

## St. Cecilia Care Dorset Limited

# St Cecilia

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

St Cecilia is a residential care home registered to provide care and support to up to 15 older people. They specialised in providing care and support for people living with dementia. There were 14 people living at St Cecilia at the time of inspection. The home provided accommodation in an adapted property with rooms over three floors with access via stairs and a stair lift.

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

People were safe living at St Cecilia. The home had implemented various improvements following our last inspection. This included changes to make the environment safer and ensuring people's risks were properly assessed. Staff knew how to keep people safe, how to raise concerns and were confident it would be dealt with correctly and efficiently.

There was enough staff on duty, and they had the necessary skills and training to support people. People who lived at St Cecilia were living with dementia and had complex needs. Staff were present and engaging with people and there was a calm, relaxed atmosphere.

Medicines were managed safely, and the home worked well with healthcare professionals to implement changes when necessary. Infection prevention and control procedures were robust, and the latest government guidance was being followed in regard to COVID-19. People were supported to eat and drink and enjoyed their likes and preferences. Where needed specialist advice had been sought such as where there was a risk of choking.

St Cecilia was homely, and the décor reflected the age of the property. There was an ongoing programme of redecoration and updating that was monitored by the provider and the registered manager. People had personalised care plans and they were reviewed and updated regularly; everyone was involved in this process. Electronic care plans and records meant that updates were instant and people were receiving the most up to date care.

People knew how to make a complaint and the home had a procedure in place. Improvements had been made to the oversight of the service. A range of audits checked the systems within the home. During the inspection the registered manager made additional improvements to the process. People, their relatives and staff were complimentary about the registered manager and compliance officer. They told us that St Cecilia was well led. Health and social care professionals explained that many people living at St Cecilia had complex health needs which were managed well by the home.

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. Where necessary people had capacity assessments and documentation to show care was delivered in their best interest with all relevant people involved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement, (published 18 November 2019), and there were multiple breaches of regulation. 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 regulations.

#### Why we inspected

At our last inspection breaches of legal requirements were found. The provider completed an action plan to show what they would do and by when to improve safe care and treatment, person centred care and good governance. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the caring key questions. We therefore did not inspect it. The rating from the previous comprehensive inspection for the caring key question were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. 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 Cecilia on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective 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

## 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.

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 one inspector.

#### Service and service type

St Cecilia is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We

used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, compliance officer, care assistants, senior care assistant, maintenance officer and cook. We made general observations of interactions between people and staff throughout the day.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from five health and social care professionals who regularly visit and work with 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 now improved to good. This meant people were safe and protected from avoidable harm.

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

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 (Safe Care and Treatment) 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.

- Improvements had been made and people had risk assessments for all of their care and support needs. Risk assessments were reviewed regularly, and changes made as needed. A new electronic care planning system made risk assessments accessible to staff as they provided care for people.
- Risk assessments gave clear instructions to staff on safe ways of working. Risks were analysed and rated for seriousness. Staff were then given instructions on how to reduce or remove risks for the person.
- Staff had a good knowledge of people's risks and told us they knew how to support people in a safe way. For example, if they became upset or disorientated.
- General risk assessments were in place for the home, for example for use of stairs, equipment and fire safety.
- Accidents and incidents were recorded. Records were analysed every month to identify themes and patterns. This was used to reduce the likelihood of reoccurrence of the accident or incident.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them within the home and outside. There was information displayed on safeguarding people. A staff member told us, "I would go straight to the registered manager [name] and he would deal with it". Another staff member said, "First I would speak to the registered manager [name] or I can contact safeguarding."
- People and their relatives told us St Cecilia was a safe place to be. A relative told us, "I know they are safe but most of all I know they are as happy as they can be." Another said, "I love it there, I feel my loved one [name] is safe."
- Staff and health professionals told us people were safe at the home. A member of staff said, "Yes people are safe, from the equipment we use, the environment and the service we provide." A health professional said, "I have never any concerns over the safety of people as I have found staff to be very proactive when dealing with behaviours and always put the needs of the person first."
- The home had a system in place for identifying and discussing safeguarding concerns. They did this during

group supervisions and handovers. Referrals had been made to the local authority where appropriate. The registered manager and compliance officer were confident to deal with any concerns raised.

