

St Cyril's Rehabilitation Unit

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

We undertook this unannounced focused inspection of St Cyril's Rehabilitation Unit in response to concerns that were raised with us about the safety and quality of the services provided to patients. This inspection focused on the safety of the services provided however where inspectors observed practice in other areas we have included this information in our report.

St Cyril's Rehabilitation unit is a 22 bedded unit situated in Chester and offers specialist inpatient rehabilitation services to patients over the age of 18. Care is delivered over three inpatient suites; the Westminster, Grosvenor and Cheshire suites. These suites are situated in the same building on one large ground floor. The Westminster suite is a lockable unit.

We inspected the unit during the evening of 23rd November 2015. We visited the following areas:

- Westminster Suite
- Grosvenor Suite
- Cheshire Suite

At the time of our inspection, we found that patients at St Cyril's Rehabilitation Unit were receiving timely and appropriate care. Nurse staffing levels were appropriate to meet patient needs. There were periods of understaffing over a number of months however we found evidence that senior managers had taken appropriate steps to try to address this issue.

Medical staffing on the unit was adequate to ensure patients received timely and safe care. Staff were able to access medical advice when they needed to.

We found that records were stored securely and were completed in legible handwriting. However we found examples where a risk assessment had not been fully completed and patient's early warning scores had not been completed fully.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We found that there were occasions when patient's oral hygiene was not maintained to the standard and frequency set out in their plans of care. Staff treated patients with dignity and respect.

Staff spoke positively about their leaders and told us that they felt respected and valued. Medical staffing was adequate to ensure patients received timely and appropriate care. Staff were able to access medical advice when they needed to.

Importantly, the provider must:

- Ensure that staff undertake and record patient observations consistently and accurately.
- Ensure that records are completed contemporaneously and reflect the care provided to patients.
- Ensure that all documents used to guide, plan and assess patient care are fit for purpose and are tailored to individual patient needs.
- Ensure monitoring arrangements for the safe administration of medicines are robust and actions are taken to minimise risks to patients.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

At the time of our inspection, we found that patients at St Cyril's Rehabilitation Unit were receiving timely and appropriate care. Nurse staffing levels were appropriate

to meet patient needs. There were periods of understaffing over a number of months however we found evidence that senior managers had taken

Summary of findings

appropriate steps to try to address this issue. These steps included a recent recruitment program and the increased use of agency staff while recruitment was ongoing. On the evening of our inspection we noted that there were staff members working who were employed by external agencies to address a staffing deficit for patients who required close observation.

Infection control processes and procedures were in place and medical staffing on the unit was adequate to ensure patients received timely and safe care. Staff were able to access medical advice when they needed to.

We found that records were stored securely and were completed in legible handwriting. However we found examples where a risk assessment had not been fully completed and patient's early warning scores had not been completed fully. We also noted one occasion where staff completed documentation relating to patient checks retrospectively after telling inspectors that checks had not been undertaken.

All staff including the registered manager and staff from external agencies were aware of how to report and

highlight issues of a safeguarding nature. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We found that there were occasions when patient's oral hygiene was not maintained to the standard and frequency set out in their plans of care. Staff treated patients with dignity and respect.

There were a number of audits in place on the unit to monitor and measure the quality of care being provided to patients. There were appropriate governance frameworks in place for the unit and these frameworks were monitored by the director of governance. There were action plans in place to address identified risks. These action plans were current with definable and achievable measures and outcomes.

Staff spoke positively about their leaders and told us that they felt respected and valued. Medical staffing was adequate to ensure patients received timely and appropriate care. Staff were able to access medical advice when they needed to.

Summary of findings

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St Cyril's Rehabilitation Unit

Services we looked at

Medical care

Summary of this inspection

Background to St Cyril's Rehabilitation Unit

St Cyril's Rehabilitation unit is a 22 bedded unit situated in Chester and offers specialist inpatient rehabilitation services to patients over the age of 18. Care is delivered

over three inpatient suites; the Westminster, Grosvenor and Cheshire suites. These suites are situated in the same building on one large ground floor. The Westminster suite is a lockable unit.

Our inspection team

The team that inspected this service included one CQC inspection manager and two CQC inspectors.

Why we carried out this inspection

We undertook this unannounced focused inspection of St Cyril's Rehabilitation Unit in response to concerns that were raised with us about the safety and quality of the

services provided to patients. This inspection focused on the safety of the services provided however where inspectors observed practice in other areas we have included this information in our report.

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we hold about St Cyril's Rehabilitation Unit.

