

Mrs Mobina Sayani

St Paul's Residential Home

Inspection report

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10 September 2020
11 September 2020

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Pauls Residential Home provides residential care and support for up to 32 people in four adapted buildings. At the time of our inspection there were 27 people living there. The service provided care for people with long term health conditions, older people, people living with dementia and people needing end of life care and support.

People's experience of using this service and what we found

Since our last inspection, improvements had been made to the way in which people's care and support was documented. A new electronic care plan and record system had been implemented. This electronic system had ensured that accurate records relating to people's care were in place.

Since our last inspection, the service had ensured that any reportable incidents such as injuries or safeguarding incidents had been reported to the appropriate authorities (such as CQC) without delay.

The service provided sufficient numbers of trained staff to meet people's needs. People's relatives told us there was always enough staff who provided high standards of care which benefited their loved ones.

Staff had received training to ensure they could recognise the signs of abuse and told us how they would report these. Risks associated with people's care were managed. Records showed people had risk assessments in place and that these were reviewed regularly.

People's relatives told us that their loved ones were supported to take their medicines safely. Staff received training to enable them to administer medicines and processes were in place to ensure staff were competent. Accidents and incidents were recorded and reported. Systems were in place to ensure lessons were learnt when things had gone wrong.

Effective systems were not always operated to ensure that identified areas of improvement such as maintenance works were completed in a timely manner.

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 requires improvement (published 17 May 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection effective action had been taken to meet the relevant regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met the legal requirements. This report only covers our findings in relation to the Key Questions

Safe and Well-led which contain those requirements.

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Paul'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.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

St Paul's Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 announced. We gave a short period of notice for the inspection to ensure that people and their relatives would be available to be contacted by the inspector via telephone and that the registered manager would be available during the inspection. Inspection activity started on 10 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We also requested feedback from local authority commissioners.

During the inspection

On 10 September 2020 we visited St Paul's Residential Home. We spoke with the registered manager, deputy manager, a member of care staff and a maintenance worker. We also spoke with a health care professional who was visiting. We reviewed a range of records which included four people's care records and medicine administration records. We also completed an audit of infection control at the service. We looked at three staff files in relation to staff recruitment. A variety of records relating to the management of the service were also reviewed. On 11 September 2020 we spoke with three people's relatives and two additional staff by telephone.

After the inspection

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

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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their relatives were safe with staff. One relative told us, "There is always enough staff to provide safe care, I live just down the road so I can pop in at all hours and there is always plenty of staff."
- Staff received training on safeguarding adults and knew what action to take if they suspected abuse or poor practice. Staff told us that they knew how to raise concerns and were confident to 'whistle blow' and knew which outside agencies to involve if needed. A staff member told us "We have been given cards about whistleblowing, We know we can ring someone and report concerns if we have spoken to a manager and are not happy about things or how it is being handled."
- Safeguarding incidents were reported to appropriate stakeholders and investigated in line with the provider's safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. A new electronic system had been implemented that ensured risks were identified and that care plans provided guidance for staff on how to reduce the risk of harm to the individual and staff.
- People's care plans were detailed and followed guidance from healthcare professionals. This included actions staff should take to ensure people's skin integrity was maintained and protected such as the frequency required to adjust someone's position in bed.
- Environmental audits and checks had been completed to ensure that the environment was safe and that equipment, such as fire alarms, was working correctly.

Using medicines safely

- Medicines were managed safely so people had these as prescribed. The medicine administration records [MARs] were used by staff to record when people were supported with medicines.
- People's relatives told us their loved ones received their prescribed medicines safely. One relative told us, "The home will tell me about the medication mum is on or if there is a medical need, we visited recently, and they told us she was on new medication as her leg was swollen."
- Only staff who had been trained and assessed as competent could administer medicines to people. Where people were prescribed PRN (as required) medicines these were administered in line with best practise guidance.
- A new electronic system for auditing medicines needed to be further imbedded to ensure consistency in auditing medicines records.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely. One person's relative told us "It's always been very busy but there is always enough, staff who appear to be caring and well trained."
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and Barring Service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with at risk groups.
- The registered manager told us they had maintained a consistent full complement of staff throughout the COVID 19 pandemic. The registered manager told us that in some cases they had increased the staffing levels to support people through such a difficult time. One member of staff told us, "I love it here. I enjoy playing games with the residents and everyone treats each other as a family."

