Mr Anthony Howell

St Bridget's Residential Home

Inspection report

42 Stirling Road
Bournemouth
Dorset
BH3 7JH

Tel: 01202515969
Website: www.stbridgets.com

Date of inspection visit:
07 November 2018
09 November 2018

Date of publication:
09 January 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 7 and 9 November 2018. August 2018.

St Bridget's Residential Home is registered to provide accommodation and personal care for up to 10 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our previous inspection carried out in January 2018 we made three requirements for breaches of regulations. These were in relation to a failure to display the home's CQC rating on their website, shortfalls and inconsistencies in the recruitment of staff and non-compliance with The Mental Capacity Act 2005 (MCA). Following the inspection, the registered manager submitted an action plan on how improvements would be made. At this inspection we found the requirements had been complied with.

The registered manager had worked at the service for many years. 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 were protected from neglect and abuse. The registered manager had assessed risks both in respect of the environment and also the delivery of care to ensure that people were supported safely with the least possible restriction on their freedom. Staff had been trained in safeguarding of adults so that they were aware of safeguarding referral procedures and how to identify potential abuse.

Accidents, incidents or near misses were recorded and monitored for developing trends. Pre-employment check procedures had been reviewed so ensure that regulations would be met in terms of staff recruitment. No new staff had been recruited since the last inspection. There were sufficient appropriately trained staff on duty to support people in a person-centred way.

Medicines were managed safely ensuring that people had medicines as prescribed by their doctor.

The service had made improvements so that they were now compliant with The Mental Capacity Act 2005. People's physical, mental health and social needs were comprehensively assessed, and care and support was planned and delivered in a personalised way to meet those needs. Staff were appropriately trained and received support and supervision from the registered manager.

The premises were clean and well maintained. Individual bedrooms were furnished according to people's preferences.People were provided with a good standard of food and their dietary needs had been assessed.

People, and where appropriate their families, were involved in decisions about their care and support. People were treated with kindness, respect and compassion, and their privacy and dignity was upheld. Relatives and friends could visit when they wished without notice.

Care plans had been developed for each person providing guidance to staff on how to meet their personalised needs. People had access to activities and encouraged to follow interests and hobbies. There was a well-publicised complaints procedure in place and a log of any complaints to evidence how complaints had been managed.
People were supported with their health care needs.

The home had a registered manager who had worked at the home for a long period, providing good leadership. A system of audits and surveying of views of the service was in place that sought to drive improvements and customer satisfaction. The provider had updated their website to display the CQC rating, meeting a requirement from the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination.

Risks were assessed and managed to protect people from harm.

There were enough competent, safely recruited staff to provide care and support in a person-centred way. The provider had put procedures in place to make sure staff recruitment was in line with meeting the regulations.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

The registered manager had made improvements in compliance with The Mental Capacity Act 2005, meeting a requirement made at the last inspection.

Staff were supported by access to training so that they had the skills and knowledge they needed to carry out their roles.

People were positive about the standard of food. Meal times were are not rushed and there were enough staff to provide support at people's own pace, if needed.

People had the support they needed to maintain their health.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and kindness. Their privacy and dignity was upheld

People had positive relationships with staff, who knew and understood them.

Is the service responsive?

Good

The service was responsive.

People and, where appropriate, their families were meaningfully involved in developing their support plans.

Staff enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests.

The service dealt with complaints in an open and transparent way. Complaints and concerns were explored thoroughly and responded to in good time.

Is the service well-led?

Good

The service was well led.

The registered manager and provider were available and lead by example.

Staff understood their role and responsibilities, were motivated, and had confidence in their leaders and managers.

St Bridget's Residential Home

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 was 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. At the inspection we also checked that the registered manager had taken action regarding three requirements made at the last inspection in January 2018.

This inspection was carried out on 7 and 9 November 2018 and was unannounced. One inspector carried out the inspection on both days.