As part of the inspection we carried out an unannounced visit on 23rd November 2015 between 7pm and 12am to:

St Cyril's Rehabilitation Unit

We looked at a range of policies, procedures and other documents relating to the running of the service.

We spoke to staff members, patients and reviewed patient records, observation charts and 16 medication charts.

Information about St Cyril's Rehabilitation Unit

St Cyril's Rehabilitation unit is a 22 bedded unit situated in Chester and offers specialist inpatient rehabilitation services to patients over the age of 18. Care is delivered

over three inpatient suites; the Westminster, Grosvenor and Cheshire suites. These suites are situated in the same building on one large ground floor. The Westminster suite is a lockable unit.

What people who use the service say

Patients told us;

Summary of this inspection

"I am happy here, well as happy as you can be in hospital. The staff are kind and help me when I need them to."

"There has been a lot of new staff and this has made me feel not as secure. It's settling down now."

Detailed findings from this inspection

Medical care

Safe

Effective

Caring

Well-led

Are medical care services safe?

Summary

Staff were able to identify the types of incidents that required reporting. They were aware of how to report these incidents and told us that they received feedback on the incidents reported. Incidents were recorded on an electronic system and a review of this showed that all recorded incidents had appropriate actions documented and the registered manager was able to tell us about the progress made in implementing these actions. Staff were encouraged to undertake mandatory training and this was provided on a face to face basis and through eLearning sessions.

All staff including the registered manager and staff from external agencies were aware of how to report and highlight issues of abuse and neglect. Safeguarding issues were appropriately reported to external agencies and CQC as they occurred. We reviewed records submitted to the us and noted that these were complete and contained all relevant information.

Infection control processes and procedures were in place and used appropriately by staff. Equipment was found to be fit for purpose with up to date checks in place. Daily medication audit checks were in place to identify errors and risk associated with medicine administration. These audits identified that on 15 occasions medicines were not recorded as being given. Whilst on some occasions immediate action was taken, we were not satisfied that processes in place minimised the risks to patients. This matter was now being addressed by the provider.

We found that records were stored securely and were completed in legible handwriting. However we found examples where a risk assessment had not been fully completed and patient's early warning scores had not been

completed fully. We also noted one occasion where staff completed documentation relating to patient checks retrospectively after telling inspectors that checks had not been undertaken.

Nurse staffing levels were adequate to meet patient needs on the evening of our inspection. There were periods of understaffing over a number of months however we found evidence that senior managers had taken appropriate steps to address this. These steps included a recent recruitment program and the

increased use of agency staff while recruitment was on going.

Medical staffing was adequate to ensure patients received timely and appropriate care. Staff were able to access medical advice when they needed to.

Incidents

- Incident reporting systems were adequate and all staff including agency nurses were able to use the incident reporting system effectively. The registered manager was able to explain how they identified and reviewed incidents and what actions had been taken as a result of incident reporting
- We spoke with two staff members who worked for an external agency and four staff members who worked at the unit on a permanent basis. All these staff members were able to articulate how they would report and incident and were also able to outline the types of incidents they would need to report.
- We reviewed incidents reported and found that each was reviewed and action taken to share learning and reduce the risk of the incident being repeated. Action taken included discussing the issue with individual staff and working with departments within the hospital.

Mandatory training

- Mandatory training was available face to face and through electronic online learning for staff.

Medical care

- Staff told us that they were encouraged to attend mandatory training and that the registered manager and lead nurse reminded them when their mandatory training was due for renewal.
- The unit had also supported the introduction of the carer's passport for all health care assistants employed at the unit.

Safeguarding

- Staff were aware of how to refer a safeguarding issue to protect adults from suspected abuse or neglect. Staff told us that they received feedback from safeguarding referrals. Senior staff at the unit were able to show us how they would access advice and guidance on how to manage safeguarding concerns
- The registered manager was aware of their responsibilities in relation to safeguarding vulnerable adults and was able to articulate how they would report any issue of a safeguarding nature to the local authority and police. They were also able to tell us how they would notify the CQC of a safeguarding issue.
- As part of the inspection process three safeguarding notifications made to the CQC by the provider were reviewed. All three of these notifications contained the relevant information required and were completed fully. One of the three incidents required reporting to the local authority and the police and this action had been completed appropriately by the provider.

Cleanliness, infection control and hygiene

- Infection control processes and procedures were in place that helped protect patients from avoidable infections.
- Cleaning schedules were in place, with allocated responsibilities for cleaning the environment and equipment.
- There was adequate access to hand washing sinks and hand gels.
- Staff were observed using personal protective equipment, such as gloves and aprons and changing this equipment between patient contacts. We saw staff washing their hands using the appropriate techniques.
- Waste was segregated appropriately and was placed in clearly labelled bags for appropriate disposal.

