Sisters of Charity of St Paul the Apostle

Annie Bright Weston House

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected this home on the 12 and 13 October 2015. This was an unannounced inspection. Annie Bright Weston House provides accommodation for a maximum of 15 people who require personal care. There were 14 people living at the home when we visited although one person was in hospital. The home is set out over three floors with a lift to provide access to all floors. All of the bedrooms were single bedrooms. There were shared toilets and one shared bathroom for people to use. The home is affiliated with the catholic church and has a chapel on site.

There was a registered manager at the home. 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.

The registered manager had been in post for a year and had ideas of how she wanted to improve the service. Although there were some systems in place to monitor the quality and safety of the service they were not robust.

Summary of findings

People using the service and their relatives told us they felt safe. Staff knew how to recognise when people might be at risk of harm and how to report any concerns. People told us that they were encouraged to raise any concerns they may have.

People and their relatives told us that there were enough staff to meet people's needs. We saw that staff were available to respond quickly to people's requests for support. Staff knew people well and could tell us people's likes, dislikes and preferred routines. Staff had been trained in most of the areas needed to provide people with effective care.

People living at the home and their relatives told us that the staff were kind and caring. People had regular access to a range of healthcare professionals and the service was proactive in seeking advice when people's healthcare needs changed. The staff had acted promptly when they received advice and guidance.

People were involved in planning and reviewing their care. People's views were sought through residents meetings and key worker reviews. However, we found that action had not always been taken when people raised concerns in these reviews.

People were supported to eat and drink sufficient amounts to maintain their health. People told us how much they enjoyed the food and we saw that mealtimes were an enjoyable experience. The provider sought information about people's food preferences and incorporated them into the menu.

Medicines were given in a dignified and sensitive way. Medicines were stored safely and only staff who had received medication training were able to give medicines. Staff did not always have access to necessary guidance so they could identify when a person may need medication which was to be given on an as required basis.

Systems to protect people from risks were not always effective in ensuring that people received safe care and support. We found that some known risks to people were not being well managed with action taken to prevent further incidents from occurring.

Staff we spoke with had received training on the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS), although understanding and application of this legislation varied amongst staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People were not always protected from avoidable harm because risks associated with their specific conditions had not been consistently managed.

Medicines were given safely although information about medication people required on an as required basis was not always available.

Staff knew how to recognise and act on the signs of potential abuse.

Requires improvement

Is the service effective?
The service was effective.

Staff had the skills to be able to meet the needs of the people they supported.

People were supported to eat and drink sufficient amounts of the foods they liked to maintain their health.

People were supported to access other healthcare professionals when their needs changed.

Good

Is the service caring?
The service was caring

People and relatives felt the staff were caring. Staff displayed kindness and compassion when interacting with people.

People were supported to follow their religious beliefs.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People told us they had regular activities they could take part in that reflected their interests.

People and their relatives were aware of how to make complaints and concerns raised by relatives were acted on quickly.

People were involved in reviewing their care. However, where issues had been raised action had not always been taken to resolve them.

Good

Is the service well-led?
The service was not always well-led

Quality Assurance systems were not consistently robust or effective and had failed to identify where improvements were needed in the management of risks

Requires improvement

Summary of findings

People gave positive feedback about the management of the service

Annie Bright Weston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 12 and 13 October 2015 and was undertaken by one inspector.

Before the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on. Before the inspection, the provider completed 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 contacted the local authority who commission services from the provider for their views of the service.

We visited the home and spoke with five people who lived at the home, six members of staff and the registered manager of the service. We also spoke with two relatives, the home's pharmacist and the home's training provider. After the inspection we spoke with two relatives and one healthcare professional who supported people who used the service. We conducted observations throughout the inspection.

We looked at records including three people's care plans and medication administration records. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, resident meetings, staff meetings, incident and accident reports and quality assurance records to see how the provider assessed and monitored the quality of the service.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments from people included, "Oh yes I'm very safe" and "I feel safe and well cared for." All the relatives we spoke with felt people were kept safe at the home.

