St. Cecilia Care Dorset Limited

St Cecilia

Inspection report

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Date of inspection visit:
05 January 2017
06 January 2017

Date of publication:
02 February 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 and 6 January 2017 and was unannounced.

St Cecilia is registered to provide accommodation and nursing or personal care for up to 15 people. There were 14 people living at the service at the time of inspection. The home is situated in Poole and offers accommodation split over three floors. There is a communal lounge and dining area on the ground floor. There is stair lift access to the first floor and some bedrooms have an ensuite. There is a garden to the rear of the service. Everyone living at the home at the time of inspection had dementia and people were not able to verbally tell us about the home. We spent time observing people and their interactions with staff and spoke with relatives to gather this information.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not consistently safe because recruitment processes for staff were not always robust and because there were areas of the home where maintenance was required to ensure that people had a safe environment to live in. The registered manager had a plan in place to manage the repairs required and was responsive in introducing a more robust system for continued maintenance issues.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of how to whistle blow if they needed to and reported that they would be confident to do so.

Staff were aware of the risks people faced and understood their role in reducing these. People had individual risk assessments which identified risks and actions required by staff to ensure that people were supported safely.

There were enough staff available and people did not have to wait for support. People had support and care from staff who were familiar to them and knew them well. Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs.

People received their medicines on time. We saw that people were supported by staff who had received appropriate training to administer medicines and that they followed safe procedures when giving people their medicines.

People were supported by staff who had received appropriate training and had regular supervisions to discuss and develop their practice. Additional training was arranged which was relevant to the needs of the people living at the home. Where referrals to healthcare professionals were required, these were made

promptly.

Staff understood and supported people to make choices about their care. People's legal rights were protected because staff knew about and used appropriate legislation.

People had sufficient to eat and drink. The chef told us that they would make alternative choices for people if they did not want the menu option available and we saw that staff were flexible to the needs of each resident and how they preferred to receive their meals. Where people required support to eat safely, this was provided.

Staff had a clear rapport and there was a relaxed atmosphere in the home. People often approached staff for reassurance, guidance or comfort and interactions were gentle and tactile.

Most people at the home were not able to verbally communicate their needs and wishes and we saw that staff were able to communicate with people in ways which were meaningful to them. People were supported in a respectful way and staff encouraged people to be as independent as possible.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff. Records were reviewed regularly and involved relatives and loved ones.

People enjoyed a range of activities and care plans included details of people's preferences and interests. We observed that staff spent time individually with people as well as in group activities.

Relatives felt welcomed by the home and visited whenever they chose. They spoke warmly about the staff and how well their loved ones were supported. The home had not received any complaints but relatives said that they would be confident to complain if they needed to do so.

Relatives were kept updated by staff at the home and invited to feedback informally and through regular meetings. Feedback was also sought using an online resource.

The service was well led and we were told that the registered manager was approachable and available. Staff were encouraged to raise ideas and suggestions and communicated effectively using regular handovers and a communication book. Staff were clear and confident in their roles and were supported to learn and develop by the management at the home.

Quality assurance measures were regular and the compliance officer used the information to identify any gaps or trends and then plan actions to further develop high quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Maintenance issues needed to be robustly identified and managed to ensure that the environment was safe for people.

Recruitment checks for new staff were not always robust because references were not always sufficient.

People were protected from the risks of abuse because staff knew how to recognise and report concerns and were confident to do so

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People were supported by staff who worked within the Mental Capacity Act framework and provided care in people's best interests when they could not consent.

People enjoyed a choice of food and were supported to eat and drink safely.

People had access to healthcare services promptly when needed

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and understood their role in supporting people to make choices.

People were supported to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

People enjoyed a range of activities and staff spent one to one time with people regularly.

Relatives told us that they were always welcomed at the home and said that they would feel confident to complain if they needed to.

Is the service well-led?

Good

The service was well led.

Relatives and staff spoke highly about the management of the home and told us that they were available and approachable.

Staff felt supported and were confident and clear about their roles and responsibilities within the service.

Quality assurance measures were regular and used to drive high quality care at the home.

St Cecilia

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 January 2017 and was unannounced. The inspection was carried out by a single inspector.

The provider had completed and returned a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. In addition we reviewed notifications which the service had sent us. A notification is the form providers use to tell us about important events that affect the care of people using the service. We also spoke with the local authority and Clinical Commissioning Group quality improvement teams to obtain their views about the service.

