

SS Philip & James Retirement Home Limited

SS Philip & James Retirement Home

Inspection report

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Date of inspection visit:
18 March 2019
19 March 2019

Date of publication:
05 June 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

SS Philip and James Retirement Home is a residential care home that was providing personal and nursing care to 30 people aged 65 and over at the time of the inspection.

SS Philip and James Retirement 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 care provided, and both were looked at during this inspection.

SS Philip and James Retirement Home accommodates 32 people across three adapted houses which are interlinked as one building, each of which has separate adapted facilities.

People's experience of using this service:

- People and relatives were full of praise for the excellent service they received. Relatives said, "We're over the moon with it", "It's amazing" and, "We're delighted."
- Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were very kind and caring. People told us, "I'm so lucky to be here" and, "You just don't get any better."
- One healthcare professional told us the service was, "An incredible home...very responsive."
- Relatives were highly complimentary about the support they and their loved ones received when their loved ones were at the end of their lives. They said the service was outstanding and the kindness and compassion were exceptional.
- Staff provided pamper sessions such as bubble baths, massages and alternative therapies for people.
- Although the registered manager ran a well organised service, the providers audits had not identified the manager had not notified CQC when one Deprivation of Liberty Safeguards (DoLS) application had been authorised. During the inspection we spoke with the manager to ensure CQC was notified in these cases.
- The provider sought the views of people's relatives and took opportunities to improve the service. Staff were supervised, supported and clear about what was expected of them. Audits and checks were carried out, so any problem could be identified and rectified.
- 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.
- Staff were trained and supported to be skilled and efficient in their roles. They were very happy about the level of training and support they received and showed competence when supporting people.
- The provider had processes in place for recruitment, staffing levels, medicines management, infection control and upkeep of the premises which protected people from unsafe situations and harm.
- Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The manager worked with the local authority safeguarding adults team to protect people.
- The premises provided people with a variety of spaces for their use with relevant facilities to meet their

needs. Bedrooms were very individual and age and gender appropriate.

- Support plans were detailed and reviewed with the person when possible, staff who supported the person and family members. Staff looked to identify best practise and used this to people's benefit. Staff worked with and took advice from healthcare professionals. People's health care needs were met.
- People had a variety of internal activities, such as games and entertainers which they enjoyed on a regular basis. Staff promoted people's dignity and privacy.

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

Rating at last inspection:

At the last inspection the service was rated Good (26 September 2016). At this inspection, the overall rating remains Good.

Why we inspected:

This was a planned inspection to confirm that this service remained Good.

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 remained Good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service improved to Outstanding

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service remained Good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good

Details are in our Well-Led findings below.

Good ●

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

Inspection team:

The inspection was completed by one adult social care inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided; both were looked at during this inspection.

The home accommodates 32 people in one adapted building. At the time of the inspection, 30 people were living in the home.

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. However, the registered manager was not available during the inspection. The service also had a management team comprising a manager, training and professional development manager and a business manager. This manager is referred to as 'the manager' throughout the report.

Notice of inspection:

This was an unannounced inspection on the first day; the second day was announced.

What we did:

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. Before our inspection we looked at the Provider Information Return (PIR) and reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us.

We spoke with six people, three relatives, staff and healthcare professionals to help form our judgements. We observed the care and support provided and the interaction between staff and people. 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 spoke with the manager, the training and development manager, the business manager, four staff members and two cooks. We looked at the following records:

- □ three people's care records and associated documents
- □ four staff files
- □ previous inspection reports
- □ staff rotas
- □ staff training and supervision records
- □ health and safety paperwork
- □ accident and incident records
- □ statement of purpose
- □ complaints and compliments
- □ minutes from staff meetings
- □ a selection of the provider's policies
- □ quality audits
- □ fire risk assessments
- □ infection control records.

After the inspection, we contacted another healthcare professional for their views of the service. We also contacted the local authority, who gave us their last quality review of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this topic area.
- People told us they felt safe living at the home and when staff supported them.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The registered manager had reported alleged abuse to the local authority when it was identified.