Staff we spoke with had received safeguarding training and were able to tell us the possible types of abuse people were at risk from. Staff were able to tell us what action they would take to keep people safe and knew the provider's safeguarding policy. Staff were confident in being able to inform the registered manager if they had any concerns. They were also aware of other agencies to contact if they felt the registered manager had not taken appropriate action. The registered manager was knowledgeable about her responsibilities for safeguarding people from harm. Records confirmed that staff had received safeguarding training to ensure they were aware of current safeguarding practices.

We looked at the ways in which the home managed risks to people living there. Each person had their individual risks assessed and identified through their care plans. However, we found that where risks had been identified to people, no action had been taken to reduce the likelihood of these risks occurring. One person's assessment identified they were at risk of falls but there had been no systems put in place to monitor and reduce the risk to the person or to undertake any analysis of incidents which would assist in falls prevention . Accident records were completed accurately but there were no systems to analyse the cause or frequency of accidents occurring which put people at risk of reoccurring accidents. The registered manager had plans of systems she wanted to put in place to rectify this, but this had not yet been completed.

We looked at systems in place for responding to emergency situations. Staff we spoke with knew what action to take should a fire occur. Each person had a record of the specific support they needed should a fire occur, although training that staff had received had not included detail on how to apply this information. We found that there had only been one practice of evacuating the premises in a year, which meant that people could be at risk of receiving inconsistent support in the event of an emergency.

People who used the service, their relatives and staff at the service told us that there were enough staff to meet people's needs. We saw that staff were available to meet people's requests promptly. The registered manager told us that they did not use agency staff as they were able to cover hours with current staff to maintain designated staffing levels.

There were processes in place that were followed for staff recruitment which included obtaining Disclosure and Barring Service (DBS) checks to ensure that people employed were safe to be working to support people. We found that when necessary further steps had been taken to ensure that staff were suitable to support people who used the service.

People were supported to receive medication in a dignified and sensitive way. We saw staff explaining to people what medication they were taking and staff asked people if they needed their 'as required' pain relief medication. The service was supported by a pharmacist who could provide advice as and when the home needed it. The service had worked with the pharmacist to ensure that medication administration records were clear and that the systems in place reduced the possibility of a medication error. We saw that one person was self- administering their 'as required' medication. The service had carried out assessments of the persons' ability to self- medicate to ensure safe practices were followed. The provider had ensured that only staff who had received training around medication were able to administer medication. Medication was stored safely. People's care records contained information for staff about people's medications, what the medication was taken for and possible side effects of the medicine. We saw that one person had not received the medication they needed to manage their healthcare needs on one occasion. We asked staff about this but they were unable to explain why this dose hadn't been given. We noted that staff did not have access to information about how to recognise if two people may need their as required medication or maximum doses that could be given.

Good

Is the service effective?

Our findings

Staff we spoke with felt supported within their role. They informed us that they received regular training to help them support people effectively. The service was supported by a training provider who met with the registered manager to discuss staff training needs. The registered manager told us that new staff have to complete the Care Certificate, which is a key part of the induction process for new staff. The Care Certificate is a nationally recognised induction course which aims to provide care staff with a general understanding of how to meet the basic needs of people who use social care services. However, there was no system in place to schedule training and we saw that some training had lapsed. The registered manager told us she was working on a system to plan the training for the year which also took into account staff's different learning styles.

A number of people who used the service were living with dementia. Although staff appeared confident when supporting people with this condition, we found that they had not received dedicated training on dementia. There was a risk that staff may not have the knowledge of how best to support people living with this condition.

Staff informed us that they received supervisions and appraisals to help improve their knowledge, but we saw that formal supervision opportunities occurred infrequently. The registered manager told us that she wanted to be able to provide staff with more regular supervisions. We saw that staff meetings occurred and staff we spoke with told us they felt able to raise any concerns at these meetings.

