

Mrs Mobina Sayani

St Paul's Residential Home

Inspection report

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Date of inspection visit:
21 March 2019
22 March 2019

Date of publication:
17 May 2019

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 

Summary of findings

Overall summary

This inspection took place on 21 and 22 March 2019 and was unannounced.

St Paul's Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. St Paul's Residential Home accommodates 32 people in four adapted buildings. At the time of our inspection there were 31 people using the service.

At our previous inspections in April 2016 and March 2017 the service was rated "Good". At this inspection we found the service was rated Requires Improvement.

St Paul's Residential Home had a registered manager in post. 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 received their medicines as prescribed, but some improvement was needed to ensure best medicine management practice would always be followed. When people fell, regular observations had not been completed and recorded to support staff to identify injuries. We made a recommendation about people's post falls management.

The provider had completed pre-employment checks to protect people against the employment of unsuitable staff. Some improvement was needed to ensure when information of concern was identified records would be kept of how risks had been mitigated.

Effective systems were not always operated to monitor and improve the quality of care people received. The provider had not identified the shortfalls we found prior to our inspection.

People were protected from harm and abuse through the knowledge of staff and management.

Staff were supported through training and meetings to maintain their skills and knowledge to support people. Sufficient staff were deployed to support people.

We found the environment of the care home was clean and had been well maintained. People were supported to eat a varied diet which met their needs and preferences.

People received personalised care and support from caring staff who respected their privacy, dignity and the importance of independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had opportunities to take part in a variety of activities. People were supported to maintain contact with their relatives. There were arrangements in place for people and their representatives to raise concerns about the service. Care was provided for people at the end of their life.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not as safe as it could be.

People received their medicines as prescribed. Some improvement was needed to ensure best medicine management practice was always followed.

Pre-employment checks had been completed to protect people against the employment of unsuitable staff. Some improvement was needed to ensure when information of concern was identified records would be kept of how risks had been mitigated. There were sufficient staff to meet people's needs.

When people fell, best practice was not followed to monitor people for injuries that might not be immediately visible, to ensure prompt medical attention could be sought if required.

People were safeguarded from the risk of abuse.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the knowledge and skills to carry out their roles.

People were provided with varied meals to suit their needs and preferences.

People's health care needs were met through on-going support and liaison with healthcare professionals.

People's rights were protected in accordance with the principles of the Mental Capacity Act (2005).

Is the service caring?

Good 

The service was caring.

People benefitted from positive relationships with the staff.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care was individualised and met their needs and preferences.

People were able to take part in a range of activities.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance systems had not always identified shortfalls in quality and risks in the service.

Information about significant events had not been notified to the Care Quality Commission.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

St Paul'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 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 inspection took place on 21 and 22 March 2019 and was unannounced. The inspection was carried out by one inspector. We spoke with three people using the service and four visitors. We spoke with the registered manager, the deputy manager, the cook and four members of care staff.

We reviewed records for five people using the service and looked over the premises of the care home. We examined records relating to staff recruitment and the management of the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also received the views of three health and social care professionals.

Is the service safe?

Our findings

The provider had completed pre-employment checks to protect people against the employment of unsuitable staff. Some improvement was needed to ensure when information of concern was identified records would be kept of how risks had been mitigated. We examined five staff recruitment files, checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The provider could describe where information appeared on an applicant's DBS check, how they had assessed the applicant to be suitable and the action they took to ensure they posed no risk to people. However, this had not been recorded to ensure accurate staff recruitment records were kept. The provider told us they would introduce a risk assessment form for future staff recruitment.

People's medicine administration records (MARs) showed people received their medicines as prescribed. Some improvement was needed to ensure best medicine management practice was always followed. Some bottles of liquid medicine were dated on opening as a guide to the expiry date. However, we saw other bottles where dates had not been recorded. There was a risk that some people may receive medicines that were past the expiry date and so may be ineffective. We also found some hand-written directions for giving people's medicine had been written on the current MAR by staff. However, there was no signature for the staff who entered the directions on the administration chart and a second member of staff had not signed these directions to indicate they were checked and correct. A lack of checks could lead to errors with people receiving their medicines. These issues were included in but had not been identified through medicine audits. The provider told us they would be amending their medicine audit forms to ensure these areas were covered.