Assessing risk, safety monitoring and management

- Staff were aware of the risks to people. They were mindful of people's safety whilst they mobilised around the home, reminding them to take care or use their mobility aids.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risks associated with the environment and equipment were identified, assessed and managed to ensure that people remained safe.
- There was a programme of maintenance and safety checks in place which covered areas such as fire safety, moving and handling equipment, water temperatures and safety.
- There were audits and checks in place to monitor safety and quality of care. Where the provider had identified shortfalls in the service, appropriate action had been taken to improve practice.

Staffing and recruitment

- The provider had safe recruitment practices which were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
- The provider kept staffing levels under review dependent on people's needs. Staff were prepared to work flexibly and would cover staff illness or planned events.
- The registered manager used a dependency tool to calculate the number of staff needed to ensure people received care in a timely way.
- Staff told us there were always enough staff on duty, people and relatives confirmed this.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Although staff had their competency to administer medicines assessed; some records were not easily found. The provider sent us copies of these records immediately after the inspection.
- People were encouraged to manage their own medicines where possible.

- Where errors were found they were investigated and appropriate action taken.
- People told us they were happy with the support they received to take their medicines. One relative told us, "I don't have to worry, because if [a medicine] makes him feel bad they've had it reviewed and changed."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment such as gloves and aprons to help prevent the spread of healthcare related infections.
- We observed that the premises were clean and odour free.
- People told us and we saw the home and people's own rooms were kept clean.

Learning lessons when things go wrong

- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- Staff reviewed risk assessments and care plans following incidents to reduce the likelihood of recurrence.
- Learning was shared with staff during staff meetings and handovers.
- The registered manager monitored accidents and incidents to identify any patterns or trends. No trends were identified.

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

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 needs were assessed. Where appropriate, families were involved in assessing and reviewing the care people needed.
- Staff told us about the choices people had, such as how they wanted to spend their time. People were always asked for their consent before staff assisted them with any tasks.
- Staff understood people's health needs. Staff promptly referred people to other healthcare professionals such as the GP, and followed their advice.

Staff support: induction, training, skills and experience

- People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people safely.
- People were supported by staff who had ongoing training and by a staff team who had worked at the home for many years.
- Relatives told us staff were competent, knowledgeable and skilled and carried out their roles effectively. A relative told us, "Staff are very competent at what they do."
- A care worker told us, "All our training is kept up to date."

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

- People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. The staff were all aware of people's dietary needs and preferences. One member of staff told us, "We know about people who need textured diets; we're very careful because they might change."
- When people needed assistance with their meals we saw this was provided in a timely manner and at a pace to suit them. Staff sat next to people and described what they were eating, making easy conversation throughout the meals.
- People told us they liked the food and could make choices about what they had to eat.
- People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes.
- People had access to fresh fruit, snacks and drinks at any time.

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

- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided.
- Healthcare professionals confirmed they were given the information they needed. One professional told us, "I asked for staff to ensure one person had snacks at specific times, they did this immediately." Staff

knew the times this person needed to be offered snacks.

- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- Risks in relation to premises were identified, assessed and well-managed.
- People and relatives had access to different communal rooms and areas about the home, where they could socialise. People's own rooms gave them a quiet and private area to enjoy.
- People were encouraged to personalise their rooms.

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

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.
- Care plans were in place to meet people's needs in these areas and were regularly reviewed.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider assessed people's capacity to make their own decisions in line with the MCA.
- The provider followed the requirements of DoLS. One person had authorised DoLS in place. There were no conditions attached to this.
- Staff had received training about the MCA and DoLS and were able to put this into practice.
- Where people did not have capacity to make decisions, staff supported them to have maximum choice and control of their lives.
- Staff told us, "Everything we do is to keep residents safe, we're always thinking ahead but we're only able to do things with consent."

