St. Cecilia's Care Services Limited

St Cecilia's

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?	Good

Summary of findings

Overall summary

This inspection took place on 9 February 2016 and was unannounced. At our last inspection of the service we found no breaches of regulations.

St Cecilia's is registered to offer care and accommodation for up to a maximum of twenty one people. The home provides care to older people who are living with dementia. Dementia is an umbrella term used to describe the range of conditions that cause changes in memory and other cognitive abilities that are severe enough to interfere with daily life. The service does not offer nursing care.

There were 20 people resident on the day we inspected. There was a manager employed at this service who had applied to be registered with the Care Quality Commission (CQC). The previous registered manager had recently retired from the service. The provider had maintained a dialogue with CQC whilst going through the recruitment process for a new manager and had acted in a timely way to replace the previous registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had taken account of current good practice to make the environment as dementia friendly as possible. The service was two nineteenth century houses which had been converted to one home. The environment was dictated by the existing building which provided spacious communal rooms. There was no lift so people at the service had to be mobile if they had a bedroom upstairs. There were bedrooms on the ground floor for those people who were less mobile. Although the décor was not always reflective of best practice for people living with dementia in every area everyone appeared happy and calm. There was an outdoor area where people could walk and sit. The service had received a gold award for the best kept care home garden in the Scarborough in Bloom 'Muck and Magic' awards.

The staff were working within the principles of the Mental Capacity Act 2005. We saw staff give people choices and allow them to make their own decisions. We saw evidence of best interest decision making in the care records.

People's needs were assessed by staff before they went to live at the service. This information was used to develop peoples care plans which were personalised. The reviews were not all up to date.

The service provided a range of more meaningful activities to support people living with dementia. We saw that one person liked to help with domestic tasks and staff were supportive of anyone who wished to carry out everyday activities such as this.

No recent complaints had been received at the service but people knew who to speak to if they wished to raise concerns.

People were provided with a choice of food and drink at mealtimes. People at risk of weight loss had been referred to their GP and the appropriate health professionals

Staff undertook training to learn new skills that kept them up to date. They had been trained in safeguarding adults and could describe the signs of potential abuse.

Risk assessments were undertaken to determine the risks present for people and action was taken to help minimise those risks. People had personal individual evacuation plans in their care records to assist staff in the event of a fire. Equipment was properly maintained. A recent fire visit had identified some areas for attention and the provider was working with the fire service to make sure these items were addressed.

Staff had been recruited safely and there were sufficient staff on duty to meet people's needs. Checks of people's history had been carried out prior to them working at the service.

Medicines were managed safely. Senior care workers administered medicines and audits were completed. An audit of medicines had recently been completed by a pharmacist.
Staff treated people with kindness and spoke respectfully to them. It was clear that they knew people well.

People were well supported at the end of their life. Staff worked with the care homes team from the local hospice to ensure people received good care. Training was being carried out by the care homes team for staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff could describe the signs of potential abuse and said they would report issues to the manager. Risk assessments were undertaken to determine the risks present for people and action was taken to help minimise those risks

Staff were recruited safely and there were sufficient staff on duty to meet people's needs.

Medicines were managed safely.

The fire service had recently visited the service and had issued a notice highlighting some required improvements. The provider was working to address these issues after consultation with the local fire service. There was a fire risk assessment and people who used the service had personal emergency evacuation plans in their care plans.

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Is the service effective?

Good

The service was effective. The provider had taken account of current good practice to make the environment as dementia friendly as possible within the constraints of the building.

The staff were working within the principles of the Mental Capacity Act 2005. The manager of the service knew what action they must take if they required authorisation to deprive someone of their liberty lawfully.

People were provided with a nutritious diet and fluids throughout the day. People at risk of weight loss had been referred to their GP and the appropriate health professionals

Staff received an induction and further training to give them the knowledge and skills to provide care for people.

Is the service caring?

Good

The service was caring. We saw staff treated people with dignity, respect and kindness. Staff were knowledgeable about people's needs, likes, interests and preferences.

