

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

St Bridgets Care Centre is a residential care home registered to provide personal care and support for up to 12 people. The service provides support to older people. There were eight people using the service at the time of inspection.

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

Improvements were needed to the governance systems within the service. The systems for monitoring and checking the home operates in a safe way were not effective. The service did not actively seek feedback from others in order to drive improvements within the service. Policies and procedures were either not in place or up to date to support the systems and processes within the service. The provider did not carry out any formal checks of the service.

People had risk assessments in place for their care and support needs. However, assessments were not always detailed and the use of different formats meant it could be confusing for staff. The registered manager told us they were working to ensure assessments were clear.

Accidents and incidents were recorded and the appropriate actions taken. Events within the home were analysed to identify patterns. However, this information was not routinely used to learn lessons from events within the home. The registered manager told us they would begin using the information and share within the team.

People received their medicines safely, by trained staff. However, guidance was not in place for medicines people received occasionally. This meant there was a risk the medicines would not be administered consistently. The registered manager told us they would put the guidance in place.

There was a recruitment process in place and staff had received the necessary checks before commencing employment at the home. However, records were disorganised and not always kept in one place, the registered manager told us they would work to improve the system.

There was a lack of stimulation for people and social activities within the home. There were some bookings for external entertainers and parties within the home. We have made a recommendation about social stimulation and activities.

People had care plans in place for their care and support needs. However, these were not always updated as planned. People knew who to contact if they had a concern or wanted to make a complaint, the registered manager told us they knew how to address concerns raised. The provider had a complaints policy in place, however, it contained incorrect information about the management of formal complaints.

Safeguarding concerns were managed within the home and people felt safe living at St Bridgets Care Centre.

People were supported to have maximum choice and control of their lives and staff supported the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had enough to eat and drink and received access to medical and healthcare as required. Infection control procedures within the home were robust and the environment was clean, and free from clutter. Records were stored confidentially. People told us staff were kind and caring and they treated them with dignity and respect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 17 May 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to the management oversight of the home at this inspection. We have made a recommendation about social stimulation within the home.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# St Bridgets Care Centre

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

St Bridgets Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Bridgets Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority service improvement and safeguarding teams who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to

make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, chef, care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from two health and social care professionals who work with the home. We made general observations throughout the two days, noting care practices and interactions between staff and people.

We reviewed a range of records. This included six people's care records and six medication records. We looked at six staff files in relation to recruitment and staff supervision. 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. We looked at training data, policies and procedures.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for their care and support needs. However, some files were disorganised and there were different formats of risk assessments, which meant they could be difficult to follow. The registered manager told us they were now using one standard form.
- Risks within the home were not always managed. The home was working to a fire safety order to ensure that correct risk assessments were in place for fire safety. The provider told us work was underway.
- Accidents and incidents were recorded, analysed and actions taken. However, the registered manager told us they did not use this information to formally learn lessons or share the learning and outcomes with the staff team.

We recommend the provider seek guidance from a reputable source about the review and analysis of incidents within the home in order to learn from events and reduce reoccurrence.

- Equipment and utility checks were undertaken by the home. This contributed to environmental safety for people. This included gas safety, electrical safety and water checks.
- Staff knew people's risks well. Staff confidently told us about the risks people faced each day in particular in regards falls. They told us how they work to reduce the risks for people.

Using medicines safely

- People received their medicines as prescribed. However, where people were prescribed medicines they only needed to take occasionally, guidance was not in place for staff to follow to ensure those medicines were administered in a consistent way. The registered manager told us they would put guidance in place.
- Medicines were stored correctly, with temperature checks carried out within the medicines room and fridge. Opening dates were written on liquid medicines to ensure they maintained safe use.
- Where creams were prescribed, body maps were in place which indicated where the cream should be applied and how much.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Monthly audits by the registered manager were carried out.
- Medicines that were required at the same time each day were given in line with the prescription, these were used to help people manage their health conditions.

Staffing and recruitment

- There were enough staff on duty. Staff told us they felt there was enough staff and people said staff came

when they needed them. The registered manager did not calculate staffing according to people's needs, this meant there was a risk staffing levels could fall below safe levels. The registered manager told us they were sourcing a tool in order to ensure safe staffing levels for the people living at the home.