Environment and equipment

- The facilities were visibly clean, free from clutter and fit for purpose.

- We checked five pieces of electrical equipment and all had labels to indicate up to date electrical testing.
- There was an emergency resuscitation trolley in the nurse's office between the Grosvenor and Cheshire Suites. There was a checklist for staff to complete on a daily basis to check all the parts of the emergency resuscitation trolley. This checklist included sections to check that all the equipment in the trolley was in date and in good working order. We reviewed four weeks of checklists for this trolley and checks were undertaken daily on all occasions.
- There were adequate arrangements in place for the handling, storage and disposal of clinical waste, including sharps.

Medicines

- We observed staff undertaking part of the night time medication round. Staff undertook appropriate checks when administering medication including checking the patient's name, date of birth and allergy status.
- Allergies were recorded clearly on patient records and also on individual patient boards.
- Advice from a community pharmacist was available to staff when they required.
- We noted that the provider took steps to reduce errors because staff administering medication wore a tabard advising that they should not be disturbed during a medication round.
- We reviewed 16 retrospective medication charts and found that they were legible and complete.
- Daily medication audit checks were in place to identify errors and risk associated with medicine administration. We reviewed audit results from the 1st November 2015 – 23rd November 2015 which identified that on 15 occasions medicines were not recorded as being given. Whilst on some occasions immediate action was taken, we were not satisfied that processes in place minimised the risks to patients. We escalated this to the manager at the time of our inspection and immediate action was taken.

Quality of Records

- We reviewed 14 patient records and five observation charts.
- Patient records were easily located and we found that information about plans of care was easily located and book marked at the current episode of care.

Medical care

- We found that patient records were stored securely in a locked staff office room.
- In all the records reviewed, staff had written entries in clear and legible handwriting.
- We reviewed 11 charts which recorded how often patients were checked and repositioned by staff, offered fluids and received mouth care. We reviewed one of these charts at approximately 19.10 and noted that checks on the patient had not been completed since 17.30. Checks on this particular patient were required at thirty minute intervals. This was highlighted to staff members who advised that they had not been into the patient's room since before 18.00. A further check of this chart at approximately 21.00 showed that the missing checks had been completed retrospectively.
- We reviewed 11 observation charts, which are used to record patients vital signs. In three of these charts, there were entries which did not indicate the time staff had taken the vital signs. This could have resulted in patients not receiving observations within an appropriate timescale.
- There was an early warning scoring system in use. An early warning score system is used to identify patients who are at risk of deterioration and it prompts staff to take appropriate action in response to any deterioration. This scoring system included clear and easy to follow guidance for each score value. This scoring system and guidance sheet was printed and each member of staff held a copy.
- Three of the 11 observation charts reviewed showed staff had recorded incorrect scores and totals of the early warning score. This resulted in staff recording a lower score than should have been recorded.

Nurse staffing

Assessing and responding to patient risk

- We found that staff completed appropriate risk assessments for patients in relation to pressure ulcers and falls in all cases apart from one where the falls risk assessment was incomplete. Staff shared information at handover times about patients who were at particular risk of suffering falls and pressure ulcers.
- In all records we reviewed, staff had completed appropriate pressure ulcer and falls risk assessments apart from one where the falls risk assessment had not been fully completed. In all records we found that these key risk assessments had been reviewed on a monthly basis. The risk assessment guidance displayed on the risk assessment itself stated that these should have been repeated on a weekly basis. The senior nurse advised that this was an error with the documentation and it should have read to be reviewed monthly. The senior nurse assured us that this would be rectified and that all patients only required the assessments to be repeated on a monthly basis
- A printed handover sheet was provided to all staff on duty. This sheet identified which patients on the unit were at risk of falls and pressure ulcers. This sheet was comprehensive and included all relevant information pertaining to patient's needs.
- We found that nurse staffing was adequate on the evening of our inspection to ensure patients were cared for. There were periods of understaffing over a number of months however we found evidence that senior managers had taken appropriate steps to try to address this. These steps included a recent recruitment program and the increased use of agency staff while recruitment was on going.
- There was regular use of staff employed by an external agency to address staffing deficits there were processes in place to ensure that external agency staff were appropriately orientated to local policies and procedures. All newly appointed staff received an induction and their competency was assessed before they were permitted to work unsupervised. Agency and locum staff also undertook inductions before starting work.
- We reviewed five records for the induction of these staff and all were completed fully and appropriate checks of the skills of the staff had been undertaken by the provider.
- The provider was in the process of recruiting a large number of staff to the unit in order to minimise the use of staff from external agencies. We reviewed rotas and observed that the same staff were employed regularly through external agencies in order to promote continuity of care provision.
- 12 new carer assistants had started in September/October 2015 and an additional 13 new staff were due to

Medical care

commence in December 2015. This meant the number of staff would be able to meet the additional need for one to one observations for some patients and moving and handling needs of the patients.