There was a warm and friendly atmosphere in the home. People looked well cared for and had good relationships with staff. People were well supported at the end of their life.

Is the service responsive?

Good

The service was responsive. Information was gathered and assessments undertaken to identify people's needs before they went to live at the service. This information was used to inform care plans and risk assessments written to help keep people safe.

The service provided a range of activities for people. In addition some people took part in meaningful activity to support them such as helping the domestic staff.

Staff recognised people's changing health care needs and they worked closely with other health care professionals in order to ensure good outcomes for people.

People we spoke with told us they felt able to raise concerns and could make a complaint if they wished. No recent complaints had been received. There was a policy and procedure in place to support staff when dealing with complaints.

Is the service well-led?

Good

The service was well led. There had been a change of manager recently and the new manager was in the process of registering with the Care Quality Commission (CQC). They were very keen to continually develop and improve the service and were making positive changes to the service.

Staff we spoke with told us they had confidence in the manager and felt supported by them. They found them to be approachable. Staff we spoke with understood the management structure in the home.

Regular meetings were held with residents and families to discuss events within the service and find out people's views. Recent surveys had not yet being reported upon but the comments we received on the day of inspection were all positive about the service.

St Cecilia's

Detailed findings

Background to this inspection

Start this section with the following sentence:

'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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Say when the inspection took place and be very clear about whether the inspection was announced or unannounced, for example by saying:

'This inspection took place on [date] and was unannounced.'

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 February 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at all the information we held about the service including statutory notifications. Notifications give the Care Quality Commission (the Commission) information that the provider has a legal duty to provide relating to any events that affect the running of the service and the people who used the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when planning our inspection.

During the inspection we spoke with a group of six people who used the service and four people individually. We also spoke with two relatives and three members of staff. In addition we observed a member of staff administer medicines. 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 four peoples care plan and risk assessments during the inspection and looked at staff recruitment and training files for three members of staff. In addition we looked at documents used in the running of the service such as audits to check the quality of the service, accident and incident reports, staff rotas, policies and procedures and any complaints. We checked documents to show whether or not the service and equipment had been maintained.

Following the inspection we spoke with the local authority quality team and a registered nurse working with the care homes team based at the local hospice to gather their views of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and relatives confirmed this view. One relative said, "Yes I do think [relative] is safe here" and another told us, "Yes, they're safe and really well looked after."

As part of our inspection we looked round the service which was an adapted older building over two floors. Although the building was not ideal for people living with dementia the provider had adapted the space to try and overcome this. There was no lift access but there were handrails on each staircase. Everyone who had a bedroom upstairs was independently mobile. There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home. In addition there were Close Circuit television (CCTV) cameras in the hallways and in the lounges. We were told that these had been installed a number of years ago for security reasons. There was a notice on the front door telling people the cameras were in place and consultation had taken place when they were installed. Following the inspection we sent the provider our up to date guidance relating to CCTV and they have told us that they will review their policies and procedures relating to cameras in the service in light of this to ensure they are following this guidance. We saw the communal areas of the home were spacious and free from obstacles.

The service had been maintained with safety checks of mains services carried out within recommended timescales. Equipment had been serviced in order to maintain people's safety. There was a fire risk assessment and fire safety notices throughout the building. We saw personal evacuation plans were in place to inform staff about each person's capabilities during the day and at night in the event of a fire. The fire officer had visited the service on 8 December 2015 and identified some areas for improvement. The provider is making some improvements and is having talks with the fire officer about others but is working towards resolving matters swiftly. The service had last been visited by the environmental health officer in November 2014 and had received a rating of five. The food hygiene rating reflects the hygiene standards found at the time the business was inspected by a food safety officer and five means that the service met all elements of the assessment.

