

Mr Anthony Howell

St Bridgets Care Centre

Inspection report

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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

About the service: St Bridget's Care Centre is registered to provide accommodation and personal care for up to 12 people. At the time of this inspection there were 8 people living at the home all of whom were over 65.

People's experience of using this service:

People gave positive feedback about the home and had no concerns about safety. The staff knew people well and knew how they preferred their care and support to be given.

Staff were knowledgeable about the systems and processes in place to safeguard people from potential abuse and knew what action to take if they suspected people were at risk of abuse.

Staff treated people with kindness, respect and dignity, whilst at the same time promoting people's independence. People received personalised care and, which was planned and delivered to meet their needs.

The home was in good decorative order and people had access to well-maintained gardens.

People were happy with the standards of meals provided.

Staff were supported with regular supervision, annual appraisals and relevant training courses.

The service worked closely with health care professionals to ensure people received the support they needed to manage their health needs.

People were provided with access to activities and to access the community with outings to places of interest.

People's medicines were being managed safely, stored securely and administered by trained staff.

People and their relatives were involved in assessing and planning the care and support they received.

People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

There was a system of audits and spot checks in place to ensure the service received ongoing monitoring to review the quality of the service provided.

People had confidence in the management team and felt the service provided clear leadership.

Rating at last inspection:

The last inspection report was published on 26 October 2016, when the service was rated as good.

Why we inspected:

This was a planned scheduled comprehensive inspection.

Follow up:

We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 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 responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector on both days of the inspection.

Service and service type:

St Bridgets Care Centre is a care home. People in care homes receive accommodation and nursing or personal care. The home does not provide nursing care and meets the needs of older people. 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 unannounced.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. The registered manager completed a Provider Information Return. 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 looked at notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We met everyone who lived at the home and spoke with six of these people to gather their views about the care they received. We looked at two people's care records in depth and sampled other people's care plans. We also spoke with five members of staff. We checked recruitment, training and supervision records for staff

and looked at a range of records about how the service was managed. We received feedback from a health care professional who provided support to people in the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt supported and had no concerns about safety, feeling St Bridget's Care Centre a safe place in which to live. People made comments such as; "They all work very hard to try and keep us happy", and, "I have no complaints at all, it is very good here".
- Staff received safeguarding training and were aware of how to recognise potential abuse.
- There was a safeguarding and whistleblowing policy in place giving staff clear guidance to follow should they need to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- On the first day of the inspection we identified some areas for improvement. Some air mattresses were at the wrong setting for the individual's weight. We found one bedroom where a free-standing wardrobe was not attached to the wall, posing a risk of being toppled. There was also a radiator in one bedroom that was not covered. These issues had all been addressed by the second day of the inspection.
- Risks associated in the delivery of people's care had been assessed and actions identified in care planning guided staff on how to minimise these risks.
- Risk assessments were detailed and personalised. Staff understood how people preferred their care and support to be given.
- Risk assessments had also been carried out regarding the safety of the premises.
- Emergency plans were in place to ensure people received the support they needed in the event of a fire or other emergency incident.
- Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.

Staffing and recruitment

- Staff had been recruited safely. The registered manager had followed the home's procedures to ensure the required checks were carried out before staff started their employment at St Bridget's Care Centre. Staff were therefore suitable to work with vulnerable people.
- People felt staffing levels were appropriate to meet their needs. Call bells were answered in good time if people needed assistance.

Using medicines safely

- Medicines were stored, managed, administered and disposed of safely. Records showed stock levels of medicines were correct. People had their allergies recorded and there was a clear system to ensure 'PRN', as required medicines, were administered to people safely.
- Staff were trained in safe medicine's administration and had their competency checked to ensure they were

safe and competent to administer medicines to people.

- Regular medicine management audits were completed to make sure people received their medicines as prescribed
- At the time of this inspection no one needed to have their medicines crushed or administered covertly. The registered manager was aware of the need for GP and pharmacy authorisations if covert administration was required.

Preventing and controlling infection

- Personal protective equipment was available for staff who wore it when it was appropriate to do so.
- There was a delegated infection control lead to monitor infection control standards.
- The laundry had a clear dirty to clean flow process and staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- The home was clean and free from odours. Cleaning schedules were in place and formed part of the daily and weekly duties for staff.

Learning lessons when things go wrong

- There was a procedure in place for reporting, reviewing and analysing accidents and incidents.
- There was a procedure for shift handovers so that staff were aware of any incidents and actions in place to minimise risk.

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

Good: 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 had their needs assessed before they moved in St Bridget's Care Centre. Information had been sought from the person, their relatives and other professionals involved in their care.
- Assessments and people's care and support plans were individualised for each person and reflected their preferences and wishes.
- Care plans and associated assessments were regularly reviewed and updated in consultation with people, family and health professionals when appropriate.
- People were supported to live their lives as they wished. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles. This included completing the care certificate, where they were new to care. The care certificate sets out common induction standards for social care staff.
- Staff confirmed the training equipped them to support people effectively.
- Staff could access specialist training to support people better.
- Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning.

