

St. Cecilia's Care Services Limited

# St Cecilia's Care Home

## Inspection report

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## 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

Rating at last inspection: Good (Published 26 April 2016).

About the service: St Cecilia's Care Home is a residential care home that can provide personal care for up to 21 people aged 65 and over, some of who may be living with dementia. 21 people lived in the service when we inspected

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:

Staff had basic knowledge to know how to keep people safe. Work to improve assessment of risk was needed to further develop staff knowledge. We made a recommendation about this. Lots of checks were completed to ensure people were safe and that their experience was positive. All actions identified were not always completed and this system needed to be reviewed. This would ensure appropriate governance was in place.

People said staff knew them very well and could anticipate their needs and that support was delivered in a timely way. People described that activities were developed around their preferences. People were supported through technology to maintain relationships and afforded support to develop and build new relationships. People and their relatives described high levels of satisfaction with the service which impacted positively on their overall wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were treated with respect and dignity and their independence encouraged and supported. Where people required support at the end of their life, this was carried out with compassion and dignity.

The environment supported people to have time on their own and time with other people if they chose this. The registered manager agreed that more work to help people living with dementia to navigate their way in the service would be beneficial. Cleanliness and health and safety were well managed.

Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. Staff recruitment was safe. The registered manager used information following accidents and incidents to reduce the likelihood of future harm.

The registered manager and management team were well respected. They supported the team to deliver high quality person centred care. People, their relatives and staff all felt confident raising concerns and ideas. All feedback was used to continuously improve the service.

A full description of our findings can be found in the sections below.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

**Good** ●

# St Cecilia's Care 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 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** One inspector carried out this inspection on both days. An expert by experience supported the inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

**Service and service type:** The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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:** Day one of the inspection was unannounced. We told the provider we would be visiting on day two.

#### What we did:

**Before inspection:** We reviewed information, we had received about the service since the last inspection. This included details around incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

**During inspection:** We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with one visiting professional.

We spoke with 12 members of staff including the registered manager, deputy manager, team leaders and care workers, cook and activities worker and quality assurance manager. The provider and three representatives which included an external consultant were also spoken to during the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and three to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were considered during and after the inspection.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe. There was limited assurance about safety in relation to some aspects of the risk assessment processes. As a result there was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. Evidence based risk assessments were not used to direct staff to understand hazards and control measures better. For example, around falls management.

We made a recommendation that the provider sourced and used evidence based risk assessments where available to ensure all that is reasonably practicable was done to mitigate risk for people.

The provider and registered manager explained a new care plan system was due to be introduced in 2019 which would better record risk.

- People living with dementia experienced distress because they could no longer communicate effectively or had become frustrated. Staff intervened positively because they knew people's needs and preferences well. There was no care plan format to clearly show what may cause distress and how to intervene appropriately. The registered manager explained they would introduce this following the inspection.
- The management team demonstrated they were learning lessons from accidents and incidents.
- The environment and equipment had been assessed for safety. On day one we noted some areas to improve safety of the environment. The provider was responsive and work to improve safety was carried out before day two of the inspection. The provider had a refurbishment plan which identified works to be completed to upgrade and refresh the environment based on risk and safety.

Safeguarding systems and processes, including recruitment.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People and their relatives told us they felt safe being supported by members of staff. One person said, "I don't have to worry about things as much as I did. I know I am safe here."
- The provider operated a safe recruitment process.

Managing medicines safely.

- Medicines were safely received, stored, administered and disposed of when no longer needed.
- Where errors were found during checks we saw they were investigated.
- On day one of the inspection better information was needed for staff to understand when to administer

medicines which were prescribed 'as and when required'. Work to improve such protocols was completed for day two of the inspection.

- People told us they were happy with the support they received to take their medicines.

Staffing levels.

- Staffing levels were appropriate and ensured people received responsive care and support. The management team had devised a tool they could use to understand the number of staff they required to keep people safe based on their needs.
- People and their relatives told us they received care in a timely way.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- The environment was observed to be clean and everyone we spoke with felt the service smelt pleasant.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. A relative told us, "I have recently been talking to a carer who was telling me all about the training they are going through. It sounded really positive."
- The registered manager had a system to understand which staff needed their training to be refreshed and who required supervision.

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

- Assessments of people's needs were thorough and expected outcomes were identified. Care and support was reviewed regularly to understand progress and make changes where needed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, staff had been trained in person centred care. They used their knowledge of people's preferences to ensure they received personal care in their preferred way. But also, to enhance their feelings of wellbeing through social activities and support to maintain relationships and hobbies.

Supporting people to eat and drink enough with choice in a balanced diet.

- People had choice and access to sufficient food and drink. Food was well presented and people told us they enjoyed it. One person said, "It is quite good the food here. I think I can honestly say that."
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for. People also had equipment to support them to remain as independent as possible when eating their meal and drinking.
- On day one of our inspection we saw some people did not receive the support they needed to be prompted and eat their meal. We spoke to the registered manager who adapted the routine to ensure everyone received appropriate support to eat their meals.

Supporting people to live healthier lives, access to healthcare services and support, working with other agencies to ensure consistent care for people.

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.
- People were happy with the support they received with their healthcare.
- We found it was difficult to determine all appointments were up to date because records had been archived. The registered manager agreed to use the new care plan system to ensure appointments and

health support was clear.