Medicines were stored securely and records showed correct storage temperatures had been maintained. People's care plans gave staff guidance when administering medicines prescribed to be given 'as required'; such as medicines for pain relief or to relieve people's distress.

People had been identified if they were at risk of falls and risk assessments were in place to reduce the risk of them falling. When people fell some observations had taken place to monitor for injuries that might not have been visible at the time of the fall. However, these observations had not been completed and recorded as frequent as per current good practice guidance to ensure that delayed signs of injury would be identified so that prompt medical attention could be sought if required. The provider was aware of the best practice guidance in relation to post falls monitoring but was yet to implement this. They told us they would introduce this guidance following our inspection.

We recommend the registered provider seeks advice from a reputable source regarding the monitoring of injury when falls occurred.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse

relating to people using the service and were confident any safeguarding concerns reported to the manager would be dealt with correctly.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

People were protected from risks associated with the environment of the care home such as legionella, fire and electrical systems through checks and management of identified risks. Equipment used to support people's care such as hoists and wheelchairs were regularly checked and serviced to ensure they were safe.

People were supported by sufficient staffing levels. The manager explained how the staffing levels were currently organised throughout the care home in response to people's needs and using staff time and roles flexibly. People and their representatives told us they felt there were enough staff for people's needs. During our inspection we found staff responded promptly to people's requests for assistance. We saw no examples of people being socially isolated.

The latest inspection of food hygiene by the local authority for the care home in January 2019 had resulted in the highest score possible. We found the environment of the care home was clean and people and their representatives told us it was kept clean.

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they moved in to St Paul's Residential Home. On-going assessments were in operation using recognised assessment tools relating to areas such as nutrition and pressure ulcer prevention.

People using the service were supported by staff who had received training for their role. Training updates were provided for staff on a yearly basis and included, moving and handling, fire safety and dementia. Staff had also achieved nationally recognised vocational qualifications in social care. Staff confirmed they received enough training for their role. Staff had regular individual meetings called supervision sessions with senior staff. Bi-annual performance appraisals were completed.

People were supported to eat a varied diet in response to their needs. Staff provided for the dietary needs of one person which reflected their religious needs and personal preferences. Their relative praised the provision of meals to this person. People's care plans described their dietary needs and preferences in detail for staff reference. We heard positive comments about the meals provided by people and their representatives such as "Lunch is always very good" and "She loves the food".

People's healthcare needs were met through regular healthcare visits and appointments. Care records indicated that health professionals were involved in the provision of care such as GPs and dentists. People had care plans to guide staff with meeting health care needs such as diabetes. Records showed where people had received flu vaccinations in preparation for the winter.

People had access to communal areas used for sitting and watching television and a dining area. There was also a garden which people could access in fine weather. This included raised flower beds for people to tend. Signage and distinctive toilet seats had been installed to support the independence of people living with dementia. One person enjoyed knitting and the brightness of the lighting in their room had been increased to enable them to pursue this activity.

The 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 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Assessments had been made of people's capacity to consent to decisions about aspects of their care and support. Where decisions had been made about resuscitation these were prominently displayed in people's care plan folders.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Following assessments, applications for authorisation to deprive four people of their liberty had been made. One application had expired and three were currently in force, we checked and there were no conditions associated with the current approved applications.

Is the service caring?

Our findings

People had developed positive relationships with the staff that supported them. The Provider Information return (PIR) stated, "Direct observation of staff interacting with residents shows that good rapport exists between them and people are treated with kindness, respect and compassion. Supervision during care activities is used to monitor this and shows residents are treated with respect, privacy and dignity". During our observations we saw staff checking on people's wellbeing, ensuring they were warm enough and comfortable and responding appropriately to people's requests for help. Staff maintained a good rapport when communicating with people.

A visitor told us their relative was "Looked after very well". Another visitor described staff as "Very friendly and helpful" another said staff were "Definitely caring". A local vicar who visited the care home told us, "The staff are gentle and respectful at all times and the residents seem happy and very well cared for".

