Mrs Mobina Sayani

St Paul's Residential Home

Inspection report

127 Stroud Road
Gloucester
Gloucestershire
GL1 5JL

Tel: 01452505485

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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 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 there were 30 people living there.

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

People, their relatives and staff spoke positively about the leadership in the home and the quality of care people received.

We found some improvements were needed to ensure infection control practices related to Covid-19 government guidance were followed and records related to people's medicines were always completed. The registered manager did not always have robust oversight of the quality assurance activities to ensure when these were delegated, they would be fully effective in identifying and addressing quality and safety concerns.

We have made a recommendation about the systems for gathering and communicating how feedback has led to improvements.

People felt safe living at St Paul's Residential Home. Staff understood people's needs and how to assist them to protect them from avoidable harm. Care plans and risk assessments were in place, which provided staff with guidance on how to meet people's needs and manage identified risks.

Staff had received training to administer medicines and their competency was assessed. People's relatives told us that medicines were administered on time.

We have made a recommendation about legionella risk management to support improvement.

People received care and support from a consistent staffing them who understood their needs and how to assist them and knew them well.

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:
The last rating for this service was good (published 29 September 2020).

Why we inspected

We received concerns in relation to fire safety following a visit to the home from the fire service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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 based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations
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 infection prevention control, medicines records and good governance at this inspection. We have made recommendations about the legionella risk management and the systems in place to gather and communicate how feedback has led to improvements.

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 comprehensive inspection, by selecting the 'all reports' link for St. Paul's Residential Home on our website at 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 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 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. 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 two 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.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection
This inspection was unannounced.

Inspection activity started on 11 May 2022 and ended on 12 May 2022. We visited the service on 11 May 2022 and 12 May 2022.

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 reviewed information received from the fire 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 observed staff supporting people and looked at the premises. We spoke with eleven members of staff including the registered manager, the deputy manager, the medicines lead, two senior carers, a housekeeper, a chef, the maintenance person, two care assistants and an agency care assistant. We spoke to seven people who use the service. We spoke with three people's relatives and two professionals who regularly visit the service. We reviewed a range of records. This included six people's care records, records related to medicines and accidents and incidents. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We looked at staff training, quality assurance records, safety checks, policies and procedures and risk assessments. We sought assurances about action taken following our initial feedback.

Requires Improvement

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.

Preventing and controlling infection

- The service did not have a system in place for checking relevant professionals visiting the service completed testing in line with national Covid-19 guidance to prevent visitors from catching and spreading infections.
- Staff did not always wearing face masks in accordance with national Covid-19 guidance related to the use of PPE. The service's infection prevention control audits did not highlight our findings.
- The service was not following national Covid-19 guidance in relation to testing for the safe admission of people to the service.
- During the inspection we observed some carpets showing signs of ingrained stains and some marked soft furnishings. We also observed clutter in the service which made it difficult to clean effectively. We requested evidence of the cleaning records for the service, but these were not made available to us. The service's infection prevention control audits did not highlight our findings.

Systems had not been established to monitor and mitigate infection risks. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have also signposted the provider to resources to develop their approach. The provider told us that they would take immediate action to address our concerns.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- People were receiving visitors in line with the government guidance and according to their preferences.

Using medicines safely

- Electronic medicine administration records [MARs] were used by staff to record when people were supported with medicines. However, we found some anomalies related to people's cream administration records and some gaps in administration on the MARs charts. For those people who had time sensitive

medicines the time when staff should administer these was not clearly stated on the MARs. This meant that the registered manager could not judge from the records if people received their medicines as prescribed and on time.

We found no evidence that people had been harmed however, records related to people's medicines were not always complete. This placed people at risk of harm. This was a breach of regulation 17 (2.3) (2.4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We discussed this with the deputy manager who told us they will be considering a system of more frequent auditing of the MAR charts alongside the monthly auditing the service had in place.
● People's relatives told us their loved ones received their prescribed medicines safely and on time.
● Staff who administered medicines were trained and had their competencies assessed.
● Arrangements were in place for obtaining medicines. The home received people's medicines from the pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
● Medicines were kept safely locked in medicines trollies, however the locked medicines fridge was not secured to the wall. Medicines kept in the medicines' trollies were dated with an open date, however creams and ointments kept in people's room were not always correctly labelled and dated.

Assessing risk, safety monitoring and management
● The service had a legionella risk assessment in place and carried out testing to determine whether legionella bacteria was present. The legionella risk assessment was not sufficiently comprehensive and accurate to cover the hot and cold-water storage and distribution system at the service. Related safety checks were not sufficiently comprehensive to cover aspects such as ensuring infrequently used outlets were being flushed out at least weekly and showerheads and hoses were being de-scaled and cleaned at least quarterly.

We recommend the provider consider current guidance related to legionella risk management and take action to update their practice accordingly.

