

Mrs Mobina Sayani

St Paul's Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

St Paul's Residential Home is a residential care home providing care and support for up to 32 older people across four adapted buildings. At the time of our inspection, 29 people were living at service.

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

We saw substantial improvements had been made since our last inspection. Since the last inspection, quality assurance systems to monitor the safety of the home through audits, had been strengthened. However, we found some more time was needed to ensure the recording of the provider's medicine systems, repositioning records and recruitment processes were effectively implemented and embedded in practice.

We have made a recommendation about the recruitment of staff.

Aside from the concerns we noted and shared on inspection, risks to people were now assessed and managed safely and monitored routinely.

People were protected from the risk of abuse, and the provider had systems and processes in place to safeguard people. People and relatives told us they felt safe and were positive about the staff who supported them.

People, relatives, staff and professionals spoke positively about the leadership of the service and told us they had seen significant improvement.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (15 November 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 or Regulation 18 (Notifications) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found the provider remained in breach of regulation 17. Although we found substantial

progress had been made, more time was needed for some actions to be completed and embedded before we could judge that the provider's actions had been effective in making and sustaining improvement.

When we inspected 5 July 2022, we recommended the provider consider current guidance related to legionella risk management and take action to update their practice accordingly. In our subsequent inspections risks relating to the management of legionella had not improved. However, at this inspection we found improvements had been made to legionella risk management and practice.

When we inspected 5 July 2022, we also recommended that the provider strengthen the systems in place to gather and communicate how feedback has led to improvements. In our subsequent inspections we found the provider had not made the necessary improvements. However, at this inspection we found improvements had been made to strengthen their system in relation to feedback.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement

We have identified a continued breach in relation to good governance at this inspection.

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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St Paul's Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 Inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

St Paul's residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Paul's Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. Whilst the provider remained the registered manager, the new manager had remained in post since our last inspection and anticipated applying for registration with the Care Quality Commission.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and 2 relatives. We also spoke with the provider, manager and 7 care staff.

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. These included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records. We gathered feedback from 3 professionals, 10 relatives and 1 person who used 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Medicines were administered by care staff. People's Medicines Administration Records (MARs) showed people received their medicines as prescribed. However, some improvement was needed to ensure good medicine practice would always be followed.
- Medicine related records for 'when required' medicines were not always complete and staff did not always have associated protocols to guide them about when and how 'when required' medicines should be administered. We raised this with the manager who took immediate action to complete the relevant 'when required' protocols.
- Stock balances of medicines were recorded and medicines audits had been implemented to ensure people received their medicines as prescribed.
- The provider was taking action to improve medicine practice and we saw improvements since our last inspection. However, more time was needed before we could judge whether the planned actions had been effective in improving and sustaining good medicine practice.

Assessing risk, safety monitoring and management

- People who required repositioning to maintain their skin integrity did not always have an up-to-date record to support staff's actions. Staff were able to describe the importance of repositioning and told us they were routinely supporting people with this area of care. People's care records showed that skin integrity was being prioritised and managed. However, the manager told us they would review the system so they could gather assurances that people were always being repositioned in accordance with the requirements of their care plan.
- People now lived in an environment that was well maintained. The service had an on-going maintenance plan and records showed regular environmental audits had been actioned and completed.
- The provider had now taken action to ensure people were protected from the risk of fire. Personal Emergency Evacuation Plans were now complete and accurate for all people living at the home. Routine equipment and environment checks were in place to maintain people's safety.
- Aside from the concerns we identified around repositioning, people's care plans had now been regularly

reviewed to ensure they remained reflective of people's changing needs. We saw that, where risks had been identified, they had been assessed and reviewed to keep people safe.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at the home. One person said, "It's a very good and kind place. It helps a lot of people. The staff who work here are very nice and I can't say a bad word about them."
- Staff kept up to date with their safeguarding training and had access to whistleblowing information so that they could report incidents if necessary. One staff member said, "I have no safeguarding concerns, but I wouldn't hesitate to raise them if I did."
- The management team had taken on board learning from previous CQC inspections and system partners to make improvements to the governance of their service. One professional said, "St Paul's [Residential Home] needed to improve their governance but I am hopeful they are in a better position with this now...I do think the home is safe and I am confident that they will continue to make improvements where necessary."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The registered manager was following current government guidance in relation to visiting and relatives were able to visit their family members safely and at times of their choosing.

