

Leonard Cheshire Disability

# St Cecilia's - Care Home with Nursing Physical Disabilities

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of this service on 3 and 4 May 2016 at which breaches of legal requirements were found. We took enforcement action and served warning notices on the registered manager and provider in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people were not always assessed, reviewed or managed appropriately. Staff were not appropriately supported and trained to deliver care and treatment safely. There were not adequate numbers of staff deployed to ensure people's needs were met and in a timely manner.

We undertook this focused inspection to check that the provider now met legal requirements. This report only covers our findings in relation to those regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Cecilia's - Care Home with Nursing Physical Disabilities on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

St Cecilia's Care Home with Nursing Physical Disabilities accommodates up to 30 people, most of whom have complex physical disabilities. At the time of our inspection there were 28 people living at the home.

At this focused inspection on the 21 September 2016 we found that the provider had addressed the breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served. However some of the ratings for the service at this inspection remain unchanged as improvements are still required which we will follow up at our next comprehensive inspection of the service.

At the last comprehensive inspection the service was placed into special measures by CQC. At this inspection we found that there was not enough improvement to take the service out of special measures at this time and we will check on other breaches and improvements required at the next comprehensive inspection of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

At this inspection we found actions had been taken to improve safety within the service. However we will continue to monitor the service to ensure there are enough staff on duty to meet people's needs, there are effective systems in place to monitor staffing levels and there are robust agency recruitment checks.

Risks to people were assessed and reviewed in line with the provider's policy.

There were increased numbers of suitably qualified staff to meet people's needs safely and in a timely manner.

**Inadequate** ●

### Is the service effective?

At this inspection we found that action had been taken to ensure the service was effective. However we will continue to monitor the service to ensure staff consistently receives adequate supervision, appraisals and training to meet people's needs.

Staff had received frequent and appropriate support which included supervision, appraisals and training to enable them to carry out the duties they are employed to perform.

**Requires Improvement** ●

### Is the service well-led?

At this inspection we found that actions had been taken to ensure the service was consistently well-led. However we will continue to monitor the service to ensure systems and processes implemented are consistently applied and managed ensuring management stability and quality is maintained. We will follow these up at our next comprehensive inspection of the service.

Improvements had been made to the systems and processes in place to assess and monitor the quality of service people received and to address the improvements required as a result of our last inspection on 3 and 4 May 2016.

**Requires Improvement** ●

# St Cecilia's - Care Home with Nursing Physical Disabilities

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection of St Cecilia's - Care Home with Nursing Physical Disabilities on the 21 September 2016. This inspection was completed to check if improvements had been made to meet the legal requirements for breaches to the regulations we found after our comprehensive inspection on 3 and 4 May 2016. We inspected the service against three of the five questions we ask about services. This is because the service was not meeting legal requirements in relation to these key questions and enforcement action was taken.

The inspection was unannounced and undertaken by one inspector and a specialist nurse advisor. Before our inspection we reviewed information we held about the service which included the provider's action plan. This set out the action the provider would take to meet legal requirements. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

We looked at the care plans and records of six people living at the home, 15 staff files and records and checked the profiles of agency staff. We reviewed information given to us by the registered manager and regional manager in relation to the management of the service. We spoke with the registered manager, the regional manager and three members of staff.

# Is the service safe?

## Our findings

At our last inspection on 3 and 4 May 2016 we found a continued breach of regulations because the provider failed to ensure there was enough staff on duty and deployed throughout the home to meet people's needs safely and in a timely manner. The provider had also failed to ensure there were effective systems in place to analyse and monitor staffing levels and undertake robust agency recruitment checks to ensure people were kept safe.

The issues were in continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider and registered manager, requiring them to meet the regulation.

At this inspection we found improvements had been made to the staffing levels within the home and staff told us staffing levels had improved since our last inspection. One member of staff told us they felt staffing was much better now and they felt able to provide safe timely care to people. We spoke to the registered manager about staffing levels at the home and actions taken since our last inspection to address staffing shortages. They told us that although several members of staff had left the service they had recruited many new members of staff including a deputy manager, nursing and care staff. We looked at some of the newly completed systems in place to calculate and monitor staffing levels within the home and found that staff vacancies had dramatically reduced in numbers due to recent recruitment within the service.