#### Staffing and recruitment

- There were enough staff on duty. Staff told us they had time to spend with people and did not feel rushed. A health professional told us, "Whenever I have been into the home there are always staff in the communal areas with residents which is really important." A relative said, "Staff are always within touching distance."
- Recruitment procedures were robust. Checks made demonstrated that staff had the skills, knowledge and character needed to care for people. Staff files contained records of appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

#### Using medicines safely

- Medicines were managed safely. The home had arrangements for ordering, storage and disposal. Staff responsible for administering medicines had their competency assessed.
- Medicine Administration Records (MAR) had information about the person, their photograph, allergies, medical details and details of how they took their medicines.
- Prescribed creams were used and body maps for each person showed staff exactly where to apply the cream. Staff told us the instructions were clear.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved into St Cecilia. These assessments formed the basis of their care plans. Sometimes people moved to St Cecilia in an emergency, where this was the case information about the person had been sought prior to or at point of admission.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and electronic records demonstrated plans had been created using good practice guidance. This was in relation to medicines, mental health and dementia care.

Staff support: induction, training, skills and experience

- The home had an induction process for all new staff to follow, which included 'on the job' and online training, shadow shifts and practical competency checks in line with 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. Some of the staff held a national diploma in health and social care.
- Staff had received increased training on safe use of personal protective equipment (PPE) and specific awareness due to COVID-19. Staff told us they felt as safe as they could do in regards COVID-19.
- Staff received the training and support needed to carry out their role effectively. Staff told us overwhelmingly that they were supported by the registered manager [name] and compliance officer [name].
- Staff received training on subjects such as safeguarding, dementia, infection control and medicines.
- The registered manager and compliance manager had developed staff support further by including individual and group supervision together with practical observations of care.

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

- People were supported to have enough to eat and drink. People were positive and were observed to be enjoying their meals.
- People could choose an alternative if they didn't want what was on the menu. The registered manager told us that they are led by the person and people eat at mealtimes and outside of those when they choose.
- People's preferences along with dietary needs are recorded and known by all staff. The registered manager told us, "When a new resident joins our home, we go through their preferences and passions." Records showed input from speech and language therapists where people had difficulty swallowing or were at risk of choking.
- We observed the mealtime to be a relaxed social occasion with people having various discussions between themselves and with staff.

- The lounge and dining room had tables both individual and communal. Food looked appetising and plentiful.
- People were encouraged by staff to eat their meals and have plenty of drinks. A member of staff told us, "On a recent hot day the registered manager went and got us and the residents ice creams."

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

- People were supported to receive health care services when they needed them. Referrals were made from the home to a variety of professionals, such as doctors, nurses, specialist dementia care professionals.
- The compliance officer said they worked well with all professionals and were comfortable seeking their input when needed.
- People had a 'hospital passport' which detailed their care needs, preferences and communication for use when transferring between services such as a hospital admission.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers and group supervisions. This meant that people were receiving the most up to date support to meet their health needs. Staff told us St Cecilia was a small home and staff communicated all the time.
- Health and social care professionals were overwhelmingly positive about how care was sought for people in a timely manner and how the registered manager found possible solutions to an issue. They felt they really worked well with the home. These clear and open communications contributed to a positive effect on people's wellbeing.

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.

- The home met the requirements of the MCA. Assessments had been carried out for people in relation to their care needs. This meant that people's rights were protected.
- MCA assessments had been completed and best interests' meetings for people were held. Records showed involvement of the person, family members and professionals.
- Where people had given their family permission to make decisions on their behalf and in their best interests the correct legal paperwork was in place.
- People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines, activities and food.
- Staff had received MCA training and were able to tell us when and why they would ask for consent.

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

- St Cecilia is an older style, adapted building. The décor is in keeping with the age of the building. Improvements have been made to the home's fixtures, fittings and decoration since our last inspection. A health professional told us, "It is a small and more homely than some homes and this often benefits the residents that move in and their families as the home has a more personal feel."
- The registered manager told us that the home's upkeep is a discussion they have monthly with the provider. Staff told us if they need anything such as equipment for people then they get it straight away.
- Rooms are decorated when vacant and as required. People are encouraged to bring in their own personal belongings with them.
- Furniture that presents a risk of toppling is secured to walls and radiators that get hot covered to ensure people are not at risk from harm.
- Rooms are adapted to meet the needs of the person. For example, where furniture was a risk to a person this was removed to contribute to keeping them safe.
- There is level access to the gardens, and we observed people enjoying them with staff during our inspection.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider had failed to ensure people's needs and preferences were properly assessed. This was a breach of Regulation 9 (Person Centred Care) 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 9.