During the inspection we observed staff interactions with people using the service, spoke with three relatives and two healthcare professionals who had knowledge about the service. We also spoke with three members of staff, the registered manager and the compliance officer. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices. We looked at the care files of five people and reviewed records relating to how the service was run. We also looked at three staff files including recruitment and training records. Other records we looked at included Medicine Administration Records (MAR), emergency evacuation plans and quality assurance audits.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe. We saw that there were some areas of the home which required maintenance to ensure that accommodation was safe and suitable for people. For example, one radiator was missing the metal cover and had sharp edges exposed which could pose a risk to a person. One automated fire door was not working properly and would therefore not have closed in an emergency. Another radiator cover was not fixed to the wall on one side and was therefore not safe. The registered manager was already aware about another faulty fire door and a broken radiator cover which they had already requested to be fixed. However they were not aware of the other maintenance issues we found. People living at the home did not have insight into risks and dangers and this meant that they were potentially at risk in some areas of the home. The home had taken steps to install a key pad system at external exits because they recognised that the rear gardens would not be safe for people to access without support from staff. The registered manager was responsive to the maintenance issues and by the second day of inspection, they had introduced and completed a repairs log to track requests and completion of ongoing maintenance issues.

The home did not always seek robust references as part of the recruitment processes for staff. We saw that some staff did not have references which were sufficient and that although this had been identified in one file by the compliance officer, no further references had been sought. This meant that there were not always sufficient checks in place to ensure that staff were recruited safely. The registered manager told us that they would ensure that references were robust for future recruitment of staff. Recruitment files included identity checks and we saw evidence that checks with the Disclosure and Barring Service (DBS) had been completed. The registered manager told us that they did not have any current staffing vacancies. The majority of staff at the service had been employed for a number of years and retention of staff was high which meant that staff knew people well.

Staff understood the risks people faced and their role in managing these. For example, one person was at risk of falls and was not aware of the risks they faced when they tried to mobilise. Their care plan outlined that they required staff to supervise them when they walked and we saw that staff were observant and quickly supported the person whenever they got up to mobilise. Another person was at risk of falling out of bed. This was clearly documented in their care plan and there was equipment in place to ensure that they were safe when they were in bed. We saw that staff checked that this was in place and knew why the equipment was required. People had individual risk assessments which indicated what risk they faced and actions required to manage the risk. For example, one person had an allergy which was clearly documented. There was a risk assessment which stated possible signs of an allergic reaction and what action was needed. Staff were aware of the risk related to the allergy and their role in managing this.

Accidents and injuries were documented clearly and included details about any injuries sustained. Information was audited monthly to identify any trends or patterns and the compliance officer explained that they would plan actions if there were any emerging patterns to the information recorded.

People were supported safely by staff. Relatives told us that they felt their loved ones were safe with the

support they received. One relative who felt their loved one was safe said "It's a care home I would put myself in". Another told us that they had "complete peace of mind" about their loved one. Another explained that the home was secure which made them feel their loved one was safe. We observed one person trying to sit on a lever style table which would not have been safe. A staff member quickly went to them and explained that it wasn't safe to sit there and encouraged them to move to a chair. Where people needed equipment to move safely, staff were aware of how to use this and confident about what people needed.

Staff understood the possible signs of abuse and how to report any concerns. One staff member explained about some of the potential signs of abuse they would be aware of and explained that signs could include changes to people's behaviour or mood. They were aware of how to report abuse and told us that they would feel "confident to report if I needed to". The safeguarding policy included clear processes about how staff could report abuse and gave contact details for outside agencies including the local authority and the local police.

There were enough staff available to support people. We observed that people did not have to wait for support and that staff were able to support people when and how they wanted. The service ensured that there were four care staff on each morning in addition to the registered manager and/or the compliance officer so that people could receive person centred support and to reduce stress on staff. The service had recently had a new call bell system installed and the registered manager explained that although most people living at the home were unable to use the bell to summon assistance, staff also used them if they needed additional staff support quickly. This meant that staff were quickly aware and able to provide additional support if a person required this. The compliance officer explained that they used a dependency tool to ensure that there were sufficient staff and we saw that staff were able to spend individual time with people regularly during the inspection.

Fire evacuation procedures were easily accessible. Each person had a person emergency evacuation plan (PEEP) which included details of what support they would need to evacuate the premises safely. There were contingency plans in place in case of emergencies which included contact details for other local homes which could offer support if needed. There were regular checks on areas including the fire alarms, fire exits and extinguishers.

