

St David's Home For Disabled Soldiers, Sailors and Airmen

St. David's Home

Inspection report

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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 David's Home is a care home with nursing providing personal and nursing care for up to 76 adults living in four units. One area is used to provide rehabilitation support to people with a range of physical disabilities with the aim of being able to live a more independent life and to return to their home or move to other accommodation. At the time of the inspection there were 62 people staying at the home. The home is operated by St David's Home For Disabled Soldiers, Sailors and Airmen, a registered charity.

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

The provider had not always assessed, monitored and managed risks to people's safety.

The approach to assessing, recording and managing environmental and equipment-related risks was partial and inconsistent.

Infection prevention and control procedures were in place but were not always followed consistently.

The systems in place for monitoring the quality of the service and making improvements were not always effective as they had not enabled the provider to take timely action to address the issues we found.

There were enough staff to meet people's needs safely. There were suitable recruitment processes in place. Staff felt supported by the managers.

There were appropriate medicines support procedures to help people take their prescribed medicines.

The service worked in partnerships with other agencies to meet people's needs.

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 requires improvement (published 9 November 2021) and there were 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 the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection control and people visiting the service. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection prevention and control so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led. We found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. 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 remained requires improvement based on the findings of this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St David's Home on our website at www.cqc.org.uk.

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 safe care and treatment, infection control and good governance.

We have made a recommendation about managing staffing levels.

Please see the action we have told the provider to take at the end of the full version of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St. David's 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was undertaken by one inspector.

Service and service type

St David's Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St David's Home is a care home with nursing care. 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 CQC, who was on leave when we visited. 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 the inspection

We reviewed information we had received about the service since the last inspection. This included speaking with a relative of a person who uses the 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 spoke with the quality compliance and clinical manager, two catering staff, a nurse, a senior carer, a human resources manager and an administration manager. We also spoke with a visiting healthcare professional. We attended the service's daily department heads meeting led by the quality compliance and clinical manager. We viewed a range of records relating to people's care and the management of the service. This included four people's medicines support and care records and five staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including audits, meeting records and procedures.

After the inspection

We spoke with the registered manager. We continued to seek clarification from the provider to validate evidence found. We also requested more evidence about the management of the service, including records on medicines support, staffing and service monitoring.

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 requires improvement. At this inspection the rating has remained 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.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were not always assessed, monitored or managed. The service's approach to assessing and managing environmental and equipment-related risks was only partial or inconsistent.
- Some people's care plans set out how staff should support them to manage or avoid pressure sores. This included when people needed support to reposition their body regularly to promote skin integrity. Daily care records for two people showed they were not receiving this support as frequently as they required.
- The provider could not demonstrate that hot water temperatures were checked regularly to make sure this was not too hot for people to wash safely. We discussed this with the quality compliance and clinical manager and they promptly instigated recorded checks of water outlets. After our visit the registered manager provided further evidence of these checks taking place and actions taken to address issues found, such as replacing water temperature mixer valves.
- There were fire safety systems and equipment in place. However, while equipment such as extinguishers had been reviewed recently, there were no current records of other fire systems being checked. We raised this with the quality compliance and clinical manager who arranged a fire alarm test during our visit. We saw log books the registered manager had newly procured to record such fire safety systems testing in future. After our visit the registered manager provided evidence of a fire safety action plan they were implementing.
- Staff supported some people to use pressure-relieving mattresses to mitigate the risk of developing pressure wounds. The records for demonstrating regular checks had been carried out to ensure the mattresses were at the correct setting for each person were not up to date. When we asked a member of staff about one of these mattresses, they were not sure about its use or why the person had it. This meant the risks of people developing pressure wounds had not been fully mitigated as staff had not always ensured equipment was used in a safe way. The quality compliance and clinical manager initiated new daily mattress checks during our visit.
- The provider could also not demonstrate that equipment such as machines for assessing people's weights were regularly checked and serviced. This meant there was a risk that the service could not always monitor people's weights accurately to identify changes in their physical health. A healthcare professional also told us getting consistently accurate weights had been problematic recently.

These issues indicated that risks to people's safety were not always assessed, monitored and managed so they were supported to stay safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At our inspection in August 2021 we found that the prevention and control of infections was not always managed in a safe way. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

While we found there had been improvements at this inspection, the provider was still in breach of regulation 12 regarding infection prevention and control.

- We were not assured that the provider was preventing visitors from catching and spreading infections. We observed some staff not wearing a mask or wearing a mask under their nose in the home's reception area. We informed the quality compliance and clinical manager and they addressed this with staff immediately.
- The home appeared free of offensive odour, but not all areas of the premises were kept clean and hygienic. At our last inspection we found a shower room had broken tiles and damaged, dirty flooring. This time we saw the flooring was in the same condition and we raised this with the management team. After our visit the registered manager confirmed the shower room was being refurbished.

