

St. Cecilia Care Dorset Limited

St Cecilia

Inspection report

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Date of inspection visit:
09 October 2019
14 October 2019

Date of publication:
18 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Cecilia is a residential care home providing care and support to 14 older people living with dementia. The service can support up to 15 people and provides accommodation in an adapted property with rooms over three floors.

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

Assessments of people's care needs, and preferences had not consistently been carried out. This meant that care plans had not always been created placing people at risk of inconsistent or inappropriate care that was not person centred.

Risks to people associated with their care, infection prevention and the premises were not consistently identified, assessed, reviewed or actioned which meant people were at risk of avoidable harm.

Governance and auditing processes were not always effective. They had not identified the shortfalls found at this inspection, did not ensure the service was compliant with regulations or that risks were managed effectively. People's records of their care and treatment were not always complete. Legal requirements for submitting notifications had not always been met. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

People were cared for by staff who had undertaken safeguarding training and understand their role in identifying and reporting suspected abuse or poor practice. People were supported by enough staff who had been recruited safely, including criminal record checks to ensure they were suitable to work with older people. Medicines were administered safely by trained staff who had their competencies regularly checked.

Staff completed an induction and had ongoing training and support that enabled them to carry out their roles effectively. People had their eating and drinking needs met and had home cooked, well balanced meals that provided plenty of variety and choice. Positive working relationships with other health and social care professionals meant people had effective care that provided good outcomes for them. 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.

Families and visiting professionals spoke positively about the care people received, including end of life care, describing staff as kind, patient and attentive to people's needs. Staff had a good knowledge of people and understood their communication needs. This meant that people were able to be involved in decisions about their day to day lives. People had their privacy, dignity and independence respected by the staff team.

A complaints process was in place, including an easy read version. No complaints had been received since

our last inspection. Families told us they felt able to raise a complaint and that they would be listened to and any necessary actions taken. Staff felt communication systems kept them up to date with people's changing needs.

The management of the home was visible and promoted an open, positive culture. Feedback from families and visiting professionals was positive about the management of the home which they described as welcoming and friendly. Families and staff felt involved and informed about the home describing communication as good.

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 good (published 2 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to risks to people associated with their care, infection control and premises, planning of person-centred care and governance.

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

Follow up

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Cecilia

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

St Cecilia is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with one person who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, compliance officer, care

workers and the chef. We also spoke with a visiting mental health support worker and community nurse who had experience of the service.

We reviewed a range of records. This included five people's care files and medication records. We looked at staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including training records, fire and equipment records, quality assurance records and complaints were also reviewed.

After the inspection –

We received feedback from two relatives who regularly visited the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. We found no evidence that people had been harmed, however improvements had not been made, there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people associated with their care, infection prevention and the environment were not consistently identified, assessed, monitored, reviewed or actioned which meant people were at risk of avoidable harm.
- Two people had not had any risks associated with their care and treatment assessed since admission including risks such as skin damage, mobility, nutrition and risks associated with their dementia. This meant they were at risk of receiving unsafe care and avoidable harm. We discussed this with the compliance officer who agreed they should have been in place and completed risk assessments for both people before the second day of our inspection.
- One person lost 6kg in weight over four months and their risk of malnutrition went from being assessed as low to high. Their dietary needs care plan had been evaluated each month and made no reference to the increased risk or actions needed to avoid further weight loss. We discussed this with the registered manager who agreed and told us they would review the risk and care plan immediately.
- We checked people's emergency evacuation plans (PEEP) and found that they had not been updated to include a person who had recently moved to the service. The person was living with dementia. This meant their safety in an emergency evacuation situation could be compromised. We discussed this with the registered manager who told us they would complete a PEEP.
- At our last inspection we identified that maintenance issues needed to be more robustly managed to avoid harm to people. We found a wardrobe not secured and unstable when touched and a frayed carpet at a doorway leading into a shower room. A dining chair and mattress were in poor repair with the foam filling exposed which meant cleaning was compromised in preventing infections.
- The home had an open staircase that provided access to the first and second floor. People at St Cecilia were living with dementia and therefore may not be able to determine risks to their safety. Risk assessments for people using the stairs had not been completed. We discussed this with the registered manager who agreed and told us they would assess people's risk and take any necessary actions.

Risks to people had not been assessed, monitored and reviewed to minimise the risks of avoidable harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Two people had been assessed as at risk of skin damage and we observed equipment was in place, and correctly used, to relieve pressure on their skin.
- Records showed equipment used in the home such as hoists, stair lift, and fire equipment was serviced regularly.