Medicines were stored safely and given as prescribed. We saw that people were supported by staff who had received appropriate training to administer medicines and that they followed safe procedures when giving people their medicines. Storage was safe and secure and where medicines required additional security and checks, these were in place. We looked at the MAR (Medicine Administration Record) for three people and saw that the medicines correlated with the MAR. Some people were prescribed pain medicine 'as required'. Staff checked whether people wanted these medicines and where people were not able to verbally express pain, staff understood the expressions and signs which indicated whether they were experiencing pain. Where people required medicines to be given to them covertly, there was clear written agreement and instructions from a relevant health professional included in the MAR folder. The compliance officer explained that the MAR was checked as part of the handovers with staff three times daily. This told us that there were clear processes in place to ensure that medicines were administered safely and any gaps or errors identified and managed promptly.

Good

Is the service effective?

Our findings

The service was effective. Staff received training in a number of areas which the service considered essential. These included moving and assisting people, infection control, dementia awareness and equality and diversity. The compliance officer explained that staff also received additional training each year which was determined by the needs of people living at the home. For example, in 2016, staff received training in end of life care, diabetes awareness and a more advanced level of dementia training. They explained that training was offered face to face as they felt that this was most beneficial for staff to learn and that essential training was refreshed regularly. A relative told us "staff have the right skills and know how to use the appropriate techniques when needed".

Staff received regular supervisions with a mixture of individual and group sessions. We saw evidence that the group sessions were used regularly to discuss a range of topics including safeguarding to planning for the colder weather. Staff received an appraisal annually and staff who had recently come into post told us that their induction had been positive, with time to shadow other staff and get to know the people at the home. New staff had undertaken the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The compliance officer explained that two staff had completed this and a further staff member was awaiting their work to be signed off as completed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

We saw that people had assessments in place which identified if a person did not have the capacity to make a decision, and that a best interest's decision had been made in line with legislation. For example, one person had a MCA in place regarding whether staff should administer their medicines. There was clear evidence in line with the legislation and a best interests decision had subsequently been made which had included the views of their loved ones and health professionals. The compliance officer showed us the current work they were completing to look at MCA and best interests for people to receive the annual flu vaccination. The service had made appropriate applications for DoLS for people. There were clear records of DoLS applications that had been made and the date that these had been submitted. Where approvals had been received, dates for renewal were also documented. This demonstrated that the service was working within the principles of the MCA and understood when consideration of DoLS was required.

We observed that staff sought consent to support people. For example, a member of staff checked that a person was happy to receive their medicines before administering them. Another staff member sought consent to assist someone to mobilise to the bathroom. Staff were aware about how to seek consent from each person based on their individual needs. One person had a risk assessment in place which considered the use of soft holding techniques and when this would be appropriate to be used. Staff had received training in the safe use of the techniques which was updated annually and were able to tell us when these were used. We saw that staff were often able to use other approaches and only used safe holding when this was necessary to ensure the persons safety. Care plans included consent forms and we saw that these were completed and signed. The form explained what the consent was for and included an explanation about why relatives input was valuable. It stated 'we believe that you, as loved ones, can make valuable contributions to these care plans, and in turn, the quality of care that we provide to your family member". This demonstrated that the service was working effectively to involve loved ones and consistently seeking consent to care and treatment.

People had sufficient to eat and drink. The chef told us that they would make alternative choices for people if they did not want the menu option available and we saw that staff were flexible to the needs of each resident and how they preferred to receive their meals. For example, six people sat at the main dining table for lunch while others sat in the lounge and some stayed in their own rooms. Where people indicated that they did not want to eat, staff offered choices and re-approached them to try to encourage them. One person declined any lunch but we saw staff checking back with them on several occasions and we later saw them being supported to eat something of their choice. The chef was aware of dietary needs and allergies and where people required softer diets or thickened fluids to eat and drink safely, these were provided.

People were supported to access healthcare services when needed. One person had been struggling to eat and the home had made a referral for a Speech and Language Therapist(SALT) to visit. Staff had ensured that the person was able to eat and drink safely by providing a softer diet while awaiting the SALT assessment. People's care plans showed that they had contact with a range of health professionals including Community Mental Health Nurses, chiropodists and GPs. We observed that the registered manager supported someone to attend a required eye appointment and that when another person became suddenly unwell, staff sought emergency services support. Healthcare professionals told us that the service referred promptly and sought appropriate advice. When they visited the home, staff were consistently able to tell them about how the person was and any recent changes they needed to be aware of.

Good

Is the service caring?