People were supported to maintain contact with family and friends in response to their wishes. People could receive visitors without restrictions and some people's relatives chose to have a meal when they visited or assist the person with their meal if required. People's visitors described how they felt welcome when they visited and were offered drinks.

People and/or their relatives told us how they were involved in planning and reviewing their care and support. Information about advocacy services was available. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs). People had used the services of advocates in the past.

People's privacy and dignity was respected. Staff described how they would act to maintain people's privacy, dignity when providing personal care such knocking on doors, closing doors and covering people. This approach was reflected in people's care plans for their privacy and dignity. They also described the importance of respecting people's preferences for the gender of staff providing personal care and respecting people's choices. People's care plans for personal care acknowledged the need to promote their independence in this area.

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. People's care plans included guidelines for staff to follow to provide care and support in an individualised way. These records had been kept under regular review. Information was recorded about people's life histories for staff reference.

The Provider Information Return (PIR) stated, "We also support people with language and cultural needs and ensure that there is usually a staff member able to communicate with the resident e.g. we have residents who only speak a bit of English and can communicate in their own mother tongue so people who can speak Gujarati or Portuguese are available to communicate with them. One resident has strong cultural and religious needs so having staff who understand the culture and explain to other staff is vital to ensure the resident is cared for in a person-centred manner." A visitor commented, "People here are treated as human beings and as individuals".

The registered manager was aware of the need to provide information in an accessible format in response to people's needs. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

People were given a choice of activities such as musical entertainment, singing for dementia, exercises, crafts, visits from a local children's nursery and trips out to a garden centre. A social care professional told us, "When I visit St Pauls Residential, they always have activities laid on for residents to take part in." We saw a simple but effective activity using a balloon which people eagerly took part in. Links had been made with local religious and cultural groups whose representatives visited the care home to provide activities.

There were arrangements in place to listen to and respond to any concerns or complaints. No formal complaints had been received since our previous comprehensive inspection. Concerns voiced by people and their representatives had been recorded with outcomes and any action taken.

Arrangements had been made to support people at the end of their life in response to their wishes. End of life care had been provided to people using the service in conjunction with health care services. Staff had received training in end of life care.

Is the service well-led?

Our findings

There were systems in place to monitor the quality and safety of the service, however these had not always been operated effectively. A range of audits were completed on areas such as medicines, dignity in care, activities and food and dining. However, we identified shortfalls during this inspection that had not been identified by the provider's own internal audit systems. This included not identifying a shortfall with staff recruitment recording procedures, best practice observations not being followed when people fell and medicine management issues prior to our inspection. The provider's quality audits had insufficient scope and scrutiny to ensure prompt action would always be taken to improve the service and keep people safe.

A medicine audit completed on 18 March 2019 had not identified that some people's liquid medicines had not been dated on opening and that handwritten medicine records were not always double signed as per good practice guidance.

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

Required notifications had not been submitted to CQC. We found Deprivation of Liberty Safeguards had been put in place for four people using the service. However, we had not been notified about the outcome of the applications made by the care home. In addition, a person had suffered a serious injury and we had not received a required notification about this event. CQC monitors events important events affecting the welfare, health and safety of people living in the home through the notifications sent to us by providers. We asked the provider to submit these notifications following our inspection although we did not receive these.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

A survey of the views of people using the service and their representatives had been carried out in 2018. The results showed positive responses for questions relating to the care home environment, quality of staff and meals.

The registered manager was visible and accessible to people using the service, staff and visitors. People using the service, their relatives and staff gave positive views about the registered manager.

The registered manager described the current challenge of running the service as overall improvement and was considering how technology may be used for records and documentation. They kept up to date with current practice in the field of adult social care through membership of a local care providers organisation.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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 18 Registration Regulations 2009 Notifications of other incidents Required notifications had not been submitted for events which occurred whilst services were being provided in the carrying on of a regulated activity. This related to a serious injury to a person and outcomes of authorisations to deprive a people of their liberty.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not always identified shortfalls in quality and risks to people using the service or ensured that accurate records relating to people's care were kept.