

St Cecilia Care Home Limited

St Cecilia Care Home

Inspection report

1 Hitchen Lane
Shepton Mallet
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

St Cecilia Care Home provides care and accommodation for up to 17 people in one adapted building. At the time of our inspection there were 16 people living in the home. The home is part of the Specialised Residential Care (SRC) arrangements put in place by Somerset County Council to support people living with dementia. The home is supported by a Lead Specialist Dementia Nurse who visits weekly.

St Cecilia Care Home is a "care home". People living 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.

There is a registered manager for the service. 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 inspection took place on 22 and 27 February 2018 and was unannounced for the first day and announced for the second day.

People told us they felt safe living in the home and described staff as "Kind" and "They are all lovely." A relative told us they always leave the home after visiting their relative "Knowing they are cared for and safe."

Staff were confident about raising any concerns about the safety and welfare of people and action being taken to address their concerns ensuring people were safe.

Staffing of the home helped to ensure there was a responsive and flexible approach to supporting people. One person told us, "I know staff are around when I need them." Another person said, "Staff respect my routines and I am able to do as I wish when I wish."

There was an environment where people were cared for in a way, which respected their privacy and dignity. People had warm, compassionate and comforting relationships with staff where people's individual and differing needs were met and respected.

People displayed a sense of well-being and accepting of their environment and staff who supported them.

Training provided an opportunity for staff to have a real understanding of people living with dementia so they could provide the skilled care people needed.

There was a culture where people were seen as "Part of our family" and care provided "As if they were our parents and knowing they put their trust in us." (Staff comments)

There was a welcoming and inviting environment where family and visitors were valued and recognised as an important part of people's lives.

The environment was suited and adapted to meet the specific needs of people living with dementia promoting independence and providing a sense of calmness.

There was an open and approachable management where people were enabled to voice their views. However, there was not specific ways for people living with dementia, who may have communication difficulties, to express their views.

The home was promoted as part of the community with people having the opportunity to use the local facilities and engage in meaningful activities.

Staff spoke of being valued and supported, being part of a team and demonstrated a real commitment to their work. One staff member said, "I look forward to coming into work as the team we have here is like a family home for all staff residents and visitors."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe

People benefitted from the safe management of medicines.

People were supported by staff who had received pre-employment checks to ensure they were suitable for the role.

People benefitted from staff who understood their responsibility to report any concerns about possible abuse.

Is the service effective?

Good ●

The service was effective

People benefitted from staff who had the skills and knowledge to meet their needs effectively and competently.

People benefitted from receiving meals which were nutritious and met their needs.

People's rights were protected and upheld particularly in relation to the gaining of consent to provide care and support.

People benefitted from being supported by staff who undertook training which provided them with real insight and understanding of people's needs.

Is the service caring?

Good ●

The service was caring.

People benefitted from warm, compassionate and understanding interactions and relationships with staff.

People were respected and their rights for independence, privacy and choice were respected and upheld.

People, relatives and other visitors benefited from a warm, welcoming and homely environment.

Is the service responsive?

Good ●

The service was responsive

People were informed about how to make a complaint, voice their views, however, this was not always in a way suited to some people living with dementia.

Care plans provided guidance and detail about people's care however, lacked people's wishes and choices related to their end of life care needs.

People benefitted from a person centred approach to care respecting choices and wishes about how people led their lives.

People benefitted from meaningful activities which met their social needs.

Is the service well-led?

The service was well led.

People benefitted from an environment where staff felt supported and valued leading to good morale and commitment to provide quality care.

There was an approach where the home was promoted and seen as part of the local community where people were enabled to feel part of the community.

People benefitted from an open and approachable manager.

People were able and encouraged to voice their views about the quality of the service.

Good ●

St Cecilia Care Home

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 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.

The inspection took place on 22 and 27 February 2018 and was unannounced for the first day and announced for the second day.

One inspector carried out this inspection.

We reviewed the information that we had about the service including safeguarding records, complaints and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. The provider submitted a Provider Information Return (PIR) before the inspection and we used this to inform our inspection.

We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with four people who used the service, five people's relatives and two health care professional. We also spoke with six members of staff.

