

Impression Health & Support Apartments Limited St Cyril's Neurological Care and Rehabilitation Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St Cyril's Neurological Care and Rehabilitation Service provides accommodation, personal and nursing care within one building separated into distinct wings. They support up to 26 people who require specialist rehabilitation and therapy as a result of neurological injury including acquired and traumatic brain injury. At the time of the inspection 20 people were living at the service.

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

Risks to people were not always effectively managed. We found some people's pressure area care required improvement. Required documentation was not always in place.

Medication systems and audits had failed to identify that 'as required' medicines protocols were not in place.

Fire drills had not been completed to ensure the safe evacuation of people in the event of an emergency. Concerns were identified in relation to one area of the building in regards to safe evacuation.

Systems and processes in place did not provide effective oversight of the service and had failed to identify a number of concerns identified during the inspection.

Staff treated people with kindness and treated them with respect and dignity. Relatives told us that staff were caring, and some staff knew their loved ones well.

People were supported by a multi-disciplinary team to engage in a rehabilitation programme that was individual to them.

Staff were aware of the latest government guidance in relation to infection prevention and control and had received training in this area.

There were enough safely recruited staff to meet the needs of the people supported. Staff were trained and competent in the use of moving and handling equipment. Staff told us they felt well supported by the management team.

The provider demonstrated a commitment to continually improve and develop the service.

The provider had policies and procedures in place to support and guide staff. There was a complaints procedure in place that people and their relatives were aware of. Relatives told us they felt confident to raise any concerns and complaints they had.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for this service was good (published 29 July 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Cyril's Neurological Care and Rehabilitation Service on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report. During and following the inspection, the provider took action to mitigate the risks identified.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

St Cyril's Neurological Care and Rehabilitation Service

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors, a specialist nurse adviser and an expert by experience who undertook telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Cyril's neurological care and rehabilitation service is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Cyril's neurological care and rehabilitation service is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 service users. We spoke with 7 relatives by telephone about their experience of the care provided. We spoke with the nominated individual, deputy manager, a manager from one of the provider's other services, 2 nurses, 4 support workers, a speech and language therapist and a physiotherapist. We looked at 5 care plans that included risk assessments and a number of medication records. We looked at 5 recruitment files, training records and a variety of records relating to the management 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always effectively managed. For example, one person had experienced a deterioration in their pressure areas which had not been identified by the staff team. The care plan detailed pressure area care and included risk management in relation to this. We found the care plan was not being followed. Staff and nurse comments included, "The foot has healed now" and "I was under the impression that it had healed." We found this was incorrect and the provider took immediate action to address this.
- Staff were not always clear about people's needs in relation to pressure area care. In relation to one person supported staff told us, "[Name] needs to be checked and repositioned every 2 hours", "[Name] can move themselves, they often decline repositioning, no real risk." and "No pressure areas concerns at the moment." The care plan in place stated, 'Skin integrity to be checked on each shift' and '4 hourly pressure area care'.
- One person assessed as 'Very High Risk' of pressure ulcers did not have an associated care plan in place. One person had recently been repositioned in bed. Both feet were pressed against the hard foot board at the base of the bed. The care plan stated the person should be wearing a pressure relieving boot. This was not being worn as required.
- On two occasions we found the sluice door unlocked. People could have accessed very hot water and COSHH products. The guidance in place at the service stated the sluice should always be locked.
- No full evacuation fire drills had taken place recently at the service. Concerns were identified in relation to the fire exit routes in one particular area of the home as there was insufficient external lighting and also padlocked gates. These issues were immediately addressed by the provider.

This meant that people were at risk of avoidable harm. Systems had not been established to assess, monitor and mitigate risks to people ensuring their safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had individual risk assessments in place which covered a variety of risks and their care plans detailed how staff could reduce risks for people. Clear guidance was in place in relation to peoples' choking risks. These were reviewed regularly.
- Staff had received fire safety training as part of their induction.
- Staff had been trained and assessed as competent to use equipment. For example, when moving and handling people. Staff had a good knowledge and understanding of each person's individual dietary requirements.
- The provider had a business continuity plan in place to ensure people would continue to receive safe and effective care in emergency situations.

- Relatives told us their loved ones were safe at the service. Their comments included, "Yes 100% safe" and, "Yes, I have never had cause to feel otherwise" and, "Yes we feel confident since the new company took over 2 to 3 years ago."