People told us and we saw that staff offered them daily choices. We saw staff seeking people's consent around mealtimes and when they were receiving their medication. We also saw staff support people to decide if they wanted to have the Flu Inoculation that day. We saw that staff explained to people what the procedure was, the benefits of having the inoculation and also gave people time to make their decision. Staff told us about how they would support people to make choices and described the different methods they would use depending on who they were supporting.

We looked at whether the provider was applying the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services who may lack capacity to make decisions for themselves. Staff we spoke with told us they had received training on MCA and DoLS although understanding of this legislation varied amongst staff. Some people's care plans showed that consent had been given by relatives for people's care without checking that the correct authorisation was in place. This meant that some people's rights were not been protected.

We saw that meal times were a pleasant experience and a time for socialising and chatting. We saw that people's religious beliefs were respected by taking part in prayers before each meal time. People were offered choices in all courses of their meal. People told us that they liked the food and comments included, "The food is wonderful. I get a choice of what I'd like to eat." We saw that when people were supported to eat it was done in a dignified manner and independence was still encouraged. There were systems in place to gather information about people's food preferences which were then incorporated into menu planning. We saw that people could have more food when they wanted it.

People saw healthcare professionals regularly to maintain their health. Relatives told us that the service monitored people closely for any changes to healthcare needs and took action when needed. One relative told us about how the provider had purchased new equipment following advice from a healthcare professional. The service had good links with the local GP surgery who came out monthly to review people's healthcare needs with the registered manager. One healthcare professional that we spoke with told us the service was proactive in alerting them when people's healthcare needs changed and any advice given was acted on promptly.

Good

Is the service caring?

Our findings

People told us that they felt cared for and we saw that staff interacted with people in a kind and compassionate way. People talked about the staff positively and comments included, "The staff are excellent, they are very kind." Relatives told us that, "Staff are so friendly and helpful" and another relative described the staff as, "Friendly, caring, compassionate, wonderful staff." Relatives told us that there were consistent staff who knew people well. One relative told us about the way staff had worked hard to build relationships with a person and their family when they first moved into the home. Another relative spoke of the home as, "More of a community, like a family."

When we spoke to staff about the people they supported one staff member stated that, "It's my passion to support the ladies living here." Staff knew people's likes and dislikes and their family background. We saw that although people's life histories were documented in their care plans no action was taken with the knowledge of people's life histories to provide better care. The registered manager informed us that she was planning on using this information in the future to aid conversations and plan suitable activities.

Care plans were developed with the person and their relatives to find out the person's likes, dislikes and preferred routines. Staff were able to tell us how they used this information to provide people with care in the way they wished. Staff were able to tell us how they used different approaches to provide care depending on the person's personality. One relative told us about the way the staff had helped their relative settle into the home by finding out specific routines they liked at bedtime. The relative confirmed that staff followed these routines.

People told us that visitors were able to visit anytime and that there were no rules of when or how often they visited. There were private areas of the home where people could meet with their visitors. We saw that when relatives did visit they were welcomed into the home. The home had recently held a coffee morning where all the relatives of people living at the home were invited. The people we spoke with talked enthusiastically about this event and how much they had enjoyed it.

People were supported to follow their religious beliefs. There was a chapel at the centre of the home where mass was said daily. People who wanted to attend were assisted by staff. People told us of the importance of attending mass. One person said, "It is important to carry on my faith and the home have helped me do this." Relatives told us that attending mass, "Brings her peace." People and their relatives could visit the chapel at any time of the day if they wished. People who were not of Roman Catholic faith were supported to meet their religious needs by attending services at places of worship outside the home. People we spoke with found comfort that their spiritual needs were met.

We saw staff treating people with dignity and respect when giving people explanations of what was happening or explaining what meals were on offer. Staff spoke of the value to people of maintaining their independence and people were supported to access a separate kitchen where they could do baking activities or washing up to retain their independence. One relative gave an example of how the home had worked really hard to support their relative to become more independent with their mobility.

Good

Is the service responsive?

Our findings

People that we spoke with told us they were involved in their care. We saw that staff acted promptly to people's requests for support.