- Staff had completed infection control training and had access to appropriate personal protection equipment such as gloves and aprons which we observed being used correctly.
- The home was clean and free of malodour.

Systems and processes to safeguard people from the risk of abuse

- Families described the care as safe. One relative said, "I feel (relative) is safe, they are clean, have a comfy bed, good food and staff that are nice to them".
- Staff had been trained to recognise signs of suspected abuse and understood their role in responding and reporting concerns. Safeguarding information was displayed on noticeboards with contact details of the local safeguarding authority.
- People were protected from discrimination as staff had completed training in equality and diversity and we observed staff respecting people's lifestyle choices.

Staffing and recruitment

- At our last inspection staff had not been recruited safely as references had not always been obtained. Improvements had been made and people were being supported by staff that had been recruited safely. Recruitment processes included obtaining references and completing criminal record checks to ensure prospective staff were suitable for working in a care setting.
- People were supported by enough staff to meet their assessed needs. A relative told us, "There's always staff, enough to sort people out". We observed there were enough staff to ensure flexibility in meeting people's care needs in a timely way.

Using medicines safely

- People had their medicines administered safely by trained staff. Best practice was not being followed for medicines that required storage in a fridge. These medicines were stored in an unlocked domestic fridge along with food and drinks. We discussed this with the registered manager who told us they would review this arrangement and organise a lockable medicines fridge.
- Protocols were in place for medicines prescribed for as and when required (prn). One person had medicine to help manage their mood. Staff had completed a behaviour chart which reflected the appropriate administration of this medicine.
- When people were prescribed topical creams, body maps had been completed which provided clear guidance for care staff on correct administration.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Some people living with dementia were unable to tell staff if they were experiencing pain. Staff used a recognised tool to assess if people were in pain. This meant people received pain relief when they needed it.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify trends and highlight where lessons could be learnt. Actions had included making referrals to other professionals such as the mental health team and reviewing medicines for people.

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.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Assessments prior to admission had been carried out by the registered manager and included gathering information from families and other health and social care professionals. Information gathered prior to admission had not always been used to create a plan detailing a person's care needs and lifestyle choices and how they should be supported. This meant that people were at risk of not receiving effective care outcomes.
- Where people had completed assessments and care plans they had been completed in line with best practice guidance including nationally recognised assessment tools for determining risks to people.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support that enabled them to carry out their roles effectively.
- Training reflected the needs of people including dementia care. A care worker explained how it had helped with one person, "We were told, 'don't ask too much, offer, give time, go away and come back'. With (name of person) it's really worked with their medicines and food".
- Staff had an annual appraisal and had opportunities for professional development such as diplomas in health and social care.
- Staff competencies were checked regularly in medicine administration and moving and assistance.

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

- Information about people's eating and drinking needs were not up to date. A summary sheet, used by staff, containing key information about allergies and special textured diets was out of date and not reflective of people's current needs. This meant people were at risk of having a diet that did not meet their needs. On the second day of our inspection this had been reviewed and updated. Home cooked, well balanced meals were served to people and a range of drinks offered throughout our inspection. People used adapted crockery such as lipped plates and beakers to aid their independence.
- Catering staff knew people well and were able to tell us the foods they liked and disliked. The kitchen had been awarded 5* for food hygiene by the local authority environmental health department.

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

- Records showed that staff had worked with other health teams to enable consistent, effective care. A visiting community nurse told us, "They (staff) stick to instructions; they're very good". A community mental

health support worker said, "(Staff) reliably follow instructions such as completing behavioural charts and give us good feedback".

- People had access to a range of healthcare services including chiropodists, opticians, dentists and audiologists for both planned and emergency situations.

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

- People had their own bedrooms that included personal items such as books and photographs that reflected their life history, hobbies and interests. To assist people with orientating to their room, bedroom doors had a photograph of the person and their name.
- A lounge and dining area provided space to socialise and meet other people. Gardens provided secure outside space.
- A stair lift provided access to the first and second floor. One person's care needs had changed which made an upstairs room less suitable for them. Arrangements had been made, after consultation with family, to be transferred to a more suitable room on the ground floor. A range of specialist bathing facilities were available.

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.

- Records and observations demonstrated that people were involved wherever possible in decisions about their care. This included having medicines, personal care assistance and joining in with an activity.
- When people had been assessed as lacking capacity to make a decision records showed us best interest decisions, (BiDs) had been made on their behalf and included input from both families and professionals who knew the person well. Examples included personal care, use of bed rails and administering medicines.
- DoLS applications had been made appropriately. When conditions had been attached to authorised DoLS records and discussions with staff confirmed these were being met.
- Power of attorney legal arrangements for people were understood by staff and the scope of decisions they could make on a persons' behalf. A relative told us, "I always get a text (from registered manager) asking if I want antibiotics or flu jab (for relative), as I have power of attorney".