Our findings

The service was caring. We observed that staff had a clear rapport and there was a relaxed atmosphere in the home. People often approached staff for reassurance, guidance or comfort and interactions were gentle and tactile. For example, one person was upset during the inspection, they were reassured and they hugged staff which gave them comfort. Staff had a positive and reassuring approach and one staff member explained that a person picked up body language from staff and would often be reassured if staff were positive and happy in their approach. We saw that this worked well for the person and on one occasion, the person became settled and eventually slept following support from staff to calm and reassure them. A health professional told us that the home was "very caring one of the most caring homes, more personal". A relative explained that staff always "put the residents first, they talk to them in a respectful way". Another relative said that they often saw "staff holding people's hands, spending time with people and listening".

People were actively supported to make decisions about their care and staff understood their role in supporting people to make choices. A staff member explained that if night staff handed over that a person had not slept well and they were asleep, they would support them to get up at a later time which suited the person or would come back if a person didn't want to get up. We observed that people chose how to spend their time. Some people chose to stay mainly in their rooms but most people spent their time in the communal areas of the home and were related in the company of staff. A relative explained that they had been encouraged to choose a bedroom for their loved one and they had been able to pick a room which they felt suited their relative. We observed a person picking up cups in the dining room, a staff member spoke with them, asked whether they wanted a drink and offered them a choice about what they had.

Staff knew people extremely well and were able to tell us about people's likes, dislikes and preferences. For example, a staff member told us about a person and explained about their background and how this helped them to understand how to interact with them in a way they liked. A relative said "all staff know the needs, personalities etc. of residents". Another told us "they understand what's important for them". A health professional explained that there had been good interaction between staff and the person they were visiting and that the person had been smiling at staff. Another health professional told us that staff "know patients and offer personalised care".

Most people at the home were not able to verbally communicate their needs and wishes and we saw that staff were able to communicate with people in ways which were meaningful to them. For example, a staff member explained that they were able to pick up clues from a person's facial expressions about what they were communicating. Another staff member explained that a person would use a gesture to let staff know if they were thirsty and we saw staff responding to the person in the way described. We observed that staff were consistently respectful in their communication with people, knelt or sat with people and used touch to reassure and make connections with communicating. A relatives explained that staff knew their loved one extremely well and "they know when they are up or down and would know if they weren't quite themselves".

People were supported to maintain their privacy and dignity. Staff told us about how they respected

people's dignity when supporting with intimate care and we saw that people were supported to maintain their appearance where this was important to them. We observed that people's doors were closed when intimate care was being delivered and a relative explained staff, "remember people are adults and they have their dignity".

Staff encouraged people to be as independent as possible. Staff told us that they encouraged people to mobilise regularly and we observed a person being encouraged to brush their own hair. We observed another person being given verbal prompts to manage a daily living task independently. A staff member explained how they encouraged people to be independent and provided supervision and support where required.

Good

Is the service responsive?

Our findings

The service was responsive. People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff. For example, the care plan for one person described what was important to them, what loved ones admired about the person and had a short biography. A relative explained that they had been involved in planning the care and support for their loved one and the registered manager had worked with the family to support the person to move into the home and to settle into their new surroundings. The relative explained that after a couple of weeks, their loved one told them, "I've found this place, isn't it wonderful". This told them that their loved one was happy and had settled into the home well.

Relatives were involved in developing and reviewing the care and support their loved one's received. One family member told us they, "go through the care plan and explain who is looking after them and any changes". Another told us they had been involved in a review about how their loved one was doing. We saw that care plan reviews were planned each month and that the information in care plans had been updated within the last month as planned.

Relatives and visitors were welcomed at the home and told us that they came whenever they chose. One explained "we pop in ad hoc and they are always very friendly and accommodating. They are always offering tea and coffee and a separate space" in which to sit with their loved one if they wanted. Another relative explained that the staff were always friendly when they visited. The registered manager explained that relatives of people who had previously lived at the home still visited when they wanted to chat with people and we saw that a relative popped in during the inspection as the registered manager had explained.

Relatives told us that the service kept them up to date and contacted them if they had any concerns about their loved ones. One relative explained that the home kept them up to date and had recently contacted them to discuss their loved one receiving the winter Flu vaccination. Another told us, "every time anything happened they ring me on the day and explain what they are doing". The registered manager told us that they regularly rang relatives just to ensure that they were updated about how their family member was and said that they always reassured relatives that their loved one was well before chatting with them. A relative told us that they received regular calls in the way the registered manager described.