People told us about the activities that they took part in. On the first day of inspection an exercise session was taking place which took into account people's individual abilities. People told us this exercise class happened every week. We also saw a quiz being carried out where everyone was encouraged to take part if they wanted. Both of these activities encouraged engagement with others and we saw people were enjoying taking part in the activity. One person told us that she enjoyed reading. We saw staff supporting this person to choose a book they wanted to read. We saw that specialist magazines which reflected people's interests had been delivered to the home and that a newspaper was delivered daily at the request of people. The home had recently started to complete an activity log where they recorded what activities were offered and which people enjoyed the activity. This was going to be used to plan further activities which people had said they wanted to do.

Care reviews were carried out with the person and their family. One person told us, "I'm involved in my care, they ask me questions." Each person at the home had a keyworker who carried out a meeting with the person every month to discuss how the person was feeling, things they have enjoyed and any concerns that the person may have. This helped ensure that people's care plans reflected with individual wishes and preferences. However, we saw that when people had mentioned concerns in these meetings they were not always acted on. One person had mentioned that she wanted to be more independent and also wanted to do more activities outside the home.

People and relatives told us that if they had any concerns they would speak to the registered manager who would try to resolve the issue straight away. One person told us, "If I was worried about something, I could tell them and they would sort it out". All the people we spoke with told us that the staff and registered manager were approachable and people were comfortable to express their views of the service.

We saw that the complaints procedure was available in people's bedrooms and the home had a complaints, concerns and compliments book situated in the entrance hall of the home. Although there had been no formal complaints in the last twelve months we saw that the registered manager had acted when concerns were raised. The registered manager had recorded all action she had taken to resolve the concern and supplied the person with a written response and apologies where appropriate. This enabled the registered manager to learn from concerns raised and prevent similar incidences from occurring.

Requires improvement

Is the service well-led?

Our findings

We looked at the providers systems for monitoring and improving the quality and safety of the service. We found that the systems in place were not always effective. Although the provider had monitoring systems available there was no schedule of when they would be carried out or systems in place to monitor issues that had been raised or the effectiveness of any action taken to resolve these issues. For example, one person's keyworker had identified through a meeting that staff had found a different method of communicating with the person that helped aid her communication but this information had not been passed onto all other staff members. Accidents had not been analysed to identify trends and to prevent re-occurrence. Actions identified as necessary to reduce the risk of harm to people had not always been actioned. A monthly medication audit of boxed medications had highlighted that there had been three errors in one month but there was no record of what had been done to monitor the impact on the person or to prevent the errors occurring again. External quality audits were undertaken on a regular basis by the provider to monitor the quality of the service.

People we spoke with told us they were happy with how the home was managed. People knew who the registered manager was and comments included, "Oh the manager is wonderful", and "She helps us." One relative commented that, "The manager is wonderful."

The registered manager followed requirements to inform the Care Quality Commission of specific events that had occurred in the home. The registered manager was aware of changes to regulations and was clear about what these meant for the service.

The service had a clear leadership structure in place which staff understood. The provider had recently employed a deputy manager to aid the running of the home and to support the registered manager. This ensured continuity of leadership should the registered manager be unavailable to offer support and guidance to staff. The registered manager was also supported by the manager of the providers other service.

People and staff informed us that they felt they were involved in the running of the home and were able to express suggestions for improvement to the registered manager. Staff told us that this happens on a formal and informal basis. Meetings of people who used the service took place regularly and gave people the opportunity to express any concerns or issues they had. People were able to add items to the agenda for discussion at the meeting before it occurred. We saw that if any issues or concerns arose at the meeting then the registered manager provided written feedback to people about how these would be resolved. The home had also recently developed a newsletter for people living in the home detailing information about the next residents meeting and other upcoming social events. The provider did not currently conduct any surveys to seek feedback from people who used the service but the registered manager informed us that they planned to do this in the future. We saw that staff meetings took place and a staff survey had recently been undertaken although it was yet to be analysed.

The registered manager had been in post for a year and had drawn up an improvement plan for the service that she had put in place with dates for completion of tasks. This plan failed to identify that some tasks were already overdue and had not been given a new completion date.