During the inspection we found that there were procedures in place for protecting people from abuse. Staff were aware of the action they must take to protect people and told us they would report issues straight away. Staff we spoke with knew how they would recognise and report abuse. They had undertaken training in this area to keep their knowledge up to date and we saw records that confirmed this. A member of staff we spoke with said "I have been trained in safeguarding and if I saw anything I was not happy with I would tell the manager." We saw that although safeguarding alerts had been made to the local authority and the manager had worked closely with the local authority to ensure positive outcomes for people they had not notified CQC of some of the incidents. They told us this was an oversight and sent the retrospective notifications immediately. We accept that this was the case as this service has always notified CQC of events.

Risks to people's safety were appropriately assessed and managed. We saw that risk assessments were in place for each person but some needed updating. These covered the risk of pressure ulcers, moving and handling and people's behaviours. In addition there were management plans in place for staff to follow in order to ensure peoples safety. For instance it was identified that one person required covert administration

of medicines on occasions when the person refused medicine. This means that medicines are administered without the person's knowledge disguised in food or drink. This had been agreed with the mental health team, doctor and person's family and protocols were in the person's notes ensuring that staff followed the process properly and the person received their medicines safely. Staff we spoke with could tell us what assistance people required to help maintain their safety.

Medicines were managed safely. We observed a member of staff administering medicines and saw that they did this safely. They checked the person's name, medicine and dose before giving and only completed the medicine administration record (MAR) once the person had taken their medicine. There were detailed instructions for staff attached to the MAR telling them how people liked to take their medicine which meant people received their medicines in the way that they preferred. The medicines were stored safely and we saw the process for returning medicines. There was a medicine fridge which was kept at the correct temperature. We looked at the controlled drugs (CD) cupboard and carried out a random check of the CD register and stock. The stock numbers were correct. Controlled drugs are medicines which are subject to misuse.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs. We were told that the manager worked over five days and they were supported by senior care workers and care workers on each shift. Staffing levels at the home were monitored by the manager The relatives we spoke with told us they felt there were enough staff to meet people's needs.

Good

Is the service effective?

Our findings

People's relatives told us that they felt the service was effective at supporting their family member. They said their needs were met by staff who were well trained. One relative we spoke with said "Staff definitely know what they are doing." One person who used the service said, "Staff are so good."

The house was over three floors but people lived on the ground and first floor. The third floor housed the staff room, office and training room. There was spacious communal space so people could walk around freely. Because the building had been adapted into a care home there was very little the provider could do to change the layout any further but more could be done to the décor to ensure best practice environmentally.

We did see signage throughout the service as well as pictures and memorabilia appropriate to the ages of people who used the service. We also saw sensory objects on the walls to stimulate people's memories as they walked around. When people were in bed we saw that they had personal items around them and soft music played in the background. They were regularly visited by staff to check their wellbeing.

Staff at the home had undertaken regular training in a variety of subjects such as moving and handling, safeguarding, first aid, dementia awareness and the Mental Capacity Act (MCA) 2005. All the staff we spoke with told us that training was on-going and had to be completed to help them to maintain their skills so they could care for people effectively. When we checked training records we saw that staff had completed these courses but some needed updating.

We spoke to one staff about their first days working at this service. They told us that they received an induction which was very practical and assisted them in getting to know the service and people. They did some basic training and shadowed more senior staff during this period. They said, "The training helps me in knowing what to do." They also said, "I have worked at other places but the feel of this place is lovely."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We saw evidence that staff were working within the principles of the MCA. People were supported to make decisions where possible. Where people lacked capacity and met the criteria DoLs applications had been made. Ten DoLs applications had been authorised with a further five awaiting an outcome. Where there were conditions these had been met and authorisation review dates noted.

We saw evidence that there were health care professionals in regular contact with this service to support people. We saw evidence of visits by a community psychiatric nurse, a palliative care nurse and GP's. Where people receiving palliative care needed support out of hours they had been registered with the local hospice so that the staff had prompt access to support. In a survey of professionals we saw that a community psychiatric nurse had written" Staff are always welcoming and in my experience have a positive attitude to the welfare and wellbeing of the residents in their care."