Medical staffing

- Medical staffing for the unit was adequate to ensure patients received timely and safe care. Staff were able to access medical advice and assistance when they needed to.
- A designated consultant reviewed patients regularly and was available by telephone 24 hours a day.
- Staff confirmed that medical advice was easily accessible.
- There was evidence in all records of regular and comprehensive medical reviews for patients. These reviews included evidence of clear plans of care and active management of patient's medical issues.

Are medical care services effective?

Nutrition and hydration

- We reviewed three charts used to record oral care provided to patients. Oral care is provided when patients are unable to maintain their oral health due to illness or disability. In two of the five charts we found that patients had not received oral care at the frequency stated in their care plans. In one of these cases the patient had not received recorded oral care for over five hours and their mouth was found to be very dry with residue around their lips. Their care plan had stipulated that they should have received oral care every two hours. Staff were asked to address this and they did so immediately. In another case a patient had only received oral care three times in a 12 hours period and it was stipulated in their care plan that they should have received this care one to two hourly. We were unable to assess the condition of the patient's mouth.

Patient outcomes

- The unit participated in internal audits to monitor patient outcomes. These audits included medication chart audits and observation chart audits.

- Where audits identified practice shortfalls, remedial actions were planned to improve performance and compliance.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff displayed knowledge of the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Patient records showed evidence that staff considered these legislations when making decisions about patients care.
- Staff had awareness of what practices could be deemed as restraint and displayed an understanding of the deprivation of liberty safeguards and their application.

Are medical care services caring?

Compassionate care

- Staff treated patients with dignity and respect.
- We spoke with three patients, who gave us positive feedback about how staff treated and interacted with them and told us that staff were generally kind. However two out of the three patients told us that there had noticed lots of new staff on duty and that at times they felt that staff did not speak to them in a considerate and dignified manner.
- We observed that bedroom doors were closed when staff were providing personal care.
- We checked six patients to see if their call bells were to hand and in all cases their call bells were easily accessible to patients. We observed a patient who was being supported by two members of staff. We noted that staff members talked over the patient who was in a chair for approximately 30 seconds and only interacted with them once they became distressed.
- Processes did not always ensure patients were treated with dignity and respect. For example photographs taken to show how patients should be positioned were inappropriate patients were not appropriately dressed. This was discussed with the registered manager during the inspection
- We saw that patients were supported to use signals, body language and picture and word charts to aid communication. The provider should consider communication assessments for patients to ensure they are provided with the most appropriate aids including modern technology.

Medical care

Are medical care services well-led?

Governance, risk management and quality measurement

- There were appropriate governance frameworks in place for the unit and these frameworks were monitored by the director of governance. The registered manager and lead nurse were clear on their roles in relation to governance and they identified, understood and appropriately managed quality and risk.
- There were action plans in place to address identified risks. These action plans were current with definable and achievable measures and outcomes.
- Audit and monitoring of key processes took place across the unit to monitor performance against objectives. The provider wide governance team monitored information relating to performance against key quality, safety and

performance objectives and this information was shared with the registered manager during regular meetings and emails. The director of governance was based at the unit three days a week and was available by telephone for advice and guidance.

Leadership of this services

- Staff spoke positively about the registered manager, lead nurse and director of governance. The registered manager and lead nurse were visible and staff were able to identify senior managers within the provider.
- Staff told us they felt supported in their roles and felt proud to work at the unit.

Culture within this services

- Staff told us they felt respected and valued.
- Staff told us they would feel secure raising a concern or issue with senior staff.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that staff undertake and record patient observations consistently and accurately.
- The provider must ensure that records are completed contemporaneously and reflect the care provided to patients.
- The provider must ensure that all documents used to guide, plan and assess patient care are fit for purpose and are tailored to individual patient needs.
- The provider must ensure monitoring arrangements for the safe administration of medicines are robust and actions are taken to minimise risks to patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1)(2) (a)(b)(c)</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>The trust must ensure that staff are appropriately completing early warning scores and observations and acting appropriately on these measures.</p>