Before the inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also liaised with local authority and health commissioners to obtain their views.

The registered manager assisted us throughout the inspection and we also met with the owner of the service. We met with everyone living at the home and spoke with people who could tell us about their experience of living at the home. As many of the people accommodated were living with dementia, we used the Short Observational Framework for Inspection, SOFI. This is a specific method of observing care to help us understand the experience of people who could not talk with us.
We spoke with one visiting relative, a visiting health professional and three members of staff. We looked at three people's care and assessment records in depth as well as sections of other care records. We reviewed the medicine administration records, staff rotas and other records relating to training, supervision of staff and management of the service.

Good

Is the service safe?

Our findings

At the last inspection of the home in January 2018 we found that although the provider had a recruitment process in place for recruiting staff to work at the service, this had not always been followed. This resulted in our finding that; staff recruitment records had incomplete employment histories. Disclosure and Barring Service checks (DBS) had been carried out by other providers, but no checks had been completed to verify the information. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Some employment references had not been fully followed up or the outcome recorded if there were inconsistencies or queries regarding people's previous employment. Employment application forms had not been fully completed fully, which included, declaration of offences and reasons for leaving previous employment. These shortfalls were a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider assured that the recruitment records had been reviewed and omissions followed up and rectified. The registered manager also agreed to introducing a check list on personnel files to make sure that all required information and records were in place.

At this inspection, recruitment records for existing members of staff now complied with regulations; however,no members of staff had been recruited since the last inspection. Although not possible to validate whether the measures put in place had been effective, the registered manager had put a checklist in place to ensure that further recruitment would be in line with the regulations. Checks on staff recruitment will continue to be monitored at future inspections.

People able to speak with us and the relative we spoke with had no concerns in about the safety of people living at the home. They were happy with the service provided.

Overall there was good risk management at the home and the registered manager had made the service as safe as possible for people without restricting people.

The registered manager had carried out a building risk assessment to minimise potential hazards to people. Portable electrical appliances had been tested and equipment such as, passenger lift and hoist scales had been serviced at required intervals. The fire safety system had been tested at the required intervals and the service complied with water safety regulations.

A personal evacuation plan, providing staff with guidance on how to evacuate people safely from the building in an emergency, had been developed for each person. There were also contingency plans in place for emergency scenarios, such as loss of power.

The registered manager had ensured staff completed training in adult safeguarding, to protect people from the risks of abuse. Training records and speaking with staff confirmed staff had the knowledge about the types of abuse and how to refer matters of concern appropriately.

As well as ensuring the premises were as safe as possible, the registered manager had carried out risk assessments to ensure people's care was delivered safely. Areas where risk had been assessed included, malnutrition, falls, people's mobility and skin care. Risk assessment underpinned the care plans that had been developed for each person. Some people had particular risks associated with the delivery of their care, such as the use of bedrails. Where these were used, people had bed rail risk assessments in place because of the risks of entrapment or their climbing over the top and injuring themselves. Where there was a risk of a person choking because of swallowing difficulties, people had been referred to speech and language therapists for a swallowing assessment.

There had been low incidence of accidents and incidents in the home. However, the registered manager monitored these to make sure there were no trends where action could have been taken to reduce likelihood of their recurring.

Where incidents had occurred or things had gone wrong, the registered manager carried out reviews and investigations to see if lessons could be learnt.

People who could speak with us felt the staffing levels were sufficient to meet their care and support needs. This view was also supported by the staff we spoke with. At the time of inspection there were two staff on duty throughout the day and night time. The care staff were supported by other ancillary staff. The registered manager told us staffing levels were kept under review and gave examples of when staffing levels had been increased when there was increased need.

Medicines were managed safely so that people received their medicines as prescribed. There was a system that allowed auditing of each person's medicines and systems ordering and disposal of unused medicines.