- There was a recruitment process in place. All necessary checks had been carried out for staff who work with people who need care and support. However, records were disorganised, and documents kept in different places. The registered manager told us they would ensure the same checklist was used for all staff files.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff told us St Bridgets Care Centre was a safe place to be, some comments were: "Yes, and all residents seem happy", "Yes, safe, I would say so", "I feel my loved one [name] has been kept safe whilst they have been in care", "I feel safe here".
- Staff had received training in safeguarding people. They told us how they would recognise signs of abuse and who they would report them to, both within the service and externally. Staff told us they were confident that the registered manager would follow up concerns. Records showed that safeguarding concerns had been referred to relevant agencies.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider was supporting visiting to the service in line with current guidance.



# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- People did not always have a formal assessment of their needs before moving into the home. This meant the home could not be sure they could meet the person's needs before providing their care. We raised this with the registered manager, and they told us they had met with every person prior to admission to the home and informally assessed their needs. They had now introduced a pre assessment form to formally assess and record people's needs. The last person admitted to the home had received a formal, written assessment by St Bridget's Care Centre.
- People's outcomes were identified and guidance on how staff met them was recorded within their care and support plans. Records demonstrated plans had been created using evidence-based practices. This was in relation to medicines and nutrition.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training in the MCA 2005 and told us they understood people's rights to decide for themselves. We observed staff offering choice to people and supporting them to make decisions. A member of staff told us, "All the time I give them [people] choice and check they have what they want and are comfortable."
- Staff knew about people's capacity to make decisions through their preferred communication methods. This was documented and supported. Observations during the inspection confirmed staff knew people well.

- Where people had been assessed as lacking the mental capacity to make a specific decision, recorded assessments and best interest decisions were carried out. These covered a variety of decisions including medicines, bed rails and personal care. Records and feedback confirmed people and those important to them were appropriately consulted.

#### Staff support: induction, training, skills and experience

- Staff received an induction when they commenced employment. It was a combination of formal learning and shadow shifts. Some staff had undertaken the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received enough training. Some of the subjects included, first aid, medicines, fire safety and dementia care.
- Staff felt supported and had regular supervision, they told us this was a two-way conversation and records confirmed this.
- Some staff had undertaken vocational national diplomas and told us there were opportunities within the home to receive additional training. The home had a training manager and staff told us they were passionate about training within the home.

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

- People were supported to have enough to eat and drink. Menus were arranged and there were choices available if a person did not like the meal on the day.
- Staff told us people had access to enough food and drink. A member of staff said, "We can get whatever we want for the residents even in the middle of the night."
- People's preferences and dietary needs were recorded in their care plans and in the kitchen. Records showed input from speech and language therapists where the person had a difficulty swallowing or managing certain foods.
- Where people were supported to eat and drink we observed this was carried out in a respectful way.

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

- People had access to health care and specialist medical support when needed. For example, district nurses and speech and language therapists. A health and social care professional told us the home was responsive when equipment was needed for a person.
- Records showed input from a range of health and social care professionals such as doctors, nurses and specialists in dementia care. Weekly contact with a doctors surgery meant people's needs were discussed in a timely manner.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through daily handovers. This meant people were receiving the most up to date support to meet their health needs.
- The home kept people informed about ways to manage and maintain their medical conditions, including, with consent, keeping relatives informed of changes. A relative told us, "Yes, they keep me informed of visits from nurses and doctors."

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

- The home was clean, uncluttered and accessible. We observed people moving around the home.
- People were encouraged to have their personal effects and belongings in their bedrooms. One person told us, "I have everything I need around me."

- The home was accessible over two floors by stairs and a lift. There was level access to the secure gardens, outdoor spaces and patios.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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, their relatives and professionals told us staff were kind and caring and they received the support they needed. Some comments we received were: "Residents are very well cared for", "Staff are very good, they know how I want things done", "The staff are kind and caring and look after me exceptionally well", "The staff are lovely here."
- People's cultural and spiritual needs were respected. People and their loved ones were asked about their beliefs and practices within their care plan.
- People's care plans detailed how they like to express themselves, be it with clothing or personal grooming preferences.
- Staff received training in equality and diversity. Staff told us they would provide care and support for anyone regardless of their background or beliefs.

