

St. Cecilia's Care Services Limited

St. Cecilia's Nursing Home

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

St Cecilia's Nursing Home is a care home providing personal and nursing care up to 44 people, some of whom were living with dementia. When we visited 41 people were using the service.

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

Since the last inspection the provider and new registered manager had worked to implement new systems and recruit new staff. Improvements were seen at this inspection and a plan was in place to continuously improve the service. Part of those improvements was to ensure the provider had more formal oversight of quality and safety of the service for effective governance.

The staff team had been inducted, supported and trained which had brought stability to the service. Staff understood their roles clearly and knew what was expected of them. People were treated with respect and dignity, they were also supported to maintain their independence.

People's needs and preferences were known by the staff and this had led to people receiving person centred, responsive care. Staff had worked to improve or maintain people's quality of life. Feedback from people and their relatives was positive. Staff had developed positive relationships with people which led to people feeling safe and happy.

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.

The environment had been improved and people were happy with the changes. People enjoyed access to a garden and were supported to access the community to take part in local activities. People told us they were offered a wide variety of activities to take part in if they chose this.

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

Rating at last inspection and update

At the last inspection we gave the service a rating of requires improvement (published 26 April 2018) and there were two breaches of regulations. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St. Cecilia's Nursing 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 planned this inspection to check 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

On day one an inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors visited on day two.

St Cecilia's Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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

Day one of this inspection was unannounced. We told the provider we would be visiting on day two.

What we did before inspection

We reviewed information we had received about the service from the provider since the last inspection. We sought feedback from the local authority who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care

provided. We spoke with 12 members of staff including the nominated individual, registered manager, deputy manager, clinical lead, care manager, nurses, team leader, care workers, activities workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 a professional who regularly visits the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, staff supervision data and quality assurance records.

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 good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- The provider had up to date procedures in place which followed best practice. The clinical lead and registered manager ensured best practice was implemented. For example, ensuring person-centred protocols were in place for medicines taken as and when required. Also, to ensure medicine storage temperature was appropriate.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines.

Staffing and recruitment

- There were enough staff on shift to enable people to do the things they enjoyed and receive care and support in a timely way. The registered manager had a system to check people's needs and the number of staff needed to care for them.
- At times it took staff longer to answer call bells and people were waiting for support. The registered manager monitored this and investigated where required. Improvements over time were seen because of this.
- The provider operated a safe recruitment process. This included checks to ensure nurses had no conditions on their fitness to practice.
- Where agency workers were used the provider did not seek full information to ensure the worker had the right skills and that appropriate checks had been performed. The registered manager agreed to do this following the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. They had received appropriate training in this topic area.
- People and their relatives told us they felt the service was safe. A person told us, "I don't feel vulnerable here, I am happy and safe. Staff look after me."

Assessing risk, safety monitoring and management

- 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.
- Where people became anxious staff intervened in a personalised way which they knew worked for each person. Care plans and risk assessments did not describe how staff did this successfully. The registered

manager agreed to make changes to the care plan system to reflect this.

- The environment and equipment were safely managed.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff received appropriate support and induction to enable them to fulfil their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff were competent, knowledgeable and skilled and carried out their roles effectively.
- Staff had completed an induction and training programme. Additional training for staff and nurses had been completed so they understood how to care for people with specific medical needs.
- Staff had opportunity for support, supervision and appraisal. Group supervisions and staff meetings had been carried out for staff to work together to understand and reflect on their practice.
- Nursing staff had been supported to maintain and update their knowledge and professional registration.

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

- Assessments of people's needs were thorough and people's expected outcomes were identified. Care plans were regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- Staff supported people to understand meal choices: a pictorial menu was available. Where needed people had access to adapted cutlery and equipment so they could eat and drink independently. Where people required specialist diets this was catered for.
- People's weight and diet were monitored effectively. Professionals had been consulted to understand how to best support people.
- People enjoyed their food and had opportunities to provide feedback and make suggestions about the menu. One person told us, "The food is lovely. It is home cooked and there is a choice. The chef will come and ask what we would like. If it is not on the menu we can have something else."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged and staff followed their guidance. People had received support to maintain their health with regular access to GPs, dentists and other services.
- People received effective care when moving between the service to other such as hospitals. Information was recorded and ready to be shared if needed.