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- Without exception, the feedback we received from people and relatives was excellent. One person said, "Staff are like our own daughters, we have a laugh and joke with them." Relatives couldn't praise the service enough and said, "We're over the moon with it", "It's amazing" and, "We're delighted."
- Staff were very vigilant around how they could help people maintain their independence. For example, one member of staff told us how she was worried about one person's footwear becoming a risk as their mobility deteriorated. The member of staff discussed this with senior staff and found a way of changing the person's footwear in such a way that the person did not feel uncomfortable or worried.
- One member of staff enjoyed making bath-time an enjoyable experience for people. People were able to spend time soaking in bubbles and having creams massaged into their skin.
- Another member of staff provided massages, manicures and alternative therapies such as Reiki and Indian head massages, especially to people who preferred to stay in their rooms.
- Relatives said, "Staff are quite outstanding in the way they support people living in the home and their relatives", "The professionalism and care is quite exceptional" and, "[Member of staff] is just lovely, makes you feel so comfortable."
- People consistently told us how they were treated with exceptional kindness, compassion and respect. People said, "I'm so lucky to be here" and, "It's like being in a big family."
- Staff used people's preferred names and greeted them with bright smiles. Our observations showed people were delighted with their interactions with staff.
- People who chose to stay in their rooms were also engaged and had a sense of purpose to their lives. One person wasn't feeling too bright when we spoke with them, but a member of staff spoke with them and they were immediately happier and relaxed. They told us how much they valued the staff and said, "You just can't get any better."
- Relatives told us how staff went over and above what they expected. A relative said, "I think they go above and beyond because they take [name] out in their own time."
- The senior management team enthused staff to provide a strong, visible person-centred culture. Staff were highly motivated and passionate about the care they provided to people.
- The training and development manager said, "We know the people we need to give more time to, they might have low self-esteem, depression. Our staff are really good, you'll see them give a hug to someone, they really go the extra mile, they'll stay on after their shift to help someone."
- Staff spent time to get to know people's preferences and backgrounds and used this knowledge to care for them in the way they liked. Staff told us how this information helped them provide unique support for the person. For example, one person had the same military background as a member of staff, so they had

things in common to talk about.

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

- Staff enabled people to make decisions about their care and knew when people wanted help and support from their relatives. For example, one relative told us how poorly their relative had been and how staff had cared for the person beyond what the family expected. The relative told us, "[Name] was in hospital, very poorly and we expected to be told they would have to move to another home. Staff went above and beyond to look after my relative, and look at [name] now."
- One person told us how staff asked if they needed anything else and said, "It's up to me. I want to do things for myself and they let me, but they're there if I need them."
- There were ways for people to express their views about their care. Each person had their care needs reviewed regularly which enabled them to make comments on the care they received and view their opinions. However, people and relatives told us how the registered manager added a personal touch and walked around the home in the evenings to have a chat with each person and check they were happy with everything. People told us, "The manager knows us all so well, she's always checking if there's anything else we need", "The manager makes sure we've got everything we could possibly need" and, "The manager comes around at night and looks after me, she tucks me in at night."
- People were supported to express their individual likes and dislikes and these were known by staff.

Respecting and promoting people's privacy, dignity and independence

- Staff were highly motivated and keen to support people well, treating them with dignity and respect. People's wishes to spend time in their rooms was respected by staff. All staff knocked on people's doors before entering their rooms.
- People told us staff respected their needs and wishes and they felt that their privacy and dignity were respected.
- Staff we spoke with told us how they handled hygiene activities sensitively, respected people's personal space and possessions and involved people in decisions about their care. As a result, staff were aware of the need to value people and this led to a better quality of life for people.
- People were enabled to maintain and develop relationships with those close to them, social networks and the community.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- Relatives were highly complimentary about the compassionate and dignified end of life care staff provided. Comments included, "Thank you does not even come close to what I and my family feel about the superb care you gave.you all cared so lovingly for her (and me too!) so thank you a million times", "Staff are really devoted to the people in their care" and, "We would never have coped without the support – emotional and physical, that you gave us."
- A bereaved relative provided feedback to the service which said, "Staff were quite outstanding in the way they supported [name] and me. Their kindness and compassion was exceptional. I could have been a mystery relative for the CQC. Your grade would be 'Outstanding'."
- Relatives told us, "[Name] clearly valued the excellent care they received", "
- Procedures were in place for people to identify their wishes for end-of-life care. This included information about future treatment or being resuscitated. One person was reaching the end of their life; the manager told us the person didn't want to talk about it, but staff were putting various things in place to make the person feel comfortable.
- The provider ensured appropriate medicines were available to people nearing the end of their life, to manage their pain and promote their dignity.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- Where people had made advanced decisions, these were respected.
- Staff completed detailed end of life training provided by a nationally respected organisation.
- Feedback provided by professionals was that the end of life care provided by staff was excellent.

