

Painswick Road Care Home Ltd

Saintbridge House Nursing and Residential Home

Inspection report

189 Painswick Road
Abbeydale
Gloucester
Gloucestershire
GL4 4QQ

Tel: 01452300307

Website: www.saintbridge-house.co.uk

Date of inspection visit:

12 June 2019

13 June 2019

14 June 2019

Date of publication:

19 July 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

About the service

Saintbridge House Nursing and Residential home is a residential care home providing personal and nursing care to up to 36 people in one adapted building. At the time of our inspection, Saintbridge House Nursing and Residential home was providing care for 35 people.

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

People were safe. Systems were in place to protect people from abuse, staff were trained in safeguarding and knew how to report concerns. There were enough staff to support people safely and staff had been safely recruited. The service was clean and followed infection control principles.

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

People's needs were assessed appropriately, the service worked with other health professionals to ensure people's needs were met effectively. People were supported to maintain a balanced diet.

Staff were caring and treated people with dignity and respect. People's confidentiality was protected, and their information was stored safely. People who used the service and their family members knew how to report concerns, they told us when they had raised concerns, these had been listened to by the service.

People and staff told us that the management team was approachable, and the service was well led. The registered manager had good oversight of the service and completed regular audits in order to drive improvements.

This service was rated Good in all areas.

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

Rating at last inspection

The last rating for this service was Good (published 10 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Saintbridge House Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector, and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Saintbridge House Nursing and Residential home is a 'care home'. 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.

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

Before this inspection, we reviewed the information we already held about this service, this included notifications sent to us by the provider. Notifications are information about specific events the service is legally required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from health and social care professionals working with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with nine people and eight relatives of people using the service about their experience. We also spoke to nine members of staff including care staff, kitchen staff, deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed documentation related to people's care, including three care plans and daily records. We also looked at documentation relating to the management of the service, including staff recruitment files, training records and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe at Saintbridge House Nursing and Residential home. One relative said, "Its brilliant – I have no qualms about leaving them, it is such a relief."
- Staff were trained and understood the principles of safeguarding. Staff we spoke with were able to identify signs of abuse and knew how to report concerns.
- Every staff member we spoke with told us they had a copy of the whistleblowing policy and were able to explain the whistleblowing process. Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.

Assessing risk, safety monitoring and management

- Regular fire safety checks had been completed, these included fire drills, emergency lighting checks and fire alarm tests.
- Each person had a personal evacuation plan (PEEP) in place, staff were aware of these and knew how to access them in an emergency.
- The service regularly sought feedback on the safety of the premises from outside agencies, this included an independent health and safety auditor and the fire service. Where recommendations had been made, the service acted on these promptly.
- Monthly health and safety audits were completed, where concerns were identified, these were addressed appropriately.
- Equipment used to assist people to move had been regularly tested to ensure they were in safe working order. Staff knew how to check if equipment was safe to use and how to report concerns.

Staffing and recruitment

- People told us there was always somebody available to support them if needed. One person said "Buzzers? They are fairly quick, even at night, there are always people around."
- Recruitment methods were safe. Pre-employment checks were completed for all staff, these included references and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

Using medicines safely

- Medicines were administered safely. Staff received regular training in medicines administration and were observed to ensure they were competent.
- People were supported to understand their medicines and consent was gained before medicines were administered.
- Medicines were stored securely and in line with best practice guidance.

Preventing and controlling infection

- The service was clean and free from unpleasant odours.
- Staff had infection control training and had good knowledge of infection control principles.
- The staff wore appropriate PPE (personal protective equipment), which was available throughout the home for staff to use as required.
- The service had an appropriate policy for outbreaks of infectious disease, previous outbreaks had been reported to Public Health England (PHE) in line with PHE requirements.
- The service had received a '5' rating for food hygiene in October 2018. This meant they had very good food hygiene standards.
- The registered manager completed infection control audits regularly, this meant issues were able to be identified promptly.

Learning lessons when things go wrong

- Records were kept of accidents and incidents using their services online care planning system, each accident/incident was reviewed by the registered manager.
- Reports providing an overview of incidents was regularly produced and analysed to identify areas where the service could improve safety.
- The registered manager kept a separate audit for falls, this was regularly analysed for trends or patterns in order to continue to improve falls management and minimise risk of injury.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's spiritual, religious and cultural needs were not always recorded in their assessments. When we discussed this with the registered manager, he stated that this would be addressed promptly. The registered manager has since emailed us a concise action plan stating how this will be improved.
- People's health needs were assessed, and care plans were written collaboratively with people who used the service. Care plans were regularly updated.
- The service used nationally recognised assessment tools, such as the Malnutrition universal screening tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.