● Following a recent visit from the fire service, the home received a letter of non- compliance. The service had developed an action plan and the fire service had noted improvements after a follow up visit. The service carried out an in-house fire risk assessment and at the time of out inspection was in the process of commissioning an external company to complete a professional fire risk assessment. This was following action recommended at the last visit from the fire service.
● Systems were introduced to ensure staff knew how to respond to protect people in the event of an emergency. This included undertaking fire evacuation drills to ensure people's personal evacuation plans remained effective.
● Risks relating to people's care had been assessed and actions needed to mitigate risk were understood by staff. This included supporting people at risk of falls, helping people to manage their diabetes and their risk related to skin integrity.Staff could benefit from having more information to identify signs of people's blood sugar becomes unstable. Staff knew that people who were cared for in bed required repositioning and talked to us about the frequency at which this was being done, however recording charts were not always available on the electronic system as per the information stated in the care plan.
● When health professional support was needed to support people, referrals were made in a timely manner. The service met with the GP surgery weekly to discuss any changes in people's health needs, carry out medicines reviews and discuss any accidents.
● One professional who visits the service on a regular basis told us that staff know the residents very well

and that they know the "little" things.

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.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives all told us they felt safe living at St Paul's Residential Home.
● People were supported by staff that had received training and knew how to raise safeguarding concerns.

Staffing and recruitment
● People were supported by enough staff who had been recruited safely. One person's relative told us: "The staff are very busy and don't stop but there's always some to attend to [person] if help is needed."
● One person we spoke to told us they feel there were enough staff and they attended quickly when they used their call bell.
● People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and Barring Service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with at risk groups.

Learning lessons when things go wrong
● Systems were in place for staff to report and record any accidents and/or incidents and the service's electronic system produced reports related to these, The management team were aware, for example, of root causes related to people's fall and the registered manager discussed with us about the process of referring people to healthcare professionals when they had falls.
● The management team discussed with us lessons learnt from previous inspections related to safe recruitment.

Requires Improvement

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 requires improvement. The rating for this key question has remained 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

- At our last inspection we had identified that some audit systems had not been effective. At this inspection we found audits and checks were carried out to monitor the quality and safety of the service. However, these were still not effective in identifying the shortfalls we found in relation to for example legionella checks, medicine records, repositioning charts and infection prevention practices. .
- A record of planned service improvements such as an upgrade of the call bell system and refurbishment of the communal bathrooms was not in place to support the provider to monitor that improvements were being made.
- The service's health and safety audits were not sufficiently comprehensive to ensure improvements following the fire service's visit would be maintained or fire shortfalls pro-actively identified. Some of the health and safety audits we looked at had actions identified, however it was unclear if these had been completed.
- The service has a system in place to monitor DOLS (Deprivation of Liberty Safeguards) applications, accidents and incidents and equipment. However, these systems did not always aid the registered manager's monitoring of the service as relevant information was not always readily available.
- The registered manager had delegated tasks related to the quality monitoring of the service to identified staff members and the deputy manager. However, they had not checked the accuracy or completeness of the audits. We were therefore not fully assured that governance, at provider and registered manager level, was sufficiently robust to always identify required improvements, to monitor progress and to ensure shortfalls would not impact on people whilst improvements were being made.

We found no evidence that people had been harmed. However, systems had not always been effective to monitor the quality assurance of the service. The registered manager did not always have oversight of the quality assurance systems. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At out last inspection we had identified improvements were needed to ensure maintenance tasks were completed in a timely way. The service now had a maintenance book in place which evidenced work required which was signed off once completed.

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

● The registered manager told us they held staff meetings, however the pandemic had made it difficult to maintain these so information sharing was done through handovers. The registered manager explained they were available for staff to talk to them and has an open-door policy.

● Staff confirmed that they take part in team meetings and felt listened to, supported and that they could offer feedback.

● The registered manager told us that residents' meetings have been difficult to achieve due to people's communication needs but that one to one conversation were being offered instead.

● The service did not have a system in place to gather feedback from people's relatives, however people's relatives spoke positively about the communication with the home. The registered manager told us they talked to relatives when they visited and that they were available on the mobile phone to talk to them.

We recommend that the provider strengthen the systems in place to gather and communicate how feedback has led to improvements.

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

● Relatives, staff and people spoke positively about the management and the caring culture of the staff. Comments from people's relatives included: "The place is well organised- they know what is going on"; "[Registered manager] is around a lot and the place runs well" and [Registered manager] is such a lovely lady and so caring and the staff take a lead from [registered manager]. Actually, [registered manager] is amazing and the manager is very good too. They go around talking to everyone, chatting away. Things get sorted out without any fuss."

● There was a stable and positive staff team. For some of the people living at the service, English was not their first language, however some of the staff were able to converse with people in their preferred first language.

● One staff member told us: "We work as a family, [registered manager] treats us like a family, [registered manager] cares about every resident, you see that and follow it." Another staff member told us that the management team really take responsibility and help them to achieve task such as assisting on the floor if needed.

● The registered manager was fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred.

Continuous learning and improving care; Working in partnership with others

● The service worked in partnership with health and social care professionals to ensure people received good care and treatment. The service received a weekly visit from a representative of the GP surgery and had weekly review calls with the GP. The service had input from the district nurses who visited the service on a regular basis.

● Relatives we spoke with were positive about feeling involved in the care of their loved ones. Comments included: "They talk to me about how things are with [person] which is reassuring." and "They know [person's] issues and keep in touch with me about things."

●The registered manager was in direct contact with other homes within the area for support and practice sharing and was a member of the GCPA (Gloucestershire Care Providers' Association).

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 Systems had not been established to monitor and mitigate risks to the health, safety and welfare of people using the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records related to people's medicines were not always complete. Systems had not been established to monitor and mitigate risks to the health, safety and welfare of people using the service