We noted that staffing levels required, to meet people's needs and keep them safe, now included two nursing staff during the day and at night, 12 care staff in the mornings reducing to eight in the afternoon and three care staff at night. Staff rota's we looked at from 29 August 2016 to 18 September 2016 confirmed that the providers agreed staffing levels were largely met although we noted that some staffing shortfalls due to sickness or leave were still met by agency staff and that agency usage remained high. This meant that although the provider used consistent agency workers where possible some agency workers were not always familiar with people and their needs.

Some improvements had been made to agency staff recruitment folders to ensure agency staff were suitably qualified, skilled and competent to provide care. Folders contained a profile of each worker detailing their experience, professional qualifications and training since our last inspection. However we noted that some agency workers training required updating and drew this omission to the registered manager's attention. They took immediate action in response to our findings to ensure the agency provided up to date information and where required agency workers were booked on to appropriate up to date training including medicines, catheter and wound care. We will continue to monitor this at our next inspection.

We looked at allocation sheets for staff working at the home which showed how work was allocated to staff. For example during the mornings people using the service were placed within six groups varying between five or six people within each group. Two care staff were allocated to each group and therefore staff on average supported two or three people with their care and support needs. This demonstrated an improvement within staffing levels at the home as our last inspection in May 2016 found that on average

staff were required to support five or more people with their care and support needs. The registered manager told us the new staff allocation system they had implemented was working well and ensured people received timely care and support.

People's needs were responded to in a timely way. We spoke with the registered manager about systems now in place to monitor call bell response times. They told us that all call bells should be answered and responded to by staff within 15 minutes and any longer delays were unacceptable. This had been agreed by people using the service. The registered manager told us they now monitored response times daily and audited all call bell logs on a daily basis. We looked at the call bell audit completed on the 19 September 2016 which showed 94% of all call bells that day were responded to within the agreed time scales. The audit also provided an explanation of the 6% that were not met within the agreed time scale and any actions taken to address the failings.

At our last inspection on 3 and 4 May 2016 we found risks to people's physical and mental health needs were not always assessed and reviewed in line with the provider's policy.

The issues were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider and registered manager, requiring them to meet the regulation.

At this inspection we found significant improvements had been made to identify, assess and review risks to people using the service and advice from health care professionals was sought promptly. We looked at seven people's care plans and records and noted risk assessments were completed for each person across a range of possible risks that they might be exposed to. These included for example possible risks to skin integrity, nutrition, manual handling and personal emergency evacuation plans. Risks in relation to medical conditions were also identified, assessed and reviewed such as diabetes or risks from specialist feeding regimes. Clear guidance was available for staff on what to do to reduce possible risks and we saw any changes to people's conditions and input from healthcare professionals were appropriately documented. For example one person at risk of pressure sores had a skin care and pressure ulcer prevention care plan in place and positioning charts were completed on a regular basis when required. The acting deputy manager had been involved in the identification and review of people's care plans to ensure they were up to date and reflective of people's needs. We observed the care people received matched their written plan of care.

We found that the provider had addressed the breach of Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. However the rating for this key question at this inspection remains unchanged as some systems and aspects of the service were not consistently applied and managed to ensure quality was maintained. We will follow these up at our next comprehensive inspection of the service.

## Is the service effective?

### Our findings

At our last inspection on 3 and 4 May 2016 we found a continued breach of regulations because the provider failed to ensure that staff received adequate supervision and appraisals.

The issues were in continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider and registered manager, requiring them to meet the regulation.

At this inspection we found significant improvements had been made to ensure staff received regular supervisions and appraisals of their performance in line with the provider's policy. One member of staff commented, "I have received supervision and had my appraisal. I also know when my next supervision is due." We looked at 15 staff records and saw that all staff had received supervision and an appraisal when required. We spoke with the registered manager who showed us a supervision matrix which detailed which staff had received supervision and when they were next due to receive it. We will continue to monitor the frequency of supervision at our next inspection to ensure the planned supervisions have taken place in line with the provider's policy.