Using medicines safely

- PRN 'As required' medicines protocols were not consistently evidenced. We found 13 PRN medicines being administered without a clear protocol in place. A nurse administered Lorazepam to one person, and they stated, "I give it line with the person's PRN protocol." No protocol was in place for this person's PRN medication.
- Medicines were not always stored in line with manufactures guidance. Two bottles of eye drops did not have open dates recorded on them. We could not be assured that the medication had not exceeded the 28-day manufacturer guidance. Comments from the nurses included, "They are probably out of date" and, "We can't be sure if they are in date, there's no way of checking."
- We found that one person had been prescribed and administered soluble paracetamol on two separate medication administration records (MARs). Both MARs were in use and on one occasion administration had taken place on the 2 MARs on the same day. Although the time between administrations was not below four hours, having 2 MARs with the same medication increases the risk of overdose.

The provider failed to ensure care and treatment is provided in a safe way to ensure proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Controlled Drugs were stored in line with current legislation a clear record of administration was maintained.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff received regular training on how to recognise and report abuse. Staff spoke confidently about safeguarding. Staff told us how they would respond to concerns and described the necessity to keep clear and accurate records.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider had safe and robust employment checks in place to ensure suitable staff were employed to care for people. These checks included Disclosure and Barring (DBS) checks and references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The provider and registered manager assessed staffing requirements to ensure they remained at safe levels. They described the recruitment challenges they were experiencing and provided details of contingency measures which included the use of agency staff.
- Staff had completed an induction process and undertaken shadow shifts at the service. One staff member told us, "I completed a 5-day induction and then completed multiple shadow shifts. I received lots of support throughout."
- Relatives told us they thought there were enough staff available to support their loved ones. Their comments included, "Staff check on [Name] every 30 minutes and there are always plenty of staff" and, "There are a lot of new staff faces" and, "They use a lot of agency staff, but they seem to be regular faces."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Relatives told us they were supported to visit their loved ones. The provider followed the latest government guidance in relation to visiting arrangements.

Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- All accidents and incidents had been recorded and reported to the local authority and the CQC, where appropriate.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to ensure monitoring and oversight of the quality and safety of the service were not operating effectively. Audits and quality assurance checks had not identified the issues found during the inspection.
- The provider had not notified the CQC when each DoLS authorisation had been received. This was immediately addressed by the provider.
- Information within people's care plan files did not always clearly reflect their individual needs. Care plans were not always promptly updated when people's needs changed.
- The provider had not identified through their daily walk around that COSHH products were left in multiple communal areas. These were not labelled with people's names and may cause harm to vulnerable people. The provider immediately removed all of these items.

The provider had failed to have robust systems and processes to assess, monitor and improve the service. This is a breach of Regulation 17 (Good Governance) of the Health and Social care act 2008 (Regulated Activities) Regulations 2014.

- The management and staff team fully understood the requirements of their roles. They had access to a range of policies and procedures in relation to their work. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records showed that accidents and incidents had been monitored and recorded. Audits were completed to look for trends and help reduce the risk of further incidents.
- Records showed appropriate action was taken in response to any accidents and incidents, and advice was sought from other health professionals when needed.
- Relatives gave mixed feedback regarding the management of the service. Comments included, "They don't engage very well" and, "I would always speak to the management as they are approachable."
- Staff told us they felt supported. Their comments included, "We have a good staff team and communication is good" and "Nurses and managers are always supportive" and "We have daily handovers with the nurses so that we know about people's needs" and "We have team meetings and supervision."

Continuous learning and improving care; 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 provider demonstrated a commitment to the continuous development and improvement of the service.
- The provider understood the underpinning principles of the duty of candour and had an appropriate policy and procedure in place.
- The management team and staff were responsive, open and honest in their approach with us during the inspection.

Working in partnership with others

- Records showed that people were referred to other health professionals for their expert advice when needed.
- The multi-disciplinary team shared their knowledge within the team to ensure people reached their full potential through the rehabilitation process.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems and processes for the management of pressure area care were not robust. PRN protocols were not consistently evidenced to support the administration of 'as required' medicines. Systems had not been established to assess, monitor and mitigate risks to people ensuring their safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes to ensure monitoring and oversight of the quality and safety of the service were not operating effectively.