During the inspection, we looked at four people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audits.

Is the service safe?

Our findings

There was safe storage and management of medicines. There were systems in place to monitor and review medicines administered to ensure they were in line with the provider's policy. For example covert medicines i.e. those administered where the person lacked the mental capacity to give consent was subject to specific arrangements to ensure they were administered appropriately. Reviews of medicines were regularly undertaken by the person's GP or other healthcare professionals such as community nurses.

Protocols were in place for medicines, which were prescribed to support people whose behaviour may cause the person distress. These provided guidance as to their use and included specific recording when used to provide evidence they had been administered to protect the person's well-being.

The provider had systems and processes, which helped to protect people against the risks of abuse. There was a robust recruitment process which meant that all staff were thoroughly checked to make sure they were suitable to work with people who lived at the home.

Staffing arrangements ensured people's needs were met and people were safe. Staff were continually available in the communal area and therefore able to respond and support people when it was needed especially where a person was disorientated or unsure where to go. A relative told us, "There always seem to be plenty of staff around." There were arrangements to ensure staffing was structured to include staff with the necessary skills and experience.

Staff demonstrated an understanding of their role and responsibilities in ensuring people were not placed at risk of infection and risks of cross infection were alleviated. This meant people's health and welfare were protected as far as possible from the risk of infections.

Risks to people's personal safety had been assessed and plans were in place to minimise the risks. This included emergency individual plans in the event of a fire. This meant risks to people's health and welfare were wherever possible identified and alleviated.

The manager was open to looking at incidents and events, which could result in changes in working practice and improve the safety of people living in the home. Staff recognised their responsibilities in reporting any concerns about areas that could affect or impact on the safety and wellbeing of people.

Is the service effective?

Our findings

Staff received training specific to their role. They spoke of having good opportunities for training. One staff member told us, "There is always some training we can go on which is good. I feel it has given me the skills I need." All staff were being asked to undertake the Care Certificate. This is a nationally recognised training for staff in care homes.

One area of training which provided staff with a real insight in to the needs of people was called "Learn by Experience" and "Day in a Resident's Shoes" where staff would be a "resident" for the day. The PIR we received said, "The aim of the themed training was for staff to receive less than good practice. Staff said it helped them have a deeper insight in what it is actually like for people living with dementia to live in a care home who depend on staff for their comfort and wellbeing." Staff told us how powerful this training was. One told us, "It really gave me an understanding of what it is like to not only be a resident but a person living with dementia." One staff member in giving formal feedback from their day said, "The training was really good as you saw the home through the resident's eyes and thoughts" This meant staff received innovative training to enable people to receive support and assistance from staff who had greater understanding and empathy of people's experience of living with dementia.

The environment had been adapted to support people with a disability and for those living with dementia. There were separate areas people could choose to use for example a quiet lounge as well as lounge with a television. Colour was used to distinguish areas and facilities such as toilets, rails painted differing colour so highlighted against the wall.

The home had been successful in bidding for funds to undertake refurbishment of the garden and provide a memory sensory garden. "The sensory garden will provide personal space for reflection and privacy...and provide sensory stimulation for sight, sound, smell, touch and taste. The garden will be supported by the local allotment group." (From PIR)

We spoke with staff about their induction process. Staff told us they had felt well supported throughout the process and had always been with a more experienced member of staff when they started their employment.

Staff received regular 1:1 supervision as well as yearly appraisal. One staff member told us, "We have regular supervision but we can always go to the manager if we have any questions, worries or concerns."

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.

Where people lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were arrangements in place for the assessment of people where a DoLS may be required. There were six people who were the subject of a DoLS authorisation. One person had an advocate supporting them in making decisions. The manager had a good understanding of their role in ensuring action was taken to protect rights of people.

Where able, people's consent was sought for the providing of care and use of equipment such as bed rails and pressure mats. People consented for the sharing of information with outside professionals. Arrangements were in place for the taking of best interest decisions where people lacked capacity. A mental capacity assessment was undertaken where there was concern people lacked the capacity to make specific decisions. This meant there was respect for people and their rights were upheld.

