

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	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

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 13 people were living at the service.

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

We looked at infection prevention and control measures under the Safe key question. Overall, we were assured that people were being kept safe. The registered manager was aware of current PPE guidance and staff had received infection control training.

Recruitment procedures were in place and were demonstrated as safe. The training matrix clearly showed all training undertaken. Staff told us they attended regular staff meetings and felt well supported by the management team.

Governance systems were used to identify areas for development and improvement. Audits were regularly and consistently completed in all key areas of the service. The staff and management team worked closely with health and social care professionals to ensure good outcomes for people.

Medication was managed safely by trained and competent staff. Medication audits were fully completed, and action taken to identify areas for development and improvement. Medicines policies and procedures were available for staff along with best practice guidance.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe. Staff told us they felt confident to identify and raise any concerns they had about people's safety. They believed prompt action would be taken.

Family members told us they felt their relatives were safe living at the service and felt confident they would be contacted if staff had any concerns. People appeared happy with the service and the staff that provided their therapy and support.

People's rehabilitation and support needs were fully assessed prior to being supported by the service. Care plans reflected people's individual needs, were up to date and regularly reviewed and updated as changes occurred.

Staff assessed and reduced risks as much as possible, and equipment was used to help people remain as independent as possible.

People's food and drink needs were fully assessed and met. People were supported by healthcare

professionals that included rehabilitation therapists. Referrals were made to dieticians and other professionals as required.

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 not rated (published 10 August 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The new provider for this service was registered with us on 16 January 2020 and this is the first rated inspection. The last rating for the service under the previous provider was requires improvement published on 4 December 2019.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was 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 Care Act 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 two inspectors and a specialist advisor.

Service and service type

St Cyril's Neurological Care and Rehabilitation Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We reviewed a range of records. This included five people's care records. We also reviewed records relating to the management of the service such recruitment records, health and safety records, meeting minutes, training records and audits. We spoke with one person who used the service about their experience of the care provided. We spoke with the provider, managers, two deputy managers, two nurses and five support staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with six people's relatives who visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

We previously completed a targeted inspection at this newly registered service. This key question was not rated. This is the first comprehensive inspection. At this inspection this key question is rated as good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed, risks had been mitigated where possible and all documents were regularly reviewed.
- Health and safety checks were regularly carried out and clearly recorded. These included safe water temperatures, equipment checks and servicing.
- Regular fire safety checks were undertaken and all required documentation completed.
- Personal emergency evacuation plans (PEEPs) were in place to ensure people were supported to evacuate safely in an emergency.
- Staff training that included moving and handling, fire safety and safeguarding was up to date.

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 accessing testing for people using the service and staff.
- 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.
- We were assured that the provider was using PPE effectively and safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. One staff member told us, "We have regular training and I feel confident to raise any concerns I have."

- One relative told us, "I believe [Name] is safe at St Cyril's" and another said, "Although I haven't been able to go into St Cyril's during COVID-19 I do believe the team are doing everything possible to keep [Name] safe."
- Safeguarding incidents were appropriately reported to the local authority and the Care Quality Commission (CQC).

Staffing and recruitment

- Sufficient staff were available to meet people's individual needs.
- Relatives told us that there seemed to be enough staff. Comments included "[Name] has some continuity of staff which is good" and "[Name] says there are enough staff."
- Staff told us there were enough staff on each shift and one member of staff commented, "Staffing seems to be good compared to other places I've worked."
- Safe recruitment systems were in place to ensure only suitable staff were employed.
- Staffing levels were based around people's individual needs.

Using medicines safely

- People received their prescribed medicines safely from staff who had been trained and were competent to undertake the task. Good interactions were observed between nurses and people supported.
- Clear procedures were in place for the safe management of medicines.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. Protocols were in place to guide staff on how to administer these medicines.

Learning lessons when things go wrong

- The registered manager continued to reflect on where improvements were needed and took action in a timely manner.
- Lessons were learned from accidents and incidents that occurred. They were reviewed regularly by the registered manager to look for any trends; and identify whether future incidents could be prevented.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first comprehensive inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were carried out before they came to live at the service, to ensure they could be looked after properly. Assessments from health and social care professionals were also used to plan effective care.
- The initial care assessment supported the principles of equality and diversity and people's protected characteristics, such as age, disability, religion or belief were considered.
- Management and staff applied their knowledge and skills in the management of nutrition, oral health and skin integrity. This supported a good quality of life for people.
- People benefitted from technology and equipment such as, specialist seating, specialist bathing facilities and pressure relieving mattresses, to deliver effective care and support.

