discreetly when they needed assistance.

People’s privacy and dignity were respected. We observed staff moving and hoisting people on two occasions in a communal area and the person’s privacy and dignity was respected at all times. Staff gave good examples of how they ensured people’s dignity was maintained at all times, for example, the use of blankets to ensure people had their privacy and dignity maintained and ensuring people’s clothing was properly arranged before hoisting them. We observed that people’s bedroom doors were closed when people were receiving personal care and people told us the staff were respectful of their wishes and made sure they were comfortable at all times. We asked people if staff respected their privacy and dignity, they all said they did.

People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected.

People and their relatives were involved in planning their care. A visiting relative told us, they felt fully involved in the care of their relative and were always kept informed of any changes, however minor. People’s relatives and friends were free to visit them throughout the day. We spoke with several visiting relatives who told us they were always made to feel very welcome whenever they visited.

# Is the service responsive?

## Our findings

People and relatives we spoke with told us they felt the staff treated everyone as individuals and responded well to people's particular health needs. We spoke to a visiting health professional who told us they had no concerns and the home ran well, with a good staff team who listened to advice and acted on it.

We found people's needs were assessed and care and treatment was planned and recorded in people's care plans. Assessments were completed for all people and covered areas including; medicines, weight, manual handling requirements and skin integrity. The assessments showed the relatives had been included and involved in the process wherever possible and were signed by all parties present.

Risk assessments were completed for a range of areas including, mobility, nutrition, skin integrity and manual handling. We looked at three people's care plans in depth and saw all care plans were reviewed on a monthly basis or when their needs changed. We checked people had the required specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place and in use. Where people required mobility aids these were left positioned so people could reach them easily.

Records relating to daily and personal care, such as body maps for prescribed creams and re-positioning charts for people that needed re-positioning frequently, to prevent pressure sores were kept for each person. Body maps were used effectively and gave clear guidance for staff on how much, how often and where people needed their prescribed creams applied.

The provider had a system in place to ensure staff had clear guidance to follow for people who were at risk of dehydration. This system ensured staff were aware when people were at risk of dehydration, which meant they could provide support to ensure people received their appropriate fluid intake.

We observed a staff handover between shifts and saw information about each person was given to the takeover staff clearly and effectively.

Staff spoke knowledgeably about people's specific conditions and gave examples of how people presented when they were uncomfortable or in pain, which allowed them to ensure people's pain was managed effectively.

Care plans were detailed and person centred and gave clear descriptions on how people preferred their care to be given, for example, staff to speak slowly and clearly and check if the person would like their rug on their lap when they are seated in their chair. Other examples of person centred care included, ensure fleece face cloth used as this is very soft and (the person) likes to rinse their mouth with warm water. Staff told us they found the care plan documents effective and easy to use.

Call bell alarms were available in all bedrooms, bathrooms and toilets and people told us they knew how to use them and that staff came quickly. During our inspection visit call bell alarms were answered promptly and were not left ringing for lengthy periods.

People's weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to health professionals such as the dietician or the speech and language therapy team when required. Care plans correctly reflected what types of food the person liked if they needed additional nutritional support, for example offering cream with their coffee, and high calorie snacks throughout the day such as chocolate and cakes.

The provider was planning a trip out to a local photographic exhibition and a boat trip at Poole. People told us about previous trips they had been on, for example to Poole Quay and about garden parties the provider ran at the home in the warmer summer months. We observed staff conducting one to one activities with people and asked people if they would like to go out in the afternoon for a walk. The majority of the people living in the home had their own routines and were able to tell staff what they wanted to do in the afternoons.

The manager told us they had some chicken eggs that were due to hatch and these would be brought over to the home so that people could watch the new born chickens hatch if they wished to.

## Is the service responsive?

The provider had their own mini bus which could be used to take people for outings and events. One person liked to have their hair done at the hairdressers and staff ensured this person was taken to their hairdressers regularly as was their choice.

People knew how to make a complaint if they needed to and a poster stating how to complain was included in a handbook in the entrance hall. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. The manager confirmed the service had received one formal complaint since the last

inspection that was completed in August 2014. We reviewed these complaints and saw the correct complaint process had been followed as laid out in the provider's complaint policy and saw all parties had been kept informed throughout the process.

There was a clear system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured information accompanied the person which meant they would receive consistent, planned care and support if they had to move to a different service.

# Is the service well-led?

## Our findings

A relative told us, “There is such a homely, kind atmosphere here, it’s lovely”. Relatives and visiting health professionals confirmed they felt the home was well run with a clear management structure in place.

The manager was supported by a part time deputy manager.

Staff described the culture of the home as “Friendly and homely” and stated they were confident to raise any concerns they may have with the management and they would be listened to. Staff were aware of their role within the team and stated communication in the home was very good, with all staff working closely as a team for the benefit of the people living there.

During our visit we saw people’s daily personal records were left unsecured in the main lounge. They were left on display which meant people visiting the lounge could have easy access to them. This was a breach of people’s privacy and was a breach of Regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We discussed this situation with the manager who said they would look into obtaining a cupboard for the lounge so that people’s personal records could be kept secured.

Our inspection on 30 April 2014 identified that the provider did not have an effective system in place to monitor the quality and accuracy of people’s care records. At this inspection we were shown the new care plans that had been implemented. We saw records that showed each care plan was reviewed on a monthly basis and when changes to the person health needs occurred. Improvements had been put into place regarding the assessment of people’s moving and handling needs and recording of people’s re-positioning charts.

Our inspection on 30 April 2014 identified that health and safety and care plan audits were not always effective. At this inspection we found that improvements in the audits had been completed and learning from any incidents and accidents had been analysed to prevent reoccurrences.

We saw records that showed a quality assurance questionnaire was sent to people, their relatives and visiting health care professionals to review what people thought of the service and care they received at St Bridgets Care Centre. We reviewed a selection of questionnaires which had been positively completed and saw analysis was completed on the completed questionnaires to see if any improvements were required.

Staff told us they were actively encouraged during their supervisory meetings, training events and appraisals to give feedback about the service and make suggestions for improvements.

Relatives we spoke with told us they were kept fully informed and felt involved with the care their relative received at the home. Records showed resident and relatives meetings were regularly held. These meetings allowed a forum for people and relatives to put forward any ideas or suggestions they may have as well as being kept informed about future events planned for the home.

Staff told us they felt well supported and confident if they had concerns or issues they would be listened to and treated fairly. We saw records that showed staff received regular supervision sessions and had annual appraisals. Staff told us they attended regular staff meetings which they found useful and informative. Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing.

The provider had a wide range of policies covering topics, such as; staff recruitment, safeguarding adults, disciplinary and grievance and mental capacity.

The provider had good links with the local community; they ran barbeques and garden parties in the grounds of the home in the summer months for relatives and people who visited the home. A local school choir was invited to sing during the Christmas break and a Duke of Edinburgh Volunteer attended the home and helped support the people each Sunday.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider is failing to provide care and treatment in a safe way because people's personal records were not securely stored.

Wardrobes were not secured to the walls which could topple and pose a health and safety risk and carpets in the communal areas were worn and rucked, which could pose a trip hazard to people.