People had access to community health services such as a chiropodist, dentist and opticians. Where people were assessed as needing specific support in areas such as diet and nutrition, referrals had been made to a dietician or speech and language specialist. This meant people's health and nutritional needs were protected.

People had a pre-admission assessment which looked at their needs and helped the provider decide if the home was suitable for the person. As part of the assessment care needs related to physical, social and mental health were looked at. Where people had specific needs related to their spiritual, cultural or disability these were addressed as part of the assessment. This meant people's needs were assessed in a holistic way. As part of the admission process people were able to visit the home and have a trial day. This helped in enabling people to make an informed choice about living at St Cecilia's.

Mealtimes were a relaxed and social occasion. People were offered visual choices and actively encouraged to have a meal where they were reluctant to do so. Staff sat and supported people where this was needed and on occasions staff sat with people having their meal. This helped in providing a positive meal experience. To assist people in eating their meals they were served on coloured plates, which is proven, to help people living with dementia distinguish differing textures and meal components. One person had commented in a meeting how "Nice it was to have choice where to sit and not put somewhere they did not want to sit." This practice of giving choice was observed.

Is the service caring?

Our findings

Staff interacted with people in a warm and caring way. There was a real sense of patience and understanding with people responding with smiles and laughter to staff interaction. This was balanced by staff understanding of people who wanted to walk around the home or were less able to communicate. Staff used body language and closed statements to encourage and stimulate a response from people.

The home operated a policy of no uniform and at night staff wore night clothing (dressing gown). This helped in established a less formal and more approachable environment for people, "The breaking down of barriers" (From PIR) to help in establishing relationships and promoting interaction. One person had commented about this, "I like the staff dressed casually as it relaxes you and staff are really lovely." Another person said, "I think uniforms would make me feel uneasy."

Staff demonstrated kindness and compassionate in how they interacted with people. People spoke of the kindness of staff. A relative told us, "They look after (relative) and looked after me." and "It is like going to visit in mum in her own home." Another relative described staff as "Soft and gentle" and how they liked the intimacy and "Personalised" care. A care professional spoke of staff "Go the extra mile in caring for people" and "Have a real understanding of people."

As part of staff training staff were placed in continence pads. This was to not only get sense of how it felt but also they were put on incorrectly. This gave staff understanding of impact on people's dignity. Staff spoke of importance of respecting people and understanding of dignity especially when providing personal care. Staff were observed supporting people quietly and with respect to people's dignity when supporting going to the toilet.

One person chose to spend most of their time in their room and this was understood and supported by staff who recognised its importance to the person. The person told us, "They (staff) know I like to be on my own."

Relatives spoke of a welcoming environment where they felt involved in people's care. They told us there were no restrictions on visiting. One relative said, "Staff always have time for you, it is always welcoming, and friendly." Another relative told us, "It is like going into someone's home, a homely feel, very inviting." This meant the importance of respecting and promoting relationships people had with family and friends was recognised in the promoting of a welcoming and friendly environment for visitors.

People were involved in their care planning and able to discuss their care needs with staff. Relatives told us of attending review meetings. One spoke of how they were very involved with their relatives care more so because their relative was living with dementia. One person told us, "I am able to tell them what I want to do and like." Another person said, "They respect me and my independence."

People were involved in making a decision about having a dog in the home. A meeting was held specifically to ask people how they felt about having a dog which belonged to a person potentially coming to live in the home. As a result the dog now lived in the home and provided a talking point and companionship for

people.

Staff had an understanding of equality and diversity. People's preferences were understood and respected. One staff member demonstrated a real understanding specifically in relation to people's sexuality and choices. This meant where people may have specific needs related to equality and diversity they would be met.

Is the service responsive?

Our findings

Care plans had been completed as part of the admissions assessment. These provided information about people's care and social needs, past histories and information about people's interests. However, there was no specific information about decisions and wishes some people may have made about their end of life care or where they wished to receive the care. This was discussed with the registered manager as part of our inspection feedback. We were assured this area for improvement would be addressed.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For one person staff used a writing board to help in communicating with the person. There was information available in standard formats (leaflets and questionnaires) However, there was none which could be used where people living with dementia and who may have communication difficulties, verbal and non-verbal, could be enabled to express their views. For example this could include questionnaires which used written and pictorial questions.