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

- People were free to access all areas of the service including the garden which was secure and had accessible pathways for people to walk on. One pathway was due to be renovated to make the slope easier to walk on. The garden had already been adapted with raised planters to support one person to enjoy their hobby of gardening. The service had won a local gold award for best residential care home garden in 2018.
- The service supported people at their initial diagnosis with dementia. Managers understood that the environment was not suitable for people with a more advanced cognitive impairment. People would be supported to move on should they need a more suitable environment to keep them safe. However, they agreed to assess the environment using an evidence based tool to make alterations where possible to help people living with dementia navigate their way easier.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives.
- Records were not always clear where decisions made had been made in people's best interests or that confirmation relatives had power of attorney in place to legally act on people's behalf. The registered manager agreed to ensure records were available in future.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- We observed people were treated with kindness and people and their relatives were positive about the staff's caring attitude. Relatives told us, "Staff are kind and caring, considerate, patient and highly skilled. They work hard and they are always on the ball and they don't miss a trick. I genuinely believe they love my family member."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. This included understanding people's life history which is a known way of promoting positive relationships between people and their staff.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- We saw one person was unwell and multiple members of the team displayed their compassionate nature by observing, talking in a warm and caring way with the person. This demonstrated they cared about the person's wellbeing.
- Staff also supported relatives as they learnt to cope with their family member living with dementia and residing in a care home environment. The registered manager told us about plans to introduce a relative's support network to further support them. One relative told us, "From my point of view when my relative had to enter the care home it was very hard and stressful for me. Staff have nurtured and cared for me as much as my family member and I am incredibly grateful."

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed, they sought external professional help to support decision making for people. A relative said, "We have access to their care plan and this is updated on a very regular basis by the designated care worker."
- Staff directed people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.

- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. One person told us, "I attend to myself. Staff don't interfere with my privacy. If my door is shut they would come and tap on the door."
- People were supported to maintain their independence. For example, one person wanted to still be in control of their medicines. They were living with dementia and could not fully take charge of them. However, staff had supported the person to have a diary where they recorded each day which medicine they needed and they ticked them off together when they had been taken. This person also took charge of their own medicine spray for when it was needed. This approach made the person feel part of their medicines management and they liked this.

# Is the service responsive?

## Our findings

Responsive – this means that services meet people's needs.

People's needs were met through good organisation and delivery.

Personalised care.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, one person had been supported to buy a tablet device to develop their skills using the internet and communicating with family. This person told us, "I got my iPad to learn how to do it. I am curious and will watch staff to learn."

- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that. One person was supported to use loud speaker on the telephone so they could hear their family member. One member of staff told us, "Our approach is very much based on preventing anxiety and trying to help everyone have a good day." Everyone had their preferred routine recorded in their care plan so staff had enough information to provide a consistent approach which people liked.

- People's needs were identified, including those related to protected equality characteristics. Their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. People were supported to access religious services of their choice both in the service and to visit places of worship. One person's first language was not English and staff had worked with their relatives to record key words so they could start to understand what the person was communicating. Staff had also adapted Christmas festivities to account for the person's culture by celebrating on Christmas eve.

- People were supported to develop new hobbies and maintain old interests. Staff told us where they had supported people to access dementia friendly activities such as 'Singing on the brain', dementia swimming sessions and dementia friendly films.

- People were engaged in the programme of activities if they chose this and we saw they were keen to know what was happening on each day. A relative told us, "[Name of activities worker] is brilliant, people have had more social stimulation than in the past 10 years. They are not condescending and people are spoken to normally. They encourage every single resident to join in. It is just fun."

- People's feeling of wellbeing benefited from the staff promoting social events, access to the community, activities based on their preferences.

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.

- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans.
- Professionals were involved as appropriate to ensure people were comfortable and pain free. A visiting professional told us, "I feel staff are skilled in end of life care. They seek advice and understand what needs to happen in people's best interests, I have no concerns with the care they provide. It is a completely dignified experience, staff look for non-verbal cues of pain, maintain skin care. All interactions I have seen have been respectful and staff maintain people's dignity."
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- Staff supported people's relatives and friends as well as staff, before and after a person passed away.
- The work to support people at the end of their life was recognised when staff were nominated as regional finalists in care awards for the best end of life care team.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff.

- The service involved people and their relatives in day to day discussions about their care.
- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff told us they felt listened to and that the registered manager was approachable. Staff understood the provider's vision for the service and told us they worked as a team to deliver high standards. One member of staff said, "Management are really nice. [Name of registered manager] is very approachable. And [Name of deputy manager]. They don't make you feel you are being fussy when you ask questions. Even little things."
- The registered manager had worked with the team to develop a set of core values they were all committed to working to. They were acceptance, choice, honesty, individual, equal, values and empathy. Staff were aware of these and worked as a team to deliver them.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. People and their relatives without exception told us they were happy with the service. One relative said, "It's a caring environment. The staff are patient and well trained. I am always impressed by their expertise." One of the people supported told us, "It is pleasant here. I am not sad to be here, it is the next best thing to home."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager, provider and their team had worked to continually make improvements where the checks they had carried out showed they could make things better. For example; relatives requested that people's spectacles were not lost so much. Action to engrave everyone's glasses had been completed.
- Staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. The registered manager understood they must hold staff to account for their performance where required.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.
- We met with the provider during the inspection to discuss how they could provide better oversight and governance of the service to ensure safety and quality. We saw lots of audits had been carried out by internal and external people. Where actions were identified they were not always tracked to ensure they were completed. The provider told us that following the inspection work to review quality assurance and governance was due to be undertaken.

Working in partnership with others.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development. For example, links to local schools and colleges to facilitate placements,
- The service had also worked alongside the local hospice team to develop their skills around end of life care for people.