Staffing and recruitment

- The provider's recruitment policy described the pre-recruitment checks that needed to be completed to reduce the risk of unsuitable staff from being employed. The required pre-employment checks had not

always been undertaken and gap's in staff employment histories had not always been explored. Risk assessments had not always been undertaken when the provider had been unable to gather reference checks from previous social care employers to gather assurances about staff conduct.

- We raised our concerns about recruitment with the management team who demonstrated that recruitment practices had improved in line with the improved governance of the home. The most recent staff file we reviewed had been completed in line with the provider's recruitment policy and measures had been taken to mitigate the risk to people.

We recommend the provider implement a recruitment record audit to ensure recruitment practices are consistently completed in accordance with their recruitment policy and safe recruitment practices.

- Disclosure and Barring Service (DBS) checks had been completed prior to new staff starting work at the service. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured there were documented interview notes, alongside a record of training and support to ensure staff were appropriate for the role they had been recruited for.
- People were supported by a regular staff team who were familiar with their support requirements. The staffing levels were determined by the needs of people and their requirement for support.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last focussed inspection, the provider failed to send statutory notifications about notifiable events to the CQC. This was a breach of Regulation 18 (Notifications) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

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

- The concerns we raised in relation to the recording of 'when required' medicines, recruitment and repositioning had not been addressed through the providers own systems. More time was needed before we could judge whether the planned improvement actions had been effective in improving and sustaining good practice in these areas.

The provider had failed to ensure their systems to monitor and improve the quality and safety of the service were fully embedded and operating effectively. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the provider had implemented a clear management structure. The manager supporting the registered manager oversaw the running of the service and had appointed staff key responsibilities in the running of the service. The manager said, "Staff now have more responsibilities. People know what to do and have the training they need. I delegate to staff and I am clear about what's needed."
- Aside from the concerns we identified, we saw the provider had made improvements to their governance processes and management oversight. The registered manager said, "We are going in the right direction." Feedback from staff, relatives and people supported this and we received positive feedback about the improvements that had been made.
- Statutory notifications had now been made in line with current legislation to allow the Care Quality Commission to monitor the service. All services registered with the Commission must notify us about certain changes, events and incidents affecting their service or the people who use it. We use this information to monitor the service and to check how events have been handled.

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

outcomes for people

- There was a stable staff team at the service with little turnover. Staff told us it was a good place to work and there was open communication. One staff member said, "We are a good team and focus our work on the people we support."
- Relatives now felt well informed and updated about their family members care and well-being. A relative said, "The staff involve me in her care as I know I can call the manager at any time of the day or night if I have a concern." Another relative said, "The management of the service has improved since the new manager started. She is lovely. She introduced herself to me when she started. She is approachable and often chats with me when I visit. When I have raised small issues...she has sorted things out. The service keeps me informed about [my relative's] health."
- Staff spoke highly of the management team. A staff member said, "[The registered manager] has a massive heart and will always do everything she can for people. People are always the first priority for her." Another staff member told us, "Since the manager joined things have really improved. Everything you tell her she will respond to immediately. If things are not right she will always make them right. She's implementing new things every day."
- Staff were able to describe the importance of promoting person-centred care. One staff member said, "It's not just a job; we work with our hearts here."

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 management team now understood requirements in relation to duty of candour and had an open and honest approach.
- The provider understood their legal responsibilities to report significant incidents and events to the CQC.

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

- People's views were sought. People were encouraged to voice their opinions about the service and how they were supported. Survey forms had been introduced to allow for more formal feedback to be reviewed and, where necessary, acted upon.
- Staff had an opportunity to feedback their views about the service through supervisions and staff meetings. One staff member said, "Management are supportive and approachable."

Continuous learning and improving care; Working in partnership with others

- Staff liaised with specialist health and social care professionals for guidance and took on board any advice given. One visiting professional said, "The manager and I communicate regularly and share advice, she is always ready and available to help and go the extra mile to help others...I think this service with the continuity of current management and consistency has the potential of making it a wonderful home."
- The management team kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates, and discussions around how to implement best practice guidance.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure their systems to monitor and improve the quality and safety of the service were fully embedded and operating effectively. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(e)</p>