

Mrs Mobina Sayani

# St Paul's Residential Home

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

St Paul's Residential Home is a residential care home providing care and support for up to 32 older people across four adapted buildings. At the time of our inspection, 28 people were living at service.

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

The provider had made some improvements to the service. However, not all the requirements of the warning notices had been met.

The provider and manager had implemented systems to monitor, assess and improve the quality of people's care, people's prescribed medicines and the environment. However, these systems were not always effectively embedded and sustained at the time of this inspection. Concerns we identified at this inspection had not been identified by the provider's own systems.

People had not always received their medicines as prescribed. Systems to ensure people received their medicines safely had not always been followed.

Improvements had been made to the environment since our last inspection. However, there were still actions required to ensure people were fully protected from environmental risks, including fire and legionella.

People's care plans had been reviewed since our last inspection. Everyone living at St Paul's now had a care plan. However, care plans were not always current and reflective of people's needs.

The management were reviewing their processes and were working to engage care staff with the required changes so these were embedded in practice. A staff survey had been carried out and the manager was planning to work through this feedback.

People's relatives talked positively about improvements at St Paul's and about the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 15 November 2022).

### Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 see what action we have asked the provider to take at the end of this full report.

You can read the report from our last rated inspection, by selecting the 'all reports' link for Fern Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service well-led?**

The service was not well-led.

Details are in our well-led findings below.

**Inspected but not rated**

# St Paul's Residential 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 checked whether the provider was meeting the legal requirements and regulations associated with the Act.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was carried out by 2 Inspectors and an Expert by Experience. 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 Paul's Residential Home 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 Paul's Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider was also the registered manager for the service. Throughout the report we will refer to the registered manager as the 'provider'. 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.

While the provider was the registered manager they had recruited a new manager since our last inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in their latest 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 4 people who use the service. We also spoke with the provider, manager, medicine lead, 1 senior care staff, 3 care staff and a housekeeper.

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 reviewed a range of records. These included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records. We gathered feedback from 2 professionals, and 8 relatives.

# 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 Requires Improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made to the environment. However additional actions were needed to ensure people were protected from avoidable harm and risk from their environment. People's care plans were being reviewed to ensure staff received clear guidance to provide safe, person centred care, however, people's care plans were not always reflective of people's needs. People had additionally, not always received their medicines as prescribed.

At this inspection while improvements had been made, the provider had not fully met the requirements of the warning notice and was still in breach of the regulation.

Assessing risk, safety monitoring and management; Using medicines safely

- The provider had taken action to ensure people were protected from their risks of their environment. Following our last inspection, they had asked external professionals to carry out a legionella risk assessment and fire risk assessment. Both assessments had actions and recommendations to be completed; however, no action had been taken to meet these and ensure risks to people were minimised. Following our inspection, the provider had identified that the fire risk assessment was not relevant to St. Pauls and was arranging for a new assessment to be carried out.
- The provider and manager had arranged for staff to receive fire safety training and had arranged for a fire drill to be carried out after the inspection. We saw a record of this drill, which indicated significant improvements were required. A further drill had not been carried out to identify where improvements were required in the event of a fire or evacuation.
- The provider had made improvements to the environment since our last inspection. However, there were still some areas of risk that had not been identified or assessed. For example, in 4 rooms we identified electric portable heaters. There were no risk assessments in relation to these heaters and the actions staff should take to protect people from the risk of harm. The provider took immediate action following our inspection to address this concern.
- Since our last inspection the manager and provider had ensured each person had a care plan. While we identified improvements had been made, we identified people's care plans did not always reflect their needs. One person's care plan provided information about their care and support which did not reflect the support staff and management told us they provided, which could place them at risk of receiving inappropriate care or treatment.
- People did not always receive their medicines as prescribed. We identified 3 people who had been placed at risk of not receiving their medicines as prescribed in January 2023. When we counted people's individual

medicine stocks against medicine administration records, we found more doses of 3 prescribed medicines than we expected to find. For one person we found less doses of their prescribed medicines as staff had administered more medicines than prescribed.

- Staff had not always identified when people had not received their medicines as prescribed as they had not accurately checked people's medicine stocks.

The provider did not always assess and do all that was reasonably practicable to mitigate risks to people who received care. This placed people at risk of harm. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager had taken action to ensure people's prescribed topical creams were stored safely and administered as prescribed. Topical cream charts were detailed and clearly documented the support people had received.
- Where people required support to maintain their skin integrity there were detailed care plans in place. Staff understood the support people required and worked alongside district nurses to maintain people's health and wellbeing.
- Concerns we identified in the environment, at our September 2022 inspection, had been addressed. This included fixing areas of the environment, including damaged walls as well as decluttering the environment. The provider and manager discussed the additional actions they planned to take to continue these improvements.

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.

#### 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 meeting shielding and social distancing rules.
- 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat 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.

#### Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection.



# 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 Inadequate. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key questions at the next comprehensive inspection of the service.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made regarding the management of the service. The manager and provider were implementing new systems, however these were not always effective or embedded in practice.

At this inspection while improvements had been made, the provider had not fully met the requirements of the warning notice and was still in breach of the regulation.

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

- Monitoring systems were being implemented at this service, however, these were not always effective as they were not embedded. For example, systems for monitoring people's prescribed medicines had not been carried out since November 2022. The service had not used their own systems to identify medicine management concerns we found at this inspection.
- The manager and provider had reviewed people's care plans to ensure they had a care plan in place. We found people's care plans were not always current and reflective of people's needs and a clear audit process was not in place to help the provider identify this.
- The provider had developed their own action plan. However, this action plan did not reflect when additional actions were required. For example, following a legionella risk assessment, actions had not been incorporated into the action plan.
- Following our last inspection, the provider arranged for a fire risk assessment to be carried out in November 2022. At this inspection we identified that actions had not been followed up following this assessment. Following the inspection, the provider informed us that on reviewing the assessment they identified it was not relevant to the location. This concern had not been picked up the provider's own monitoring systems.

Quality assurance and monitoring systems were being implemented however these had not been fully embedded and were not fully effective at identifying and addressing shortfalls. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The manager had started a staff survey to seek and act on the views of staff. The manager and provider talked about some tensions within the staff team since the last inspection. They were developing a plan to involve and engage staff.
- The manager and deputy manager were engaging with people and their relatives and had provided time for them to voice their concerns. The manager had carried out a survey of relative's views of the service. Where concerns or suggestions had been made, the manager had taken onboard these comments to make improvements.
- Relatives spoke positively about the management and improvements being made at St Paul's Residential Home. Comments included: "We have a new manager who is really lovely. They are very approachable, and things have certainly improved" and "The new manager is lovely and very easy to discuss things with."