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

- People were supported to maintain a healthy and balanced diet. Menus were planned to take into consideration people's meal preferences and choices. Where people had specific dietary needs, these were understood by staff.
- Care plans clearly documented any likes, dislikes, and dietary requirements, and these were respected by staff.
- For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.

Staff working with other agencies to provide consistent, effective, timely care

- Each person was supported with their health. The registered manager ensured that people's needs in respect of opticians, dentists and access to their GP were met.
- Staff had detailed guidance of how to support people with any health conditions and worked well with other health and social care professionals in meeting people's needs.

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

- People were able to personalise their bedroom by bringing their own furniture and belongings that were of comfort to them.
- The home had a passenger lift to access the first floor and other equipment to make the service was suitable for people experiencing frailty of old age.

Supporting people to live healthier lives, access healthcare services and support

- There were systems in place to monitor people's on-going health needs. Each person was registered with a GP practice.
- People's healthcare needs were met. Records showed timely and appropriate referrals were made to a range of healthcare professionals. These included dietitians, speech and language therapists, learning disability nurses, dentists, GP's and chiropodists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The majority of people could give consent for all aspects of their care. People told us they were always consulted and involved in decision making.
- Where people were not able to make particular decisions, the principles of MCA had been followed. Appropriate applications had been made in respect of deprivation of liberty safeguards. Any restrictions were kept under review involving other health and social care professionals, the person and their families.
- Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Care plans were developed with people and people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care.

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

Good: 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

- Staff demonstrated a thorough knowledge of each person, how they preferred to receive their care and support. Staff spoke of people with fondness, warmth and genuine concern for their well-being and happiness. People made positive comments about the staff, such as, "They are very, very good and friendly", and, "The staff are all good and also very helpful".
- Throughout the inspection we observed staff treated people with kindness and patience. People were relaxed in the company of staff and smiled, chatted and laughed with them. Staff knew people well and were attentive to their individual needs. For example, one person had a passion for wildlife and they were supported with feeding birds in the garden.
- People's care and support records reflected how people wished their support to be given to meet their cultural and religious beliefs and staff respected their views. Support plans and records reflected the diverse needs of people using the service, including those related to disability, gender, ethnicity, faith and sexual orientation.

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

- Records showed people, family members, staff and health professionals (as appropriate) were involved in decisions regarding ongoing care and support. For example, one person wished to return home and the staff were working with the person to achieve this goal.
- There were regular residents' meetings where people could discuss what was happening at the service and could put forward their views and ideas on any developments they may like to see.
- People and their relatives had been fully involved in care and support planning and had been given the opportunity to share information that was important to them. This included information about their life history, important relationships, their likes, dislikes and preferences.
- Each person had a communication plan. This gave clear guidance on how people preferred to communicate and ensured people could express their views and be actively involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- We observed people were treated with dignity and respect by a staff team who knew people well.
- People's privacy was respected. Staff respected people's bedrooms as their private, personal space and knocked before entering people's bedrooms to maintain their privacy.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support that had been individualised to their needs and preferences. Staff had received appropriate training to make sure an individual's social and cultural diversity, values and beliefs were respected.
- Care plans had been developed for each person and reflected their health and social care needs. These were kept under review and updated as people's needs changed. Care plans we reviewed reflected people's needs.
- People were encouraged to have active and meaningful lives. On both days of the inspection people were interacting with each other, going out into the community or involved with the staff.
- People were supported to communicate in ways that were meaningful to them. Their methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard. This is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure which was clearly displayed around the home. People knew how to make a complaint and were confident any concerns would be addressed.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- People and relatives were fully consulted and supported to make end of life plans to ensure they received person centred care and support in line with their wishes. Local palliative care and district nursing teams were also involved and consulted where appropriate.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Overall, there was positive feedback from everyone involved in the inspection. A member of staff said of the provider, "He's a good boss and does not scrimp on anything". Another member of staff told us about how much they enjoyed coming in to work. The registered manager and staff worked with people to set goals and work towards their aspirations.
- The registered manager had clear visions and values for the way in which they wished the service to be run. They were committed to providing a person-centred service for people enabling them to live as independently as possible.
- There were good communication systems which included staff handovers, communication boards, daily communication books and regular staff meetings to ensure people's needs were met and staff worked collaboratively.
- The service had a motivated staff team who enjoyed their roles and showed genuine warmth and compassion for the people they supported. A member of staff told us, "They (registered manager?) are open to new ideas and always approachable".

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

- There was a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and told us they all worked very well together as a team. They were confident in the quality of care and support they were able to offer people.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- The provider had a whistleblowing policy and staff spoke knowledgeably about how to raise concerns if needed.
- Notifications to CQC as required by the regulations had been appropriately made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people and relatives. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon.
- Staff felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for

people and were confident these would be acted upon.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of robust audits completed to ensure the quality of the provision was maintained.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
- Information regarding incidents and accidents was discussed during staff meetings and handovers. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.

Working in partnership with others

- Staff worked collaboratively with other agencies to meet people's care and support needs. The service had established links with the local community and supported people to engage with life outside of the home.