

Impression Health & Support Apartments Limited St Cyril's Neurological Care and Rehabilitation Service

Inspection report

Countess Of Chester Health Park
Chester
CH2 1HJ

Tel: 07964293823

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

St Cyril's Neurological Care and Rehabilitation Service provides accommodation, personal and nursing care and support 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 there were 14 people living at the service.

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

Most people remained in their rooms due to their rehabilitation programmes or the precautions in place to safely manage the risks of Covid-19.

The risks associated with the delivery of care were not consistently evidenced through an assessment and management plan. Risk assessments for people that required support with moving and handling did not always evidence the equipment in place to support this. People that required the use of an airflow mattresses did not have documentation in place to demonstrate how the settings were calculated or how they were regularly checked. There were no risk assessments for the safe use of bed rails.

'As required' (PRN) medicines care plans and protocols were not consistently evidenced across people's care plans. Prescribed creams were not always signed for in order to evidence their application at the required times.

Concerns had been raised about the ability of staff to manage tracheostomy care and PEG sites. We found that staff had undertaken the required training and had competencies in place.

Relatives told us they had been kept up-to-date about people's health and well-being during the Covid-19 pandemic by staff. Relatives spoke positively about the staff and therapy team however; some relatives said they were unfamiliar with the staff within the management team.

As far as possible, taking into account the risk of Covid-19 infection, 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.

Arrangements were in place for checking the environment to ensure it was safe in relation to infection, prevention and control and the risks of Covid-19. The provider had been unable to access the required FFP3 masks and fit testing for staff to support people with their tracheostomy care during the Covid-19 pandemic. The provider told us they have made arrangements for this to be put in place. Staff had access to other forms of personal protective equipment (PPE).

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 16/01/2020 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 4/12/2019.

Why we inspected

We undertook this inspection to follow up on some specific concerns which we had received about the service. A decision was made for us to inspect and examine those risks. We had concerns about the management of tracheostomy care, Percutaneous Endoscopic Gastrostomy (PEG) site management, PRN medicines and person specific staff training.

CQC have introduced targeted inspections to follow up on specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not award a rating to a service neither do they change the rating from a previous inspection. This is because they do not assess all areas of a key question.

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 report.

Enforcement

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. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches in relation to safe care and treatment and overall governance at the service.

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. 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?

Inspected but not rated

Inspected but not rated.

Is the service well-led?

Inspected but not rated

Inspected but not rated.

St Cyril's Neurological Care and Rehabilitation Service

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection and was in relation to specific concerns we had about the safe care and treatment of people as well as staff knowledge and skills.

Inspection team

The inspection team consisted of two Inspectors.

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.

Before the Inspection

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 spoke with one person who used the service about their experience of the care provided. We observed one person being supported by the service. We spoke with five members of staff including the provider, manager, a nurse, a therapist and a support worker. We reviewed a range of records related to people's care, this included three people's care and medication records.

After the inspection

We continued to review a range of records relating to the service provision, care and training. We spoke with two professionals who work with the service. We spoke to three members of staff and three relatives by telephone.

Is the service safe?

Our findings

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

We have not rated this key question as we have only looked at the part of the key question, we have specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check specific concerns we had about people's safe care and treatment. In particular regarding tracheostomy care, Percutaneous Endoscopic Gastrostomy (PEG) site management, PRN medicines and staff training.

Assessing risk, safety monitoring and management.

- Risk assessments were not always in place to evidence people's individual moving and handling requirements. Where risk assessments were in place, there was no reference to any equipment being used to mitigate the risks.
- Body maps reviewed did not consistently show PEG or tracheostomy sites.
- Where bed rails were in situ, an assessment of the risks associated with their use had not been carried out. The terminology in place that was not in line with person centred or dignified care. For example, the term 'cot sides' was used as opposed to bed rails.
- Airflow mattresses were used where appropriate for the management of pressure area care. There was no evidence that the setting for each individual person had been calculated or reviewed, Checks to ensure these were correct were not taking place.
- Staff had not all received training in pressure area care.
- Staff had received training and been assessed in their competencies in the management of tracheostomy care and PEG management.

Using medicines safely

- Two people's care plans did not refer to them experiencing seizures or having epilepsy although they had midazolam which is rescue medication prescribed by PRN 'as required'.
- 'As required' medicines did not always have protocols for staff to follow. These are required to ensure people receive their medicines as prescribed and their effect is monitored.
- Barrier creams used for the management of skin integrity were not consistently signed for in line with the care plan. For example, a cream prescribed to be used three times daily was signed for once each day.

Preventing and controlling infection

- Care plans for people with a tracheostomy were in place but did not highlight the requirement to use additional Personal Protective Equipment (PPE).
- Staff did not have access to the FFP3 masks and fit testing required for supporting people with their tracheostomy care. The provider told us they have made arrangements for this to be put in place.

Staffing and recruitment

- Relatives spoke positively about the therapists and support staff they had contact with. One person at the service was positive about the support they had received and the progress their family member had made.
- A very high proportion of staff were from an agency and this was particularly evident during night shifts. For example, we reviewed a two-week period of night rota's and found that over 50% of the staff was from an agency.
- There was some evidence of that the agency staff were consistent in order to mitigate some of the risks associated with staff being unfamiliar with a persons' needs.

We found no evidence that people had been harmed however systems were either not in place or robust enough to demonstrate safety was effectively managed. 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. Safe care and treatment.

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 have not rated this key question as we have only looked at the part of the key question we have specific concerns about. We will assess all of the key question at the next comprehensive inspection of the service.

The purpose of this inspection was to check specific concerns we had about people's safe care and treatment. In particular regarding tracheostomy care, PEG site management, PRN medicines and staff training.

Continuous learning and improving care

- Audit and governance systems had not always identified or addressed the areas of concern we found during the inspection visit. Audits had not identified that two care plan files did not hold 'as required' medicines protocols. They had not identified that bed rail risk assessments were not in place within care plan files. They failed to identify that required pressure relieving mattress information was not in place.

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

- Some records stated therapy sessions should take place at a required frequency as part of the rehabilitation process. The records did not reflect that this was happening consistently. For example, one person's care plan stated they required three sessions of physiotherapy each day of the week. Out of a maximum of 21 sessions only eight sessions were recorded.
- Brain injury training had not been undertaken by some staff. Less than half the staff had completed this according to the training matrix. This was reflected in conversations with staff.
- Information provided to the CQC during the inspection visit was not always accurate. The staff training matrix had thirteen staff members not listed.

We found no evidence that people had been harmed however; systems were either not in place or robust enough to demonstrate safe care was effectively managed. 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. Good governance.

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

- We observed some positive interaction between a person and their therapist during a mealtime.
- One relative spoke positively about the nominated individual and had experienced positive contact and engagement with them.
- Two relatives told us they did not know who the registered manager was and had not had any contact with them.

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

- COVID19 Advance care plans were person centred and reflected the person's individual wishes.
- Relatives told us they had received regular contact from people supported by the service and the staff supporting them.
- Some staff reflected positively about the period of transition from the last provider. They described some of the challenges they have experienced.

Working in partnership with others

- The provider and registered manager were aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals.
- We received positive feedback from two healthcare professionals.

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
Treatment of disease, disorder or injury	Risk assessments did not consistently reflect people's individual needs. PRN protocols were not consistently in place. PRN protocols were not consistently in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems had not identified the areas for improvement found during the inspection.