Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Bridgets Care Centre

14 East Avenue, Talbot Woods, Bournemouth, BH3 7BY

Tel: 01202291347

Date of Inspection: 30 April 2014

Date of Publication: May 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed
Records	✗ Action needed

Details about this location

Registered Provider	Mr Anthony Howell
Registered Manager	Mrs Zoe Anne Hutchison
Overview of the service	St Bridget's Care centre is registered to accommodate up to 12 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 30 April 2014, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

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

This is a summary of what we found-

Is the service caring?

People were treated with consideration and respect. We spoke with three people and one person's relative. One person told us, "The staff are very good. The way we are treated is very good." Another person said, "If you don't look very happy they question it." One person's relative commented, "The staff have always been very friendly." We saw that people were treated sensitively. For example, we saw staff kneeling down to a person's eye level and provide reassurance regarding their medicines. The provider may find it useful to note that we observed staff assisting people to eat while wearing disposable gloves. The registered manager told us that this practice was carried out to reduce the risk of infection. However, no specific risks of infection had been identified with helping these people to eat and this practice did not respect the people's dignity.

People's privacy was respected. One person told us, "The staff will knock on the door before coming in. They always close the curtains when they are helping me." Another person said, "The staff knock on the door before they come in. We have enough privacy." We saw that people were supported with their personal care needs behind closed doors and staff knocked on people's doors before entering their rooms. The provider may find it useful to note that a list of people and the day they had a shower was publically displayed in the home. This did not respect people's privacy.

Is the service responsive?

People could access the services of healthcare professionals as necessary. One person told us, "The staff phone the doctor if we need them. The district nurses have also been in before." Another person said, "They are on the ball here with the doctor. The doctor comes here we never have to go to the surgery. If I ask to see the doctor they get one for me." A person's relative commented, "The manager will call the doctor if she needs to. Mum is taken to outpatients appointments by the home." We found that contacts with healthcare professionals were documented in people's care records, for example, visits by the chiropodist and GP.

Is the service safe?

We looked at four people's care records and found that their needs were not always accurately assessed. For example, people's risk of malnutrition was assessed using a nationally recognised tool. This tool requires the assessor to consider weight loss in comparison to the person's usual weight over a period of three to six months to calculate the degree of risk. None of the assessments we looked at had considered any weight loss over this period and there was no recording of the person's usual or pre illness weight. One person had lost a significant amount of weight in the previous month, however, the assessment concluded that they were at a medium risk of malnutrition rather than a high risk as the assessment had not been accurately completed. This meant that there was a risk that people at risk of malnutrition were not identified.

People's moving and handling needs were not adequately assessed. We looked at people's care records in relation to moving and handling. These records did not demonstrate a sufficient assessment, such as consideration of the type and size of equipment required to assist the person to move safely. The registered manager told us that the hoist slings allocated to people did not have any identifying markings on them as staff could visually recognise each person's equipment. We found that the hoist sling in one person's bedroom was marked with a name of a person who did not occupy the room. Another person had a large sized hoist sling which the registered manager said was due to their epilepsy rather than their size. However, there was no assessment which detailed that this was recommended by a healthcare professional.

People told us that there were sufficient staff to meet their needs. We spoke with three people and one person's relative. One person told us, "Normally they are very quick when I press the bell." Another person said, "I think there are enough staff. They have got short now and again, but they just get on and do extra." A person's relative commented, "I've never noticed there being a shortage of staff. As far as I know, when mum presses her buzzer there is no unnecessary delay."

People's care records did not always contain sufficient information to protect people from the risks of unsafe or inappropriate care.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The provider had made a number of applications under these safeguards.

Is the service effective?

People's risk of skin damage was assessed and care was planned to reduce this risk. We found that an assessment of people's risk of skin damage had been carried out. We found that where people were assessed as being at risk of skin damage a plan was in place to

reduce this risk. For example, one person had a pressure-relieving mattress which was set at a level which was consistent with their weight and was regularly checked.

People told us that care was delivered to meet their needs. We spoke with three people and one person's relative. One person told us, "They always look after me. The staff are brilliant." Another person said, "The staff are very nice and very good. They are there to help us and they do help us. You will have to go a long way to beat this place." A person's relative commented, "They are meeting mum's needs." We spoke with three staff who were aware of people's needs.

Is the service well led?

People's views of the service were sought. We spoke with three people and one person's relative. One person told us, "The manager is very attentive. I see her quite a bit. She is always there if I want her." Another person said, "We asked for our supper later, so they now bring it at 9pm rather than 8pm." We looked at the minutes of two recent 'residents meetings'. We found that people's views were sought during these meetings on a range of topics such as activities and the menu. The registered manager told us that they were preparing a survey for people to complete.