Staff who administered medicines to people had received training in medication administration and had their competence in medicines administration assessed. Medication Administration Records (MAR) showed medicines had been signed for when given. There was a photograph at the front of each person's records to assist staff in correctly identifying people. MAR contained no unexplained gaps. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. Body maps were used to show staff where people's prescribed creams should be applied correctly. One person's body map for cream administration had not been completed, however, the registered manager addressed this immediately.

Good

Is the service effective?

Our findings

At the last inspection we carried out in January 2018 we required improvement in respect of The Mental Capacity Act 2005 (MCA) and 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. At the last inspection we found the home had failed to comply with a condition attached to the DoLS of one person that had been put in place to maintain their health and well-being. Records showed staff had not followed the condition placed on this person's DoLS and had not recorded their responses in their daily log.

At this inspection we found the registered manager had better systems in place to make sure applications were made appropriately and any conditions made in respect of a DoLS were complied with. We also found that service was compliant with MCA. This legislation 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 they lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that people's consent was sought and respected where people had capacity to make decisions themselves. One person told us, "I am very well looked after; the staff always ask me what I want and help me". Where people were not able to make specific decisions, a mental capacity assessment had been completed that considered the least restrictive alternative and involved appropriate people in the making of the decision.

Before people had been admitted to St Bridget's Residential Home, a comprehensive pre-admission assessment of their needs had been carried out before they moved into the home. This procedure was followed to ensure the home only admitted people whose needs they could meet.

When people moved into the home, staff completed more in-depth assessments with the person or their representative to assist in the developing a care plan. The assessments completed were detailed and covered people's care and support needs. They included people's dementia care needs, as well as other needs commonly associated with old age such as, personal care needs, continence, risk of falls, communication, skin care, medical and social care needs, nutrition and hydration.

Some people had particular risks associated with the delivery of their care, such as the use of bedrails. Where these were used, people had bed rail risk assessments in place because of the risks of entrapment or their climbing over the top and injuring themselves. Where there was a risk of a person choking because of swallowing difficulties, people had been referred to speech and language therapists for a swallowing assessment.

People and the relative we spoke with had confidence in the staff team. One person told us, "I get on very well with the staff and have faith in them. They keep me informed and I know them all well".

Staff were satisfied with the training provided, telling us the registered provider arranged for update

refresher training when needed. Staff received core training in subjects including moving and handling, first aid, the Mental Capacity Act 2005, infection control, dementia care and safeguarding.

Although no new staff had been recruited since the last inspection, any staff new to care would undertake the Care Certificate, which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

Staff were supported appropriately, receiving regular supervisions and an annual appraisal.

Staff had a good understanding about treating people as individuals and ensuring they were given choice and their preferences respected. Staff received training in diversity, equality and inclusion.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had access to a GP, dentist and an optician. A health and social care professional told us that the home worked effectively and collaboratively with them in meeting people's needs.

We observed the midday meal on the first day of the inspection and talked with people about the standard of food provided. People who could speak with us told us the food was of a good standard. One person told us that they could have a cooked breakfast, which they enjoyed. We observed the midday meal on the first day of the inspection, which was a positive experience for people.

The home is a converted large residential property, providing a 'homely' environment for people. People could bring their own furniture to personalise their rooms.

Appropriate equipment had been provided to meet people's needs. The home had an electronic riser seat on the toilet in one of the communal bathrooms for people who had difficulties mobilising. Where people were at risk of falls, alarm mats were placed in their bedroom to alert staff when the person started to mobilise. This allowed staff to respond quickly to people when they wished to move around the home and reduce the risk of them falling. People had access to call bells in their bedrooms and told us staff responded quickly to them if they had needed to use them .

Good

Is the service caring?

Our findings

People and the relative we spoke with all reported that the registered manager ensured good standards of care were maintained in the home. The home had a longstanding staff team who had worked in the home for many years, which meant people were supported by staff who knew them well. Staff could describe the things that made people happy as well as the plans and strategies put in place to support people. All the staff spoke of the good morale at the home as well as speaking compassionately about people in their care. From our observations it was evident that there was trust between people and the staff team.