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

- Records kept of people's hydration were not always effective. Some people's care records indicated they had not drunk enough fluid; however, no action was taken as a result of this information.
- We discussed this with the registered manager and deputy manager, they stated this was due to the new electronic system putting all residents onto a fluid chart and staff were forgetting to record accurately. Following our feedback, the registered manager reduced the amount of people on fluid recording charts to only those at high risk of dehydration. They also held a discussion with staff regarding monitoring fluid intake.
- During our inspection, we observed staff offering regular drinks to people, where required, staff assisted people appropriately. We saw no further evidence to suggest that people had been affected by dehydration.
- People told us they enjoyed the food at the service and were offered choices, one person said, "Very good food, you get a choice, if I didn't like, I would get something else. I use the dining room", another person told us, "Food is good, they manage my gluten free – there is a choice of food, the kitchen staff are excellent."
- The chef and care staff were aware of people's dietary needs, if people needed soft textured diets, the chef used moulds to ensure food remained appetising. One relative told us, "The meal is pureed but it is always nicely presented."

Staff support: induction, training, skills and experience

- Staff received regular training in a range of areas meaningful to their roles, this included topics such as Moving and handling, Infection control and Nutrition and hydration.
- Staff told us they had enough training to do their jobs well.
- New staff underwent an induction process which included a training programme and shadowing experienced staff.

- The registered manager was present throughout the home and regularly observed staff to ensure care standards were high.
- Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
- People were supported to access health services and had their health needs met. Peoples records indicated they were referred appropriately to the GP, community psychiatrist, District nurse and other health care professionals.
- The service worked closely with healthcare teams to ensure peoples quality of life was maximised. An example of this was the service working closely with a specialist nurse to secure a portable oxygen concentrator for someone, this meant it was easier for the person to go out with their family and friends.
- Professionals spoke positively about working with the service, one professional said "[Nurse] is amazing, I can always go to [Nurses] they are spot on."

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

- Risks in relation to premises were identified and well managed.
- People were able to personalise their bedrooms by bringing in furniture and items that were important to them.
- The service had contrasting colours and was free from confusing patterns. This meant the environment was suited to people with visual impairments and dementia.
- The service was adapted to cater for people of varying mobility needs.
- People had access to a secure garden, the garden had raised flower beds so people could assist with gardening if they desired.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were cared for by staff who understood the principles of the MCA.
- DoLS applications had been made to the local authority appropriately.
- Staff always sought consent before providing care for people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and supported them well. One person said, "Brilliant staff – they help me in the morning – I have only got to say if I want help, but also they will leave me in peace", another person told us, "The staff are very good – help me shower and wash, they are very kind."
- Family members told us that staff were caring towards their relatives, one relative said "we are very pleased with the care. Staff are very caring and there is a low turnover of staff. I can always get hold of staff", another relative told us " I always see them [staff], doing things for people that is nice, and I know they'd do the same for my dad.[Staff member] is absolutely fantastic, she is always cheerful, popping in to see and chat with people, cheering them up".
- People and relatives told us they were treated equally and were free from discrimination.
- Staff spoke respectfully about those they cared for.

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

- People told us they had been involved in writing their care plans, they told us they felt included in this process.
- People were signposted to support or advocacy services if required. An Advocate is someone who can speak up independently for a person if they need them to.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. When people required support, staff did so respectfully and discreetly.
- Staff spoke about people kindly and demonstrated commitment to treating people respectfully. One staff member said, "I always make sure that I would do what I would want to be done to me. If I want to be treated with respect, that's how I treat them."
- People's information was stored securely, staff had good knowledge of data protection principles.
- People were supported to remain as independent as possible. One staff member told us, "We try and keep [people who use the service] as independent as we can, it might take them longer to walk or helping them to drink - I would rather do that than do it for them, I wouldn't take that away from them to make it easier for myself".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Some people and relatives told us there were not enough day to day activities. However, people told us they enjoyed the activities when they were available.
- People and Relatives told us they enjoyed trips and events the service hosted; one person told us, "we go out into the country, pubs and to the Cotswolds". A relative of someone using the service told us "they do fetes and fireworks nights, they put out food, burgers, sausage rolls and things."
- Where people had specific interests or passions, the service supported people to enjoy them, for example, a relative told us "[Person] who loves animals - they brought dogs and Shetland ponies round which they absolutely loved".
- We discussed people's feedback with the registered manager, he stated he would look into activities at the service and has since informed us the service will be recruiting an additional activities co-ordinator.