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

- People were supported by a staff team who understood their needs, some staff had worked at St Bridgets Care Centre for many years. Staff spoke about people with care and genuine affection. One staff member told us, "It is important to me, we are part of a family."
- People and those important to them had been involved in their care. Relatives told us they were always kept updated and informed about their loved one.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed respectful and caring interactions between people and staff.
- It was important to staff that people had a good life at the home. One member of staff said, "I treat people how I would want to be treated, with respect."
- People's privacy was maintained by closing doors and curtains when being supported with personal care. Confidential paperwork and documents were locked in a secure cupboard.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's hobbies and interests had not always been considered, supported or developed within the home. There was a risk people may become isolated, especially where they chose to spend time in their bedrooms.
- People's records of daily activity were mainly limited to watching television or listening to the radio. The home did not have a planned activities programme in place and people's life histories and interests were not always explored.
- People and their relatives told us there was not a lot going on at the home. We spoke with the provider and registered manager about this and they told us they would work to improve activities within the home.

We recommend the provider seek guidance from a reputable source about social stimulation to improve the availability and options of activities for people within the home.

Improving care quality in response to complaints or concerns

- The service had a complaint policy and procedure in place. However, it gave incorrect information about who to complain to outside of the home. The registered manager told us they would change the policy immediately.
- People and their loved ones knew how to make a complaint and who to speak to, they were confident things would be addressed. A person told us, "I would speak to the registered manager [name] if I was not happy."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans were personalised and details within them were relevant to the person. However, care plan reviews had not always taken place as planned and people were not consistently involved in creating and reviewing their plans. Three people's plans had not received their monthly review since May 2022. This meant there was a risk people were not receiving care that met their individual needs. The registered manager told us they would review the plans immediately.
- Care plans had clear outcomes and guidance for staff to be able to meet them, they included reference to risk assessments.
- Care plans and information was available to staff. Staff told us the information they had about people's needs was of a good standard and they had all the information they needed to provide care to people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in their care plans. These reflected people's needs and were shared appropriately with staff.
- People's identified information and communication needs were met. Staff had good knowledge of people's aids to communication such as eye wear and hearing aids.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance systems did not operate effectively. Audits and monitoring were either not in place or had not identified the shortfalls found within the inspection. For example, care plan updates, risk assessments and medicines guidance.
- Oversight from a provider level had not identified the shortfalls within the service. The provider told us they did not have a formal, measurable system for checking the standard at which the home operated.
- Policies and procedures were either not in place, out of date or incorrect. This meant the registered manager and staff were not always clear on the correct, lawful procedures to take when providing care and support to people.
- The service had not actively sought formal feedback for the service people received. This meant the provider did not always use people's views to make changes to the way the home operated. Actions were not always identified and used to drive improvements within the home.

We found no evidence that people had been harmed however, the provider had failed to ensure governance systems were operating effectively to ensure risks were safely managed, people were protected from harm and the service improved. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by seeking guidance regarding policies and procedures.

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

- Staff told us they felt involved in the home, they were asked their opinion and felt appreciated.
- Staff were proud to work for St Bridgets Care Centre. They were complimentary about their colleagues and worked well as a team. Some comments were: "Yes it's lovely for me I love it", "The carers work really well for the residents we are all a team and try our best for the residents."
- We received positive feedback about the management and senior staff of the service. Some comments were: "The registered manager [name] takes things seriously", "The registered manager [name] does a very good job", "The registered manager is very knowledgeable about the residents."

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Working in partnership with others

- The registered manager told us they had good working relationships with external health and social care professionals and felt comfortable seeking support when needed.
- We received positive feedback about St Bridgets Care Centre from health and social care professionals, some of the comments were: "The staff follow my guidance and try their best for people", "The residents appear to be very well looked after and seem happy."



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 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were either not in place or were not operating effectively to continually monitor the quality and safety of the service.