Staff demonstrated a good understanding of people's care needs and how care was person centred. They were able to tell us about specific ways of supporting people and routines. For example where one person always had specific routine when getting up and if this was not followed the person would become upset. For another person they spoke of how they used distraction techniques to ensure they were comfortable when being supported with personal care.

A relative told us how staff had got to know their relative to the extent that where before coming to the home they were self-neglecting now they were accepting of being assisted and supported by staff. They said, "This is because they have got to know how to do things with (relative) makes all the difference." One staff member told us they sometimes used the person's history for example where they used to live to and talking about this which helped in their acceptance of being assisted with care. A health professional spoke positively about how the staff got to know people and "This helps people to settle."

Staff told us of the importance of respecting people's choices and routines how it was important to be flexible. One staff member said, "This is the person's home and we respect that." A relative spoke of how staff accepted their relative's routines. As part of the home's flexible approach a "Night Owl club was introduced. This was to re-enforce acceptance of people not always needing a fixed sleep pattern. "This enables residents to engage in conversation with others during the night...gives time to express their feelings of waking up." (From PIR)

There was a complaints procedure in place and people told us they knew how to make a complaint. One person told us "I would go and tell the manager if I was unhappy." Making a complaint had been the topic of a "Resident's" meeting. People had said: "I would tell the head of the home if I needed to complain." and "I would inform staff if I had a problem." No formal complaints had been made since our last inspection. A

relative told us, "You can talk to anyone about anything and they will do whatever they can to help."

There were A4 poster in people's rooms and around the home, with a Happy and a Sad Face with a caption 'If you feel happy or sad' please share this with staff or your family. This encouraged people, where able, to express their views.

There were activities arranged varying from aromatherapy to flower arranging. A ballroom dancing session had been arranged and staff spent time individually with people. One person told us "I enjoy having a nice chat with staff." Another person had spoken of how they enjoyed the artwork. The home had introduced a rambler's walk twice weekly. One person told us how much they enjoyed the walk in the park and "It is nice to get out for a walk." This enabled people to maintain their hobbies/lifestyle following admission to the home.

Is the service well-led?

Our findings

Staff spoke of a positive and supportive environment where the registered manager was approachable and responsive. Staff said they enjoyed coming to work, felt valued and well supported. They spoke of working as a team and the home promoting a culture of being a family. One staff member said, "It is about not doing anything less than you would for your parents." Other staff said, "We work as a team, good atmosphere." and "People are like our family."

The provider had introduced a monthly Staff Award scheme whereby "Staff and families nominate an individual who they feel deserve public recognition for their hard work." Staff surveys provided positive feedback and opportunity for staff to express their views anonymously if they wished. In a "Resident's Meeting" people were asked their opinion of staff. One person said, "They are all lovely."

The home had received a number of compliments about the quality of care. Comments included:

"None of you realise quite how wonderful you are and what you do every single day is simply astounding. You deserve much more acknowledgement than you get."

"I really could not have wished for a better place for (relative) to be. Every single one of you went above and beyond anything I could have wished for."

The registered manager is working with a community steering group who aim to make Shepton Mallet a dementia friendly community. They told us they hoped "It would help residents when they go into town and receive better understanding of dementia." They had also arranged for a local singing group "Singing for the Brain" to hold their meetings in the home. This had led to improved contact with the local community for the people living in the home.

There was a management structure in the home, which provided clear lines of responsibility and accountability.

There were systems in place to review accidents and incidents and identify any improvements such as referral to outside agencies for support and advice and any changes to the person's environment.

The service had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

There were positive relationships with outside organisations for example health and social care professionals. Where necessary these professionals worked with the provider in reviewing people's care needs and ensuring the provider was able to provide care and support where people's needs had changed.

Quality assurance was regularly undertaken looking at all aspects of care, the environment, care plans and infection control. This had led to improvements in the management of medicines and planned

improvements in the environment. For example refurbishment of the entrance hall, decoration of lounges, replacement of some carpets and refitting of kitchen.