People at the home had their nutritional needs met. Information about people's preferred foods and drinks, food allergies, likes and dislikes was recorded. This helped the cook and care staff provide meals and refreshments that people liked. If any needs were identified with eating or drinking people were referred to the appropriate health care professionals for advice and support. . A person we spoke with said "The food is good." A relative told us "I've had meals here and it [food] is very good." This demonstrated that the service engaged positively with professionals and healthcare agencies and sought their guidance.

The arrangement of the dining room created a great deal of social interaction. Most people sat in the dining room for their meals. People were offered cold drinks with their meal and hot drinks following the meal. They were given a choice of what they wanted to eat and drink. The cook told us that if they wanted something different that would be provided. Staff interacted with people throughout the meal. Most people ate independently and had plenty of time to eat their meal which ensured people's nutritional needs were met.

Where people required assistance this was given. We observed in care plans that people were weighed regularly and if there was any weight loss a food and fluid chart was used to record their intake. Following this a request for their doctor to provide input would be made.

Good

Is the service caring?

Our findings

People told us they liked the staff and told us "I'm alright here. It's a bit like when I was at home." One relative said, "They are lovely. Staff are so good and they talk to us." Another relative said, "This is the best place in England. This isn't a home [care home]; this is a home [person's home]. You couldn't wish for better carers." A survey completed by relatives contained comments such as, "We feel [relative] is well understood" and "I am happy that my [relative] is so well looked after and cared for by your lovely carers day and night."

People looked well cared for and appeared relaxed with the staff. We saw staff were friendly and had banter with people which they seemed to enjoy. There was a relaxed and welcoming feel to the home. A relative we spoke with said "I am always made welcome." Another relative told us, "[Name] always has their own clothes and their hair done when we come."

Staff showed respect for people's privacy. We saw that staff knocked on people's bedroom doors before entering. They told us how they would always ensure toilet doors were closed properly when assisting people to maintain their privacy. In one room which was shared there were screens available to maintain privacy. There was only one person in the room at the time of our inspection. This demonstrated that the relationships between staff and people receiving support was respectful and maintained their dignity and privacy.

When people became distressed staff calmly and quietly intervened using distraction and the person became calm. We saw staff supporting people throughout the day with understanding. One relative told us that their spouse lived at the service which had been a difficult time of adjustment. They said that staff had encouraged them to visit whenever they wished and had got to know them as well as their spouse. They had arranged for their spouse to visit the service three days a week before moving to the service permanently which had helped with the transition for them and staff.

Visiting at the service was allowed at any time. People were encouraged to go out with their relatives if they wished. Visitors to the service were made welcome and included in activities provided within the home. One relative said, "Staff always offer us a drink and make us welcome."

Information was shared with people who used the service or their relatives if this was appropriate. One relative told us, "No matter what happens they always inform me" and another said "We are always informed about things here."

People were well supported at the end of their life. The registered manager told us that staff were being supported by the local hospice care homes team and six staff were signed up currently to receive training. This was confirmed when we contacted a registered nurse working for the care homes team at the hospice. They told us, "This service is on a programme with us whereby the service is offered training for staff"

Good

Is the service responsive?

Our findings

People at the service received person centred care. A pre-admission assessment was completed before people came to live at the service to ensure that the staff could meet people's needs. Care plans were developed following a person's admission to the service. They contained information about people's health needs including a diagnosis. There was information about people's abilities, any physical or mental health assessments and associated risk assessments.

We saw evidence of reviews of people's care plans but some of these were not up to date. Some people who represented their relative had been involved in reviews carried out by the local authority but we did not see any formal reviews where people who used the service were involved. However, a relative told us that staff spoke with them and kept them informed of any changes every time they visited the service.

We saw in people's care records that doctors, community psychiatric nurses, and chiropodists visited people the home. We saw evidence from appointment letters that people attended the hospital supported by family or staff.