The relative we spoke with told us, "When I leave and close the door, I know that (their relative) is well looked after". They also told us that they were made welcome when they visited and could visit at any time.

Care plans focussed on people's strengths and how to promote their independence. There was also information relating to people's life history, their interests, things that were important to them and their preferred routines. The care plans provided guidance to staff on how people wished to be supported.

Staff were respectful of people's dignity, referring to them in their preferred form of address and discreetly guiding them to privacy if they needed personal care.

Throughout the inspection staff, although busy, always took time to talk to people, reassure them and guide them if they were unsettled or wanting attention. When they spoke with people the staff were kind and patient.

Good

Is the service responsive?

Our findings

The registered manager had ensured that a care plan had been developed for each person and those we looked at reflected people's individual needs. The plans were up to date; being updated when needs changed or reviewed periodically. The relative we spoke with told us that they had been involved appropriately in developing the care plan for their relative. The registered manager had tried to ascertain whether relatives of people living at the home had any powers of attorney in place so that staff were aware of any authority to make decisions or be consulted about people's care.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were detailed within people's care plans so that staff could understands people's needs.

The home had an electronic riser seat on the toilet in one of the communal bathrooms for people who had difficulties mobilising. Where people were at risk of falls, alarm mats were placed in their bedroom to alert staff when the person started to mobilise. This allowed staff to respond quickly to people when they wished to move around the home and reduce the risk of them falling. People had access to call bells in their bedrooms and told us staff responded quickly to them if they had needed to use them.

Although the service did not employ a dedicated activities coordinator, the staff engaged with people in a range of activities to keep people meaningfully occupied. These included in house activities such as games and art, whilst outside entertainers were also engaged for activities including, pet therapy, singers and gentle armchair exercises, birthday parties for people living at the home and reminiscence sessions. People at the home could access the mini bus of the larger organisation, taking people out to coffee shops, garden centres, the seafront.

The service sought to support people nearing end of life to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes. Staff had also been trained in end of life care.

People told us that they had no complaints and felt confident that any concerns would be addressed by the registered manager. Clear information about how to make a complaint was available for people. The complaints log showed the registered manager responded to and investigated complaints thoroughly.

Good

Is the service well-led?

Our findings

At the last inspection in January 2018 we made a requirement as the home's website did not display their CQC rating as required. The service was now compliant with the rating displayed, both in the home and on their website.

People, staff and the relative we spoke with all told us that the home was well-managed, providing a family-run, homely service. There was clear leadership provided by the registered manager and also by the provider who visited the home each week to keep abreast of how the home was functioning. One member of staff told us, "This is a really nice place to work; we all get on so well together", and a visiting health professional told us, "It is a very nice service, where we have no concerns". All the staff spoke with pride about the care and standards maintained at the home. They also said there was good communication, that they felt listened to and valued.

The registered manager had systems in place to gain the views of the service from people and staff. No new surveys had been carried out since out last inspection; however, the registered manager said that surveys were due to be sent out to people before the Christmas period. The last survey carried out in March 2017 revealed good satisfaction with the service provided.

Residents' and relatives' meetings were held with minutes taken of these meetings. These showed people had opportunity to feel informed and contribute to the day to day running of the home. Regular staff meetings were also held as well as handover meetings at the beginning of each shift.

There were quality assurance systems in place to ensure the quality and safety of the service for people and staff. These included audits on care plans, staff appraisals and supervisions, accidents and incidents, medicines which included a detailed observation of staff managing and administrating people's medicines, premises and maintenance systems, fire systems, equipment and the cleanliness of the home. Where shortfalls were identified these were generally noted and recorded for further action.

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths. The registered manager told us they kept up to date about changes in practice via attendance at local social care hub events and e mail correspondence with the local authority.