These issues indicated the prevention and control of the spread of infections was not always managed in a safe way. This placed people at risk of harm. This was also a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of our inspection we found the provider was managing infection outbreaks effectively. They had recently made improvements so they could do this. For example, the quality compliance and clinical manager had reviewed and improved infection control practices, provided refresher training to staff on how to use personal protective equipment (PPE) appropriately and assessed their competence in this.
- The provider supplied staff with suitable PPE to keep themselves and people safe, such as face masks, gloves, aprons and hand sanitisers.
- At the time of our visit the provider was following the current government guidance for visitors.
- The registered manager monitored people's and the staff safety by ensuring they accessed regular COVID-19 testing.
- The provider's infection prevention and control policy was up to date.
- The kitchen appeared clean and well-maintained when we visited. Food, including a lot of fresh ingredients, was stored and labelled appropriately. Staff monitored the temperature at which food was kept and served.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Staffing and recruitment

- The registered manager arranged for enough staff to meet people's care needs safely. They maintained this during a recent COVID-19 outbreak through staff working extra shifts and engaging temporary agency workers. However, they could not always demonstrate taking a methodical approach to determining sufficient numbers of staff to meet people's needs at all times, for example by using staffing dependency tool or assessment process.

We recommend the provider consider current guidance on assessing and monitoring safe staffing levels in care homes and take action to update their practice accordingly.

- The provider had suitable recruitment processes to help make sure they only employed suitable staff. These included checking an applicant's work history, identity and previous employment references and obtaining criminal records checks from the Disclosure and Barring Service.

Using medicines safely

At our inspection in August 2021 we found the provider had not always managed medicines safely. 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 in relation to using medicines safely.

- People were supported to take the medicines as prescribed. There were suitable systems for ordering, handling, storing prescribed medicines and controlled drugs. This included storing medicines safely in a refrigerator when required.
- There was a digital Medicines Administrations Records (MARs) system for staff to record when they had supported people to take their prescribed medicines. This alerted staff to when people needed to take their medicines and provided suitable information for them to do this. This included information about people's PRN or 'when required' medicines, such as for pain relief.
- The provider gave training to staff who administered people's medicines and assessed their competency to provide this support safely.
- Staff completed daily and weekly medicines audits to make sure they were being used effectively.
- An independent pharmacist conducted a medicines support audit in the month prior to our visit. This provided the registered manager with another means of monitoring the service and identifying areas for improvement.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding adults policies and systems in place. The registered manager had reported safeguarding concerns to the local authority and these were being investigated.
- At the time of the inspection we received information suggesting a person may not have always been safe and protected from avoidable harm or abuse. We passed this information to the local authority and these concerns were being investigated when this report was being written.
- Staff received training in safeguarding adults and the staff we spoke with knew how to report concerns. They felt the registered manager would listen to their concerns. The provider was in the process of arranging further in-person training for staff on this.

Learning lessons when things go wrong

- There was a process for recording and reviewing incidents and accidents. Staff recorded what took place and the actions taken in response to this, such as when a person experienced a fall.
- We saw incidents were discussed at daily service meetings and documented on basic shift handover records so staff were made aware. The managers monitored incidents and accidents on a monthly basis to identify trends or improvement requirements.
- The registered manager investigated concerns when things may have gone wrong. For example, when there were concerns about a member of staff's conduct.

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. At this inspection the rating 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; Continuous learning and improving care
At our inspection in August 2021 the provider had not always ensured systems were always either in place or robust enough to demonstrate safety and quality and was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager used checks and audits to supervise the quality of the service. This system of monitoring had not always been effective as it had not enabled the provider to identify and take timely action to address some of the areas for improvement we had found.
- The systems had not ensured people's safety by always maintaining a safe environment, ensuring safe treatment and care, or making sure infection prevention and control measures were implemented appropriately. This meant there was a lack of consistency in how the service managed manage risks to the quality of the service.

These issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were responsive to the concerns we found. The quality compliance and clinical manager had started at the service shortly before the inspection, had identified the issues we found and they took action to address some of these during our visit. The registered manager then sent us a new service improvement plan to address these.
- The managers had recently implemented some improvement measures, such as reviewing infection control practice and training. They had re-instigated daily, recorded 'walkaround' checks to monitor the service, which identified improvement issues and when actions to address these were completed. They had also conducted an evening monitoring visit and followed up on issues this had noted. We saw sections of a corridor's floorboards and had been replaced and made safe since our last visit.

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

- During our visit we observed a member of staff not acting in a respectful manner when entering people's rooms. This meant there was a risk that the service culture did not always ensure people experienced a positive, person-centred care. We discussed this with the staff member and the quality compliance and clinical manager so they could address this and make improvements. We saw the manager address this promptly.
- We also observed staff interacting with people in a caring and respectful way.
- People spoke positively about the managers at the time of our visit. Staff described the registered manager as approachable and supportive and stated they appreciated the quality compliance and clinical manager's improvement actions.

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

- The registered manager held meetings with residents and with their friends or relatives. This gave people the opportunity to be involved in the running of the service. We noted from meeting records that staff acknowledged when things had gone wrong, such as errors with people's laundry.
- The registered manager emailed people, friends and relatives on a weekly basis to keep them informed about developments with the service, such as visitor arrangements and recruitment issues
- The registered manager held regular meetings with staff to discuss the service. Records of these showed they included topics such as COVID-19 vaccinations, adult safeguarding, activities, team-working, infection control and PPE usage, and recruitment.

Working in partnership with others

- The staff worked in partnership with other services to help to provide coordinated care to people. For example, with GPs, dieticians, chiropodists and speech & language therapists.

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 The registered person did not always ensure care and treatment was provided in a safe way for service users Regulation 12(1)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always effectively operate systems and processes to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risk Regulation 17(1)

The enforcement action we took:

Warning notice