The provider did not have an effective system to monitor the quality and accuracy of people's care records. The registered manager told us that they monitored the quality of people's care records by completing monthly evaluations. However, this monitoring had not identified issues such as the lack of adequate assessment of people's moving and handling needs or the absence of detail in people's repositioning charts.

Audits of practice were not always effective. For example, we looked at records relating to a health and safety audit. The audit looked at moving and handling, among other health and safety topics. The audit stated that the correct size of hoist slings were used and detailed in people's care records. However, we found that this was not the case in all of the people's care records we looked at.

Trends in accidents and incidents were considered on a three monthly basis. We found that the provider had a system to review all accidents and incidents on a three monthly basis in order to identify any trends. We looked at records for the previous six months. No trends had been identified during this period.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 30 May 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were treated with consideration and respect. We spoke with three people and one person's relative. One person told us, "The staff are very good. The way we are treated is very good." Another person said, "If you don't look very happy they question it." One person's relative commented, "The staff have always been very friendly." We saw that people were treated sensitively. For example, we saw staff kneeling down to a person's eye level and provide reassurance regarding their medicines. The provider may find it useful to note that we observed staff assisting people to eat while wearing disposable gloves. The registered manager told us that this practice was carried out to reduce the risk of infection. However, no specific risks of infection had been identified with helping these people to eat and this practice did not respect the people's dignity.

People's privacy was respected. One person told us, "The staff will knock on the door before coming in. They always close the curtains when they are helping me." Another person said, "The staff knock on the door before they come in. We have enough privacy." We saw that people were supported with their personal care needs behind closed doors and staff knocked on people's doors before entering their rooms. The provider may find it useful to note that a list of people and the day they had a shower was publically displayed in the home. This did not respect people's privacy.

People were involved in decisions about their care and were able to make choices. One person told us, "They listen to me. I can get up and go to bed when I like." Another person said, "We can stay in bed in the morning, but they come early which I like. I can go out for a walk whenever the weather is decent." We looked at four people's care records and found that people's preferences were documented. We spoke with three members of staff who were aware of people's preferences, for example, their preferred name and choice regarding male or female carers.

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People were not protected against the risks of inappropriate or unsafe care as people's needs were not adequately assessed.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Our inspection on 9 July 2013 found that assessments to identify people's needs were not always completed promptly. The provider wrote to us on 30 August 2013 and told us that changes had been made to meet this standard. During this inspection we found that sufficient improvements had not been made.

We looked at four people's care records and found that their needs were not always accurately assessed. For example, people's risk of malnutrition was assessed using a nationally recognised tool. This tool requires the assessor to consider weight loss in comparison to the person's usual weight over a period of three to six months to calculate the degree of risk. None of the assessments we looked at had considered any weight loss over this period and there was no recording of the person's usual or pre-illness weight. One person had lost a significant amount of weight in the previous month; however, the assessment concluded that they were at a medium risk of malnutrition rather than a high risk as it had not been accurately completed. This meant that there was a risk that people at risk of malnutrition were not identified.

People's moving and handling needs were not adequately assessed. We looked at people's care records in relation to moving and handling. These records did not demonstrate a sufficient assessment, such as consideration of the type and size of equipment required to assist the person to move safely. The registered manager told us that the hoist slings allocated to people did not have any identifying markings on them as staff could visually recognise each person's equipment. We found that the hoist sling in one person's bedroom was marked with a name of a person who did not occupy the room. Another person had a large-sized hoist sling which the registered manager said was due to their epilepsy rather than their size. However, there was no assessment which detailed that this was recommended by a healthcare professional.

People's daily fluid requirements were not assessed on an individual basis. The registered manager told us that the amount of drinks people had was recorded to ensure they were having sufficient quantities. There was no individual assessment of different people's

requirements and no plan regarding the action staff should take should a person's fluid intake dropped below the assessed requirement.

People's risk of skin damage was assessed and care was planned to reduce this risk. We found that an assessment of people's risk of skin damage had been carried out. We found that where people were assessed as being at risk of skin damage a plan was in place to reduce this risk. For example, one person had a pressure-relieving mattress which was set at a level which was consistent with their weight and was regularly checked.

People told us that care was delivered to meet their needs. We spoke with three people and one person's relative. One person told us, "They always look after me. The staff are brilliant." Another person said, "The staff are very nice and very good. They are there to help us and they do help us. You will have to go a long way to beat this place." A person's relative commented, "They are meeting mum's needs." We spoke with three staff who were aware of people's needs.