At our last inspection on 3 and 4 May 2016 we found a continued breach of regulations because staff had not received appropriate regular training to meet the needs of people using the service and there was no system in place to evidence if staff were up to date with their training or to verify what training was required and the frequency it should be refreshed.

The issues were in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider and registered manager, requiring them to meet the regulation.

At this inspection we found some improvements had been made to ensure staff received appropriate regular training to meet the needs of people using the service. We spoke with the registered manager and the provider's head of operations who showed us the system in use to manage staff training. We noted that at the time of our inspection the provider's mandatory training programme was 70 % completed within their set targets. This was an improvement. We looked at 'personal development profiles' that were in place for staff which showed the required training for different staff roles and the date of training completed. We noted that mandatory training for nursing staff now included wound care, catheter care and percutaneous endoscopic gastrostomy feeding as well as nutrition and hydration. This ensured that people received effective appropriate support and care to meet their needs. We will continue to monitor the system the provider has in place to ensure training is delivered in line with their policy at our next inspection.

We found that the provider had addressed the breach of Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. However the rating for this key question at this inspection remains unchanged as some systems and aspects of the service were not consistently applied and managed to ensure quality is maintained. We will follow

these up at our next comprehensive inspection of the service.

## Is the service well-led?

### Our findings

At our last inspection on 3 and 4 May 2016 we found quality assurance processes were not always followed effectively and the service was not always well-led in relation to staff management, staffing, training, service audits and checks and meetings held within the home.

The issues were in continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). We took enforcement action and served a warning notice on the provider, requiring them to meet the regulation.

At this inspection we spoke with the registered manager who showed us systems now in place to ensure the service was well-led. They told us that in their absence staff were aware of the systems and process to follow and we saw a notice board in the staff office which displayed information for staff reference. We spoke with the provider's head of operations who explained that they were now permanently based at the home and would manage the service in the absence of the registered manager. They told us a deputy manager had also recently been appointed to assist the registered manager in their role and to support staff in the registered manager's absence.

We looked at the providers 'service quality action plan' dated 15 September 2016 and noted that actions had been taken to address the findings and concerns from our last inspection on the 3 and 4 May 2016. This evidenced that actions had been taken in relation to quality and audits, medicines, staffing, training and other areas previously identified. For example there were now systems in place to monitor call bell response times to ensure people's needs were met in a timely manner. We noted that the target completion date for the service quality action plan was 30 September 2016. However following this inspection the registered manager sent us an updated version dated 27 September 2016 which documented further actions required relating to agency staff recruitment and training and recorded a completion date of 31 October 2016. This meant that until required actions had been taken, agency staff who required appropriate specialised training would not undertake specialised tasks. We will follow this up at our next comprehensive inspection of the service.

We looked at the systems in place to ensure the safe administration and management of medicines. We saw medicine audits were now performed consistently on a weekly and monthly basis to ensure best safe practice. We checked the most recent weekly medicines audit which was conducted on 12 September 2016 and the last monthly medicine audit which was completed on 15 September 2016 and noted these were conducted and completed appropriately. We also noted daily controlled drug checks were completed which was in line with the provider's medicines policy.

We saw there were also now systems in place to monitor, analyse and check call bell response times, care plans and risk assessments and recruitment checks of all agency staff working at the home. However we found some omissions in agency workers training which quality audits had not identified. Therefore further improvement was required.

We saw that effective communication had been promoted by means of planned regular meetings that were held for people using the service, their relatives and staff. People and their relatives attended various meetings, for example we saw minutes of an activity team meeting which were held on a monthly basis, friends and family meetings and a resident's representative meeting which was last held on 30 August 2016. Minutes of meeting held demonstrated that people were provided with information on the homes progress in meeting the regulations and the actions the provider would be taking to address the identified concerns.

Staff were also provided with opportunities to meet and communicate and the registered manager told us they held heads of department meetings every week, care staff and night staff team meetings and we saw minutes of the monthly nursing team meetings which was last held on 9 August 2016.

We found that the provider had addressed the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notice we served. We have revised and improved our rating for this key question to 'Requires Improvement' and will follow these up at our next comprehensive inspection of the service.