- Improvements had been made and people received personalised care that was responsive to their changing needs. Care plans had been reviewed regularly and updated to reflect changes. An electronic care planning system meant that information was always accessible to staff.
- Care plans were person centred and detailed, demonstrating staff knew people well. The information was up to date. This meant that people were receiving the care that was important to them.
- There was clear and detailed guidance to support staff to meet people's goals and outcomes. Relatives had contributed to the care plans and each person had a detailed personal history and family information.
- Staff had access to care plans and told us they were able to contribute to them. The compliance officer told us when changes were made to the plans, they were instantly available to staff.
- Staff knew people well. A relative told us, "When I ring up and I speak to anyone, they immediately know how my loved one [name] is."
- People's end of life wishes, and preferences had been explored. Advanced care planning was discussed, and families had been involved.
- The home had received compliments about its end of life care. We read; 'My loved one's passing was managed so well. I feel lucky that they [name] spent their final year or so at St Cecilia's.'

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

- People had access to a wide range of activities. These were both group and individual. The activity programme had been affected by the restrictions brought on by the COVID-19 pandemic. Staff had been creative to keep people occupied. A health professional told us, "It is often observed staff providing engagement and meaningful activity with the residents in the home which is essential for dementia care."
- All staff working at St Cecilia took part in activities with people, they told us they enjoyed this side of their job. A relative told us, "It's almost bustling with staff. Staff were engaging with the residents they seem

genuinely interested in them."

- People were encouraged to maintain personal hobbies and interests and details were recorded in their personal histories. They were encouraged to spend their day as they wished whether this be with others or spending time on their own.
- People had been supported by staff to maintain contact with their relative's and loved ones during the COVID-19 pandemic by telephone, video calls, window visits and as restrictions eased with face to face visits.

#### 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's communication needs were detailed in their care plans. These needs were shared with other professionals when needed. Staff supported people and met their communication needs.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and make a complaint. Complaint information was displayed within the home.
- The registered manager was open to feedback and opinions and told us they welcomed this as an opportunity to continuously improve.
- St Cecilia had a complaints policy and procedure which was clear to follow. This gave people the option to escalate their concerns within the home and then outside if required such as the Local Government and Social Care Ombudsman.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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; Working in partnership with others

At our last inspection the provider had failed to identify the shortfalls in risk management and recording of care, support and preferences. This was a breach of Regulation 17 (Good Governance) 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 17.

- Improvements had been made with the monitoring and quality assurance processes within the home. They had been embedded into practice. The registered manager had made further improvements by having additional oversight of the audits and checks each week. This practice contributed to the safe running of the home.
- A range of audits were completed with action plans including who was responsible on each one. The audits included; equipment, call bells, health and safety and infection prevention and control.
- The provider and registered manager had oversight of the home. The registered manager told us that they met with the provider on a monthly basis but as a small, family run home communications were ongoing throughout the month.
- Handovers were held throughout the day and various team catch ups and group supervisions to share information and learning.
- The registered manager told us they worked well with health and social care professionals. A health professional told us, "We have a very good working relationship with the registered manager and their team within the care home."

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

- Staff told us they were proud and happy to work at St Cecilia; many had worked at the home for a number of years. They felt supported and were complimentary about their colleagues. Some comments we received were; "We are a good team; we are like family. We know everything about our residents what they like and don't like. I am happy to come to work.", "It's nice, I like these guys, I feel appreciated.", "I love my colleagues, we all get along. You feel like you have done something great for the residents.", "It's not hard when you work with your heart and you have empathy for the people you care for.", "Throughout the

pandemic it has been hard, the registered manager [name] has always asked about our families too to make sure we are ok."

- We received positive feedback about the management of the home. Some of the comments were; "The registered manager [name] is compassionate, every minute of every hour. They bring joy and cheerfulness when they come through the door.", "The registered manager [name] is like having a friend on the other end of the phone.", "I've never seen a manager like here, it so good", "The registered manager [name] with the compliance officer [name] are so good, we are like family.", "St Cecilia is well led by the registered manager [name]. They know their residents' needs", "It's a well-run home with a very homely atmosphere and staff who provide good care to their residents."

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, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. A relative said, "The registered manager [name] during the COVID-19, they have been open and honest about everything."
- Records confirmed the home had made all necessary referrals and notifications, for example, to the local authority and CQC.

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

- The home used surveys and feedback to continually monitor what they do. A recent survey of people and their relatives showed 100% of people were either satisfied or very satisfied with the care at St Cecilia. Changes to the survey were planned to incorporate questions around how the home has kept people safe during the COVID-19 pandemic.
- During the pandemic visiting restrictions have been subject to change through directions from the government. The compliance officer told us the home had worked hard to keep people in touch with their loved ones. A relative told us they were grateful of the efforts made by the home to keep them in touch and said, "We have had video calls, they ring me, they tell us and keep us informed."
- During the inspection we observed relatives visiting their loved ones and bookings being made for future visits.