People could access the services of healthcare professionals as necessary. One person told us, "The staff phone the doctor if we need them. The district nurses have also been in before." Another person said, "They are on the ball here with the doctor. The doctor comes here. We never have to go to the surgery. If I ask to see the doctor they get one for me." A person's relative commented, "The manager will call the doctor if she needs to. Mum is taken to outpatients appointments by the home." We found that contacts with healthcare professionals were documented in people's care records, for example, visits by the chiropodist and GP.

The provider had procedures for dealing with emergencies. For example, we found that the provider had a file which contained information which may be required in certain emergencies. This file contained telephone numbers for senior staff and utility companies. Details of the locations of the gas shut off and water shut off were also present in the file.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People told us that there were sufficient staff to meet their needs. We spoke with three people and one person's relative. One person told us, "Normally they are very quick when I press the bell." Another person said, "I think there are enough staff. They have got short now and again, but they just get on and do extra." A person's relative commented, "I've never noticed there being a shortage of staff. As far as I know, when mum presses her buzzer there is no unnecessary delay."

There were sufficient numbers of staff to meet people's needs. The registered manager told us that they monitored the numbers of staff and the skill mix on a regular basis. The registered manager told us that they ensured that there was a senior member of staff on each shift. We looked at the staffing schedules which confirmed that there were the assessed numbers of staff consistently on shift. We spoke with three members of staff who considered that there were adequate numbers of staff to enable them to perform their duties effectively.

Assessing and monitoring the quality of service provision ✖ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality and safety of the service.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's views of the service were sought. We spoke with three people and one person's relative. One person told us, "The manager is very attentive. I see her quite a bit. She is always there if I want her." Another person said, "We asked for our supper later, so they now bring it at 9pm rather than 8pm." We looked at the minutes of two recent 'residents meetings'. We found that people's views were sought during these meetings on a range of topics, such as activities and the menu. The registered manager told us that they were preparing a survey for people to complete.

Staff felt able to make suggestions to improve the service. We spoke with three members of care staff and the chef. Staff told us that they could make suggestions and felt that the registered manager would listen to them. The chef told us they adapted the menu in light of feedback from people using the service and staff. We found that a staff meeting had been held recently where information was shared, for example, feedback from the 'residents meeting'.

The provider did not have an effective system to monitor the quality and accuracy of people's care records. The registered manager told us that they monitored the quality of people's care records by completing monthly evaluations. However, this monitoring had not identified issues such as the lack of adequate assessment of people's moving and handling needs or the absence of detail in people's repositioning charts.

Audits of practice were not always effective. For example, we looked at records relating to a health and safety audit. The audit looked at moving and handling, among other health and safety topics. The audit stated that the correct size of hoist slings were used and detailed in people's care records. However, we found that this was not the case in all of the people's care records we looked at.

Trends in accidents and incidents were considered by the provider on a three monthly basis. We found that the provider had a system to review all accidents and incidents on a

three monthly basis in order to identify any trends. We looked at records for the previous six months. No trends had been identified during this period.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People's care records did not always contain sufficient information to protect people from the risks of unsafe or inappropriate care.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at four people's care records and found that they did not always contain enough information. For example, one person's care records indicated that they required their drinks thickening. There was no information to guide staff as to the thickness required to keep the person safe and a safe swallow plan was not present. The registered manager told us that information regarding the consistency of the person's drinks was contained on the tin of the thickening powder and on the person's medicine record. However, there was a risk that this information could be missed by staff who did not administer medicines and when the tin of thickening powder was changed.

Three people's care records stated that they required, 'incontinence aids'. However, there was no information as to the specific type of aid required to assist people with their continence. We looked at three people's repositioning charts. These charts did not always detail the position staff had assisted the person to move to in order to relieve pressure.

We found that records were stored securely and could be located promptly. Care records were kept in a filing cabinet in the office and charts which were in use were kept with the person to whom they related. The registered manager told us that an external contractor was used to securely destroy records which were no longer required.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: People were not protected against the risks of inappropriate or unsafe care as people's needs were not adequately assessed. Regulation 9 (1)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: The provider did not have an effective system to regularly assess and monitor the quality of the service. Regulation 10 (1)(a)(b)(2)(iii)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People's care records did not always contain sufficient information to protect people from the risks of unsafe or

This section is primarily information for the provider

	inappropriate care. Regulation 20 (1)(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 May 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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