Preventing and controlling infection

- The service had ensured that all staff had received bespoke training from an external source in relation to Covid-19. This had been provided to ensure that staff understood how to keep people safe through the use of effective infection control systems and the use of PPE (personal protective equipment).
- We completed a review of infection control practise at St Paul's as part of our inspection. We found that effective cleaning practices were in place, the home was visibly clean and tidy throughout and staff adhered to infection control guidance.

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 requires improvement. At this inspection this key question has remained as requires improvement. This meant the service management and leadership was inconsistent.

At the last inspection in March 2019 the provider and registered manager did not always operate effective systems to monitor and improve the quality of care people received and did not always ensure accurate records relating to people's care were maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At the same inspection in March 2019 we also found that required notifications had not been submitted to CQC and we had not always been made aware when serious incidents had occurred at the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following the inspection in March 2019, the provider supplied us with an action plan on how they planned to meet the requirements. At this inspection we found improvements had been made and the regulations were now being met, however further work needed to be done to ensure that new electronic auditing systems were fully effective.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were not always clear plans in place to ensure that identified maintenance tasks were completed in a timely way. For example, where maintenance work had been identified, there was not always a clear timescale for completion of these tasks and the system for ensuring these tasks were completed as required was inconsistent. This meant the registered manager could not effectively audit maintenance work within the service. We discussed this with the registered manager at the time of our inspection and they made immediate changes to improve this process and ensured this was added to the service improvement plan.
- The service had recently implemented a new electronic system for care planning, risk assessments and medicines management. Although we found that people had received their medicines as prescribed, we found that this electronic system had not always been used effectively to audit medicines processes in the home. We discussed this with the registered manager at the time of our inspection and they made immediate changes to improve this process and ensured this was added to the service improvement plan.
- The registered manager worked to ensure the effective day-to-day running of the service. There were arrangements in place with the senior staff, for the running of the service, when the registered manager was not present at the home.
- The registered manager understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following up concerns; they had ensured people and their representatives, as well as appropriate authorities, had been informed.

Continuous learning and improving care

- The registered manager had implemented a new electronic system to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. This included audits in relation to people's daily care records, people's care assessments, people's safety and their general well-being.
- The provider had a comprehensive set of policies and procedures. We saw these reflected current legislation and good practice guidance. These were made available to staff via paper copies held in the office.
- The registered manager had a home improvement plan in place which identified areas for development.
- Peoples relatives told us they knew how to make a complaint and that they felt the management team would be responsive to this. Relative comments included, "We get constant contact with the home and he seems to be fine. I have no worries and would contact the manager if I needed to." And, "I have no concerns whatsoever. We are really happy with our choice. I would speak to [registered manager] or [name of staff member] if I had concerns but I have had no concerns."

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

- Staff were positive about their work. A member of Staff told us, "The home is a place to work, staff are a nice bunch of people to work with. Staff work really well together." Another member of staff said "I love it here. I enjoy playing games with the residents and everyone treats each other as a family."
- People had opportunities to be involved in developing the service. We saw people and their relatives had completed a quality assurance questionnaire. Feedback was summarised, and action was taken were people made suggestions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Relatives we spoke with told us they felt involved in their families care. Relative comments included "I have been involved with decisions made about [person name] such as Deprivation of Liberty professionals who I had contact with recently." And "I think we would be involved if we needed to be but mum is always clean and tidy when we visit so we leave them to it."
- The service worked closely with key organisations such as the GP practise, district nurses and other health professionals. A visiting healthcare professional told us "Patients always seem really happy and staff are always accommodating. I have no concerns over patient care or safety."