People's social and spiritual needs were supported through activities and by maintaining relationships within and outside of the home. There was a volunteer activity co-ordinator working at the service and staff from the service also organised activities. We spoke with the activity organiser on the day of our inspection and saw them organising activities for small groups of people. We also saw a group of 13 out of 20 people taking part in a singalong and exercise activity. One person told us, "We often have a sing song." The registered manager told us that they were starting to develop life books with people. This had been a suggestion by a psychiatric consultant which the manager wanted to embrace. The service had taken part in 'Care Homes open day' and had organised special events to celebrate notable occasions. We saw photographs of the events displayed at the service and on their website.

People were able to take part in more meaningful activities. Staff told us about one person who liked to do domestic tasks as part of their daily life. Their relative told us, "They let her help. She folds clothes in the laundry. If she feels distressed it calms her." High quality approaches to providing meaningful and enjoyable activities are a key part of enabling people residing in care homes to 'live well' with dementia (Department of Health, 2009).

We saw that information was provided to people about the service complaints procedure and was displayed. There was a policy and procedure available for staff to follow but there had been no recent complaints about the service.

Good

Is the service well-led?

Our findings

The registered manager for this service had recently retired and the deputy manager had taken over the role of managing the service. They had applied for registration to CQC. This gave the staff and people who used the service some continuity. They held the NVQ level four registered managers award as well as an NVQ level four in Care. These are national vocational qualifications which are achieved through theory and practical working. During our inspection we spoke with the manager and they were knowledgeable about all aspects of the service, but were clear that they still had more to learn. They were able to answer most of our questions and where they were unable to tell us any details they found out and let us know quickly. One person's relative told us, "The manager is very good; Very caring. She is approachable and knows everyone". A member of staff told us, "The new manager has done a really good job." We observed the manager speaking with people, their relatives and staff throughout the day in a courteous way.

The registered manager was supported by the provider who was also a visible presence in the service. A relative told us, "We see the owner when they visit the home and at relative's meetings." The provider has maintained a dialogue with CQC about any matters that affected the service over the last twelve months and kept us informed about progress with employment of the manager.

There was a team leader on each shift who took responsibility for allocating work to care workers. They reported directly to the manager although it was clear to us that the staff considered themselves a team. There were two dementia champions employed at the service who promoted best practice relating to dementia in order that staff kept up to date.

The manager kept themselves updated about any current changes and was currently enrolling on a dementia course to further update their knowledge. The provider was the chairman of the Independent Care Group which is a local sector support group for social care. They provided updates about changes in legislation and good practice guidance as well as reporting on current themes in social care through their newsletter.

Staff were supported to have a voice through attendance at staff meetings. We saw that the last meetings had been held on the 25 and 27 January 2016. There were two dates so that all staff could attend. These meetings had been led by the provider and the minutes were recorded. We could see that each person's care was discussed and when domestic staff had complained that the carpet cleaner was not working well we saw that this had been repaired following the meeting.

People who used the service and their families were also encouraged to have a voice through meetings and surveys. There were meetings arranged for residents which had been recorded. We saw that quality surveys had been sent to relatives since our last inspection. We looked at the results from this survey and saw that people had made positive comments such as, "I like St Cecilia's. People are kind" and "We feel [relative] mum is well understood."

The manager told us they were committed to the continuous development and improvement of the service

and we saw that there was a quality management system. Audits had been completed but some were not up to date. The manager assured us that they were starting to audit all areas of the service. Policies and procedures were in place which gave guidance to staff about all aspects of running the service. These reflected current guidance and good practice.

The Commission had received notifications about incidents that occurred at the home generally but there were some more recent incidents that had not been notified. The manager made sure that these were sent to us immediately. The manager told us that any accidents and incidents had all been investigated and acted upon either internally or by the local authority safeguarding team. In order to promote learning these incidents were discussed with staff if appropriate so that staff were able to reflect on them.

There was a business plan and from that there was a development plan recorded. The development plan stated in December 2015 that more interactive items were needed on the walls. We saw that these had been put in place throughout the service.