Staff support: induction, training, skills and experience

- People were supported by staff that had completed a range of appropriate training to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way. New staff were complimentary about the training and support they had received.
- The registered manager provided new staff with induction training and an opportunity to complete a number of shadow shifts to support their understanding of their role and the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and dietary preferences were met. Meals were presented well, were hot and nutritious. Snacks and drinks were offered throughout the day.
- People who required their drinks to be thickened were supported appropriately.
- Staff monitored people's nutrition to ensure it was met. Advice from appropriate healthcare professionals was sought as needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were offered appropriate support to meet their healthcare needs. Staff worked with healthcare professionals to ensure people received a coordinated service.
- Appropriate information was shared by staff when people moved between services such as admission to hospital or attendance at healthcare appointments. In this way, people's needs were known, and care was provided consistently.

Adapting service, design, decoration to meet people's needs

- The provider had designed the service with people's specialised needs in mind. All areas were safe, well equipped, accessible, spacious, bright and airy.
- People were happy with their bedrooms and the communal areas. Some had personalised their bedrooms with their own pictures and ornaments.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made, were lawful and in their best interests.
- Staff received training and demonstrated an awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. Staff asked for people's consent before providing care, explained what they were going to do and respected their decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first comprehensive inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with care, patience and kindness by the staff team. Conversations were friendly and appropriate with people supported.
- People appeared comfortable with the staff that supported them.
- Relatives described staff as good, very caring, patient and hardworking. One relative commented, "The care is amazing, we couldn't ask for better."
- Staff demonstrated a good understanding of people's preferences and diverse needs and respected what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care wherever possible. We observed staff encouraging people to make everyday decisions about their care when they could, such as what they had to eat and where they spent their time.
- People's choices were respected. People were undertaking rehabilitation so there was structure to each of their days.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. The therapy team were knowledgeable about ensuring people had equipment and adaptations to keep them safe and to promote their independence.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was recorded in a positive manner.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first comprehensive inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was centred around their rehabilitation needs, choices and preferences.
- People's individual needs were understood by the full staff team.
- People's therapy and support plans were reviewed regularly and updated when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. Staff did not hurry when communicating with people. They repeated information if required and demonstrated patience.
- Information was available in alternative formats to ensure it was accessible and presented in a way for it to be more easily understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Improving care quality in response to complaints or concerns

- We observed people participating in one to one discussions, watching TV, listening to music and enjoying the garden.
- People were supported to maintain relationships that were important to them. We observed safe visits being carried out in accordance with guidance.
- The provider had robust processes to investigate and respond to people's complaints and concerns. During our conversations with relatives one complaint was received and this was reported to the registered manager. They told us this would be fully investigated in line with their complaints procedure.

End of life care and support

- A new system was being developed for the recording of people's end of life wishes.

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.

We previously completed a targeted inspection at this newly registered service. This key question was not rated. This is the first comprehensive inspection. At this inspection this key question has been rated as good. This meant the service was consistently managed and well-led.

At our last inspection the provider had failed to always identify and address areas of concern through their governance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Systems to assess, monitor and improve the service were effective and had identified areas for development and improvement.
- The registered manager consistently reviewed completed incident forms to identify trends, patterns or areas to mitigate future risk. These were discussed within health and safety meetings.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to a staff handbook, policies and procedures, contracts and job descriptions.
- Statutory notifications had been submitted by the registered manager in line with their legal responsibilities.

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

- Staff and relatives felt the management team were visible and available to provide them with support and guidance. Staff described the management team as approachable and supportive.
- There were opportunities for relatives to share their views about the quality of the service provided.
- There were regular staff meetings where staff had the opportunity to ask questions, raise concerns and put forward suggestions for change.

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; Continuous learning and improving care

- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.
- The registered manager was open and transparent and told us they understood how important it was to be honest when mistakes are made or incidents happen, and to offer an apology.

- Incidents were reported to the relevant agencies and complaints were managed in line with policies and procedures.
- The registered manager encouraged continuous learning and development. Staff training, supervision sessions and meetings were used to ensure learning and improvements took place.

Working in partnership with others

- The registered manager and staff worked closely with health and social care professionals to ensure people received the care and support they needed.