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

- A healthcare professional commented, "SS Philip and James residential home is an incredible home in the sense of the high levels of communication through to the Multi-Disciplinary Team (MDT), the documentation available and the warmth and care being given. Very responsive and available." Staff contacted people's families to ensure they were made aware when people's needs changed.
- Relatives praised the responsive care given to their loved ones and said, "It's absolutely superb; just what [name] needs because they respond in the right way as their needs change", "Mum's health is up and down and they respond. Staff put a lot of effort in" and, "You can feel staff are looking out for everyone."
- The manager provided extra staff as activities leaders and lounge assistants; these staff were in addition to the number of care staff needed to meet people's needs. The manager, training and development manager and business manager all told us they were so proud of staff and gave us examples of how staff went the extra mile. They told us, "Staff are so helpful, they'll stay on [after their shift has finished] and go [to

activities] with residents. These include going with people to day centers, building community links, the pavillion for exercises, dial a ride and others. Families usually support people in the community, but staff sometimes." People and relatives told us, "There's always something going on" and, "They get entertainers in from outside." One person told us how much they enjoyed being taken outside the home for a daily walk. Several activities were available each day, including weekends.

- Every relative we spoke with confirmed, where appropriate, they were involved in care planning and told us they were listened to. One relative said, "When I've said anything they've amended it [the care plan]." Care plans were personalised and detailed daily routines specific to each person.
- Staff knew how people wanted their care to be provided, what was important to them and how to meet people's individual needs. For example, staff told us about people's specific needs and said, "We know what to look for if someone is becoming unwell."
- Peoples information and communication needs were identified and recorded in their care records. The manager confirmed no one living in the home required information in any alternative formats but this would be arranged if required.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, one person had both a visual and hearing impairment. The manager gathered information from the person themselves, family, friends and other professionals to identify the person's communication needs as part of the initial assessment process. This person's care plan was detailed and tailored to the person's individual needs. Staff we spoke with demonstrated in the way they supported the person that they knew how to support the person with communication.

Improving care quality in response to complaints or concerns

- People and their relatives were happy to raise concerns or complaints, but told us they did not need to. There had not been any complaints in the past year.
- Relatives told us the registered manager chatted with people daily and would ask if there were any problems.
- The provider had a complaints policy which was available to people and visitors.
- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. For example, the manager showed us feedback forms relatives had completed. The feedback was very positive and confirmed what relatives we spoke with on the day said.

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

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

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. However, the registered manager was not available during the inspection. The service also had a management team comprising a manager, training and professional development manager and a business manager.

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

- With the exception of one DoLS notification, the manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Staff were clear about the values of the service. They gave us examples of how they put these into practice, such as how they ensured they gave people choice and respect.

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

- The manager told us, "We're proud of our reputation, when professionals come in and say what a good home it is."
- Staff and the manager involved people and their relatives in day to day discussions about their care. One person told us, "We sometimes ask silly questions but they've always got time."
- Staff told us they felt listened to and everyone in the management team was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff told us, "It's lovely, the best place I know."

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

- The management team demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders. Scores from the recent survey showed relatives rated the home 'Excellent'.
- The registered manager visited people in the evenings to ensure they were safe and happy with the service they received. The manager and staff also checked satisfaction levels frequently and had feedback forms people, relatives and professionals could complete at any time.
- People's feedback had been used to continuously improve the service. For example, following suggestions from people and families, a board was placed near the entrance which had photographs of staff

and a monthly newsletter was sent to families.

Continuous learning and improving care

- All feedback received was used to continuously improve the service.
- Staff told us, "We're asked for our suggestions and can speak with the managers any time." For example, where staff wanted to offer luxurious pamper treats such as bubble baths and alternative therapies, the management team facilitated these.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. For example, the manager attended the local authority's registered manager's forum. Local children visited the home regularly.
- The provider worked with the local authority's contract monitoring team, who visited to ensure the service met their contractual obligations to the council. No concerns were raised at the last visit in February 2018.