The service provided a range of activities and we saw that staff spent regular one to one time with people. Care plans included details of activities and interests that people had and also included a national framework for providing activity based care for people who have a cognitive impairment. This enabled the home to identify what types of activities may best suit people and provided a basis for the kinds of activities and interactions planned for each person. We saw that this information was used and that some people spent more time with crosswords or puzzle based activities while others had more one to one time and hand massages. We observed that staff spent time individually with people as well as in group activities such as playing skittles. One person had done some knitting with staff and another was having her hair done by a staff member. We saw people involved in a range of one to one activities with staff including using musical instruments and building materials. This demonstrated that the service was responsive to people's interests

and hobbies

The registered manager held a monthly meeting for people and their loved ones. Relatives told us that they were aware of the meetings but did not feel the need to attend because they had regular contact from the home. One explained "I have the registered manager's mobile and they are available day and night" so they hadn't felt the need to attend a meeting. The registered manager explained that sometimes no-one came for the meetings but that they intended to continue to keep them in place so that loved ones had an additional opportunity to meet with them and discuss any concerns or queries that they had.

Relatives told us that they would be confident to make a complaint if they needed to. The service had not received any complaints in the previous 12 months. There was a complaints policy in place which included a clear process and included contact details for outside agencies including the local authority and CQC. The service also had complaints information available for people which used pictures to give guidance to people about how to complain.

Good

Is the service well-led?

Our findings

The service was well led. Relatives and staff spoke highly about the management of the home. A relative told us that, "management is incredible and compliance has made a difference" to the service. Another relative explained that when there had been an incident involving their loved one, the registered manager had taken actions promptly to manage the situation. Staff felt supported and told us that the registered manager was available and approachable. One said "the registered manager does a lot to make families feel at ease". Another told us that they were easy to speak with and always listened. Health professionals told us that the registered manager knew people very well and was available and helpful when they visited. One said "the registered manager is good and often on the floor supporting people".

The registered manager told us that they had close links with a local home and spoke with the registered manager there to discuss and practice updates or changes. They told us that they felt supported by the proprietor who visited weekly and also had regular contact by phone and email throughout the week to seek guidance and advice about support for the people in the home. The registered manager explained that they received regular practice updates from the local authority and CQC and that they had undertaken the managers safeguarding training offered by the local authority which was due to be refreshed in 2017. They met regularly with the compliance officer to discuss everybody at the home and to go through the handover information and audit findings. The compliance officer also had links with a range of professional bodies including Skills for Care and the Institute for leadership and management and used the information to develop best practice at the home. The registered manager told us that they spent a lot of time in the home, assisted with lunch times on most days and often supported with medicines. They explained that working with other staff helped them to monitor and develop staff practice and ensured that they knew people living in the home very well. We observed that people were relaxed and comfortable in the company of the registered manager and that they had a clear rapport with people.

Staff were encouraged to raise ideas and suggestions and were offered development opportunities. One staff member explained that they were undertaking a management and leadership qualification and had taken over responsibility for some tasks within the home to provide them with experience and confidence. They told us that they had felt supported to undertake the qualification and the registered manager told us about the tasks the staff member had been given. Another staff member took a lead role with medicines and the registered manager explained that the staff member had excellent knowledge and they discussed medicines queries with them and valued their judgements and input. This demonstrated that there was an open culture which was inclusive and empowering. Retention at the home was good and the compliance officer explained that staff received a badge and medal to recognise the length of time they had been in post and to recognise work performance and high standards of practice.

Staff had regular handovers and used a communication book. We saw that the communication book was used to provide updates about how people were and any changes staff needed to be aware of. For example, a staff member had recorded when a person had suffered a fall and the communication book alerted other staff that this had happened and asked that they look in the accident book for further details. Staff signed the communication book when they started their shift to confirm that they had read and understood the

updates. Handovers took place three times every day and the communication book and medicines were checked as part of the handover to ensure that staff were updated and any meds issues/changes or errors were managed.

Feedback at the service was mainly sought verbally through discussions with relatives and involved professionals. The registered manager explained that they received a low response rate for annual questionnaires and now provided feedback cards for people to encourage them to feedback through an online resource. We saw that there had been four reviews left by relatives in the 12 months prior to the inspection. All reviews were positive and the home had an overall rating on the website of 9.5 out of a possible 10.

Quality assurance measures were regular and used to drive improvement at the service. The compliance officer explained how they used the accident and incident reports to see whether there were any patterns and would then consider whether any actions might be possible to manage these. They showed us an infection control audit which had identified that there were concerns about equipment being used in the kitchen and that there was an action set for the equipment to be moved and a date for this to be completed. This demonstrated that the service was delivering high quality care.