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Feedback from families and health and social care professionals who visited the care home was consistently positive about the care people received. A community nurse told us, "Always somebody (staff) sat with residents and they're attentive". A relative shared with us, "The positive attitude to people with dementia, that is the ethos of St Cecilia's, makes such a difference to the residents".
- We observed staff giving time to people, providing support at the persons pace, offering comfort when people were upset or anxious. One relative shared with us, "The love and kindness that (relative) gets from the staff at the home has changed their life for the better and they are happier than I have seen them in so long".
- People were cared for by a small team of staff that they knew well. One relative described how staff had worked there for many years which meant, "Residents and families could build relationships with them".
- Staff were knowledgeable about people's life histories and the people important to them. One person had family photographs above their bed. A care worker said, "(Name) recognises family when they wake up, it's a talking point first thing, it helps them".

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

- People, and where appropriate families, felt involved in decisions about their day to day care. A relative told us, "They tailor care to how you want it".
- Interactions between staff and people were respectful and involved the person in decisions. Throughout the inspection we observed staff explaining their actions to people, giving people time, listening and respecting decisions people made. This included joining in an activity, where a person spent their time, and assistance with personal care.
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy, dignity and independence respected. A relative explained "I have lovely things to say about every member of staff I have met, particularly in the way they speak to my (relative), showing them the love and respect they deserve".
- We observed staff using privacy screens when appropriate, giving family private time together and knocking on doors before entering a person's room.
- Confidential data was stored securely, ensuring people's right to confidentiality was protected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans were not in place for everybody. This meant people were placed at risk of receiving inconsistent, inappropriate care that was not person centred. This included care needs and behaviours associated with their dementia.

Care had not been planned based on a person's assessment of care needs or preferences that were personal to them. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care was reviewed monthly. Staff were kept up to date with people's changing needs through handovers and information shared on a mobile telephone application.
- Care plans were reviewed regularly. Families felt involved in decisions about their relatives care and kept informed. One relative told us, "They keep us informed and tell us absolutely everything we need to know".

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.

- People were given information in formats they could understand. Examples included the complaints process produced in an easy read format and information shared in picture format.

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

- A range of activities were available for people. One relative told us, "Sometimes (relative) gets up and dances or joins in a ball game, they are always included."
- Photographs were displayed around the home of people celebrating birthdays, visiting animal events and time spent in the garden. Families consistently told us they felt welcome and able to join in with events or share a meal.
- We observed staff spending time with people, sharing jigsaw puzzles and board games, or walking together having a chat.

Improving care quality in response to complaints or concerns

- People and their families had been provided with information about how to make a complaint which

included details of how to appeal to external organisations against the outcome.

- No complaints had been received since our last inspection.

End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
- A relative told us, "(Registered manager) asked if we would like music in (relative's) room and has helped with end of life planning; it's taken a weight from us".

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- Governance systems had failed to identify that some accidents and incidents required a statutory notification. This included two serious injuries and an authorised deprivation of liberty safeguard. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.
- Auditing systems had failed to highlight shortfalls found at this inspection and did not ensure risks to people had been effectively managed. The registered manager agreed auditing processes needed to be more robust.
- Records for people were not always complete. This meant people were at risk of receiving inconsistent care and treatment that did not reflect or meet their needs or choices.

Governance arrangements had failed to identify shortfalls in monitoring risks to people. Records relating to people's care were not always complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Feedback from families and visiting professionals was consistently positive about the management of the home. A community health worker told us, "It's well led; there's always somebody about to talk with". The management team were visible and worked alongside care staff.
- Staff felt appreciated in the role and told us they felt able to share their views and ideas with the registered manager and improve outcomes for people. A care worker told us how they had suggested changing some flooring to aid cleaning. This had taken place improving the environment 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

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families.

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

characteristics

- People, their families and the public had opportunities to be involved in the service through informal conversation, social events, quality surveys, meetings and a newsletter. A relative told us, "The newsletter keeps you up to date and there's always lots of photos".

Working in partnership with others

- The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This had included Brexit planning and accessing information from nationally recognised organisations in social care such as Skills for Care.

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 9 HSCA RA Regulations 2014 Person-centred care Care had not been planned based on a person's assessment of care needs or preferences that were personal to them. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people had not been assessed, monitored and reviewed to minimise the risks of avoidable harm. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Governance arrangements had failed to identify shortfalls in monitoring risks to people. Records relating to people's care were not always complete. |