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

- A programme of refurbishment was on-going, and people were pleased with the changes made. People and their relatives thought it was homely following the decoration of communal areas. Staff had included people in choosing their own colours and furnishings for their bedrooms. One person was really pleased with the new pink bedding purchased.
- The registered managers understood that the environment was not suitable for people with a more advanced cognitive impairment where they were able to mobilise independently. They ensured people were moved on to more suitable services where required.
- Where people needed specific adaptations to aid them they had been completed.
- People enjoyed using the garden where they could spend time with family and friends.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in decisions about their care. Staff knew what they needed to do to make sure decisions were taken in people's best interests. Where people were able they had consented to their care by signing their care plan.
- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty.

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 requires improvement. At this inspection this key question has now improved to 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 were treated with kindness. One person told us, "Staff are kind to me and I see them being kind to everyone else."
- Work to support staff to understand people's life history was underway. This is a known way of staff developing positive relationships with people. The good relationships they had with staff impacted positively on their feelings of wellbeing. A person told us, "Staff are caring, and they can be quite funny as well. There is quite a bit of laughter here."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality were respected.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people, such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were supported to focus on their independence in all areas of their lives. One person who had had a stroke had been supported to buy a new handbag to enable them to retrieve their mobile phone more quickly with their physical impairment.
- People were treated with dignity and staff ensured people received care and support as they preferred. Staff were reviewing their approach to dignity, led by a dignity 'champion'. One staff member had reflected on how supporting a person to access new spectacles had made a real difference, they said, "[Name of person] has new reading glasses and they are over the moon with it."

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

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. A new electronic care plan system was in place and work to include all the staff's knowledge in the system was underway.
- Staff worked to meet people's diversity and gender identities. This included supporting them to develop their skills around personal grooming such as make up and nail care.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- Compliments had been received about the responsive care people received. A relative had written, 'My family member is very happy in what they now call their 'home'. The whole atmosphere is that of tranquillity, and obviously a very high standard of care. Thank you for everything you do to make their life a happy one.'

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.

- People's communication needs were identified and staff understood them. Information was available in different formats for people to use.
- Staff used various personalised communication aids to support people. One person was admitted with severe anxiety and due to their cognitive impairment, they were not able to communicate their needs well. Staff had devised a communication aid to support them to make choices and express themselves.

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

- People were supported to develop and maintain friendships and relationships. This included spending time with relatives where possible.
- Access to activities supported to people to meet new people and maintain friendships. People told us they enjoyed a range of outings and in-house activities. People were alert and actively involved where they chose this. One person told us, "I have been out with staff bowling and just this weekend to a BBQ."
- Relationships had been developed with local groups such as the church and the local primary school to enable people to access them.

- People who were most at risk of isolation benefited from the activity worker spending one to one time with them doing the things they enjoyed such as singing, music and art.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to by the new registered manager.
- The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care
- Work to gather people's preferences and any religious or cultural needs had started.
- Staff worked in conjunction with the local healthcare professionals to ensure people received a pain free and dignified end of life.
- A nurse was working with an external organisation to implement best practice in end of life care and have this accredited. A hamper containing a kettle to make tea and coffee, poetry, music and prayer books was available to families. The clinical lead told us this worked very well and that added to the hamper based on feedback.

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 requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had not ensured systems were in place and operated effectively to monitor safety and quality. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality.
- The new registered manager and clinical lead had worked hard to implement checks on safety and quality. They had followed through actions required, which had impacted positively on the safety and quality of the service.
- An action plan was in place and work to continue making improvements was evident.
- The provider was aware of all changes being made and played an active role in seeking feedback from people, relatives and staff.
- We discussed with the provider the need for a more robust governance of the service to prevent decline in the future. This included ensuring changes were in-line with current best practice or legislation and formally checking compliance of the systems in place to ensure safety and quality. They agreed to do this.
- The registered 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.

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

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care. Improvements had been made to safety, people's experience of using the service and their outcomes.
- Staff told us they felt listened to and that the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. All staff knew their responsibilities and were keen to fulfil them.
- The registered manager and clinical lead had introduced a series of 'expert champion' roles to drive improvements and educate the staff team. Areas such as end of life, dignity and falls management had

started to already impact positively on people's experience of using the service.

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 displayed an open approach and listened when things went wrong to staff, people and their relatives since they were employed. They had been honest and worked in partnership to make improvements. Staff, people and their relatives were happy with this approach and told us the registered manager was approachable.

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

- People and their relatives had completed a survey of their views and they met frequently to discuss the service they received. Feedback had been used to continuously improve the service.
- There was a skilled workforce and the registered manager empowered people and staff to speak up freely, raise concerns and discuss ideas.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care.

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. Such links supported the service to develop.