End of life care and support

- There was nobody receiving end of life care at the time of our inspection.
- We saw end of life care wishes were not always recorded in people's care plans.
- When we discussed this with the registered manager, he stated he would address this immediately. The registered manager has since informed us some of the information was held in paper versions of care plans and had not been transferred to the newer electronic system.
- Since our inspection the registered manager has provided CQC with an action plan stating how this information will be recorded for all people using the service.
- We saw evidence the service had delivered person centred end of life care and listened to the wishes of people they cared for, for example, the service had organised fishing trips for a person who was a passionate angler.
- The service had received positive feedback from relatives of people who had died, comments included, '[Person] was only with you for a short time but those last few weeks of his life were made special by the kindness and time you gave him' and, 'Through everyone here, [person] truly had the best quality of life that she could have ever had in her final months'.
- Staff spoke passionately about end of life care, they told us they had received appropriate training and felt confident in providing end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The service identified communication needs as part of their assessment process.
- This information was put into a 'communication passport'. This was a document available to health care professionals to ensure they were aware of people's communication needs. The registered manager told us this would be taken with people in the event of hospital admission.
- The registered manager told us all communications, policies and care plans were available in different formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Visitors to the service told us they were made to feel welcome. One visitor told us, "I am made to feel like a member of the family, everyone knows me, I visit every day, if I can't come because I am ill they ring me to let me know how he is. I can leave him knowing he is ok".
- There were no restrictions on when people could visit the service.
- People were supported to celebrate life events and birthdays with friends and family. One person told us, "it was our Diamond wedding, they had a surprise party and got the family in and made a cake".
- The service held celebrations around annual events that were important to people such as bonfire night and Christmas. This meant people were able to spend these occasions with their friends and family.
- The service had good community links with other services in the area, for example, the service had a good relationship with the local college, people who lived at Saintbridge House Nursing and Residential home attended the college for dinner and events. Students from the college would also complete work experience at the service.

Improving care quality in response to complaints or concerns

- The service had received no complaints in the past year.
- We saw evidence that older complaints had been dealt with promptly and appropriately.
- People told us they knew how to complain and would feel comfortable doing so.
- A copy of the complaints policy was kept in people's rooms along with other key documents, this meant they had access to the policy whenever needed. An additional copy of the complaints policy was given to relatives as part of a welcome pack.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us they liked the management at Saintbridge House Nursing and Residential home.
- People told us the registered manager was approachable, one person said, "If I needed to I would talk to [registered manager], he walks around and we see him", another said, I can speak to [registered manager], he often tells me things that are relevant to [person], he often says hello as he's walking past".
- The registered manager spoke passionately about person centred care, this attitude was reflected in the words and actions of all staff working in the service.
- The registered manager was present throughout the home and knew people well, we saw people who lived at the service respond to the registered manager warmly.
- Staff told us they felt well supported by management and felt comfortable approaching the management team.
- The registered manager sought external advice and training from religious teachers or people practicing certain religions to ensure staff had good understanding of people's religious needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had good understanding of the duty of candour.
- There had been no incidents in the past year where the duty of candour was required, however the registered manager was able to provide historical examples of where this was met.

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

- Appropriate quality assurance systems were in place, management conducted a number of audits to ensure quality of care and health and safety standards remained high.
- There was a clear staffing structure in place, the registered manager and deputy manager operated an 'on call' system to ensure staff always had access to managerial support.
- The Registered manager had good knowledge of their regulatory responsibilities, CQC had received required notifications from the service since their last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service held regular 'residents meetings', this was an opportunity for relatives and people who used the service to discuss improvements to the service and plan future events.
- Feedback was sought from people who used the service and their families through quality assurance surveys. We saw feedback from these surveys had been mostly positive and the service had received 100% positive feedback in areas such as standards of care, food and handling of complaints. Areas for improvement identified in the quality assurance surveys were addressed promptly.
- The service held regular staff meetings, staff told us they found these useful to discuss changes and improvements to the service.
- Staff were encouraged to complete work-based qualifications. Staff told us they felt able to discuss their professional development as part of the supervision process.
- Where staff had specialist interests, they were encouraged to seek further training and share learning with other staff members.

Working in partnership with others

- The service worked well with other health and social care professionals. There were systems in place to allow for effective information sharing and prompt referrals.
- The service maintained good relationships with local services and community provisions. This meant people had access to community activities and events.