Visitation of Our Lady

Visitation of Our Lady Residential Care Home

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 24 October 2017. The service was last inspected on 4 October 2016 when we found two breaches of the Health and Social Care Act 2008 and associated regulations relating to Safe Care and Treatment and Good Governance. We also made recommendations in relation to the management of incidents and accidents and training. Following the inspection the provider sent us an action plan detailing how they would make improvements. At this comprehensive inspection we found the provider had taken action to address the breaches we had identified and improvements had been made.

Visitation of Our Lady Residential Care Home offers personal care for up to nine older people and is run by a Roman Catholic Polish Community. At the time of our inspection, five people were living at the service. The staff lived at the home and were a community of nuns from Poland.

There was a registered manager in post at the time of our inspection. 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.

People received their medicines safely. Staff received training in the administration of medicines and there were regular medicines audits.

People and staff told us they felt safe and there were systems and processes in place to protect people from the risk of harm.

There were enough staff on duty to care for people because staff lived at the service and were always available.

There were appropriate procedures in place for the safeguarding of people at risk of abuse and these were being followed.

There were systems in place for the management of incidents and accidents and appropriate action was taken to reduce the risk of reoccurrence.

People were supported by staff who were trained, supervised and appraised. The registered manager attended provider forums in order to keep abreast of developments within the social care sector.

People's nutritional and healthcare needs had been assessed and were met.

The provider acted in accordance with the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's capacity was assessed and where they could, they had consented to their care and support. Where people lacked capacity, we saw that best interests decisions were made. Processes had

been followed to ensure that, where needed, people were deprived of their liberty lawfully.

People and their relatives told us that the staff and registered manager were caring and communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. The staff team knew people well and delivered care that made people feel valued. The whole staff team promoted person centred values as the basis of the service and ensured these were followed at all times.

The whole staff team understood the importance of ensuring people's emotional, spiritual and cultural needs were met as well as their physical needs.

Care plans were in place and people had their needs assessed and reviewed regularly. Care plans contained information that reflected the needs and wishes of the individual.

There was a complaints procedure in place and people and their relatives knew how to make a complaint. They felt confident that their concerns would be addressed.

People and relatives were given questionnaires to gain their feedback on the quality of the care provided.

People, relatives and professionals we spoke with thought the home was well-led. The staff told us they felt supported by the registered manager and there was a family atmosphere and a culture of openness and transparency within the service.

The provider and registered manager undertook regular safety audits and action was taken when issues were identified.

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 received their medicines safely. Staff received training in the administration of medicines and there were regular medicines audits.

There were enough staff on duty to keep people safe and meet their needs in a timely manner.

There were appropriate procedures in place for the safeguarding of people and these were being followed.

Is the service effective?

Good

The service was effective.

The provider was aware of their responsibilities and had acted in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's nutritional and healthcare needs had been assessed and were met.

People were cared for by staff who received regular training and were suitably supervised and appraised.

Is the service caring?

Good

The service was caring.

The registered manager promoted person centred values as the basis of the service and ensured these were followed by the care staff.

People were supported by caring staff who respected their dignity, human rights and diverse needs.

The whole staff team understood the importance of ensuring people's emotional, spiritual and cultural needs were met as well as their physical needs.

Staff knew people well and had developed positive relationships with them that were based on respect and empowerment. The whole staff team consistently delivered a caring and compassionate service to ensure people felt valued and cared for.

Is the service responsive?

Good

The service was responsive.

Assessments were carried out to ensure the service could provide appropriate care. Care plans were developed from the assessments, reviewed regularly and were signed by people.

People and relatives were sent questionnaires to ask their views in relation to the quality of the care provided.

There was a complaints procedure in place and people were aware of this. There were no complaints received in the last three years.

A range of activities were arranged that met people's interests.

Is the service well-led?

Good

The service was well-led.

The manager had systems in place to assess and monitor the quality of the service and put action plans in place where issues were identified.

People, relatives and professionals we spoke with thought the home was well-led and that the staff and management team were approachable and worked well as a team.

The staff told us they felt supported by the manager and there was a culture of openness and transparency within the service.

There were regular meetings which encouraged openness and the sharing of information.

Visitation of Our Lady Residential 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.

This inspection took place on 24 October 2017 and was unannounced.

The inspection team consisted of two 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.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with five people who used the service, two relatives, four staff members, including the registered manager, the chef and two care workers.

We looked at the environment and observed how people were being cared for. We looked at records, including the care records for four people, three staff records, staff supervision and training records, medicines records and other records relating to the management of the service.

Following our visit, we spoke with two healthcare professionals to obtain their feedback about the service.

Good

Is the service safe?

Our findings

At our last inspection on 4 October 2016, we found that the management and administration of medicines were unsafe. At this inspection, we found that improvements had been made.

People told us they received their medicines on time and as needed. One relative told us, "My [family member] receives adequate pain control and this is well monitored. Other medicines are given correctly." We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them.

As part of this inspection we looked at the medicines administration records (MARs) for all five people who used the service. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed and showed people were receiving their medicines when they needed them.

Medicines were stored safely and securely. There was a medicines refrigerator available for medicines requiring cool storage however it was not in use when we inspected as no medicines needed to be stored in the refrigerator.

Controlled drugs were managed and recorded correctly, with two staff members witnessing the administration of controlled drugs to people who used the service.

Medicines were administered by staff who had received training. We saw evidence that medicines training had been completed in June 2017 for all staff who administered medicines. There were no written competency assessments, however the registered manager told us they ensured that all staff followed the correct procedures when administering medicines.

We also saw the registered manager undertook regular checks to ensure the administration of medicines was being done correctly. There was a record of all medicines received at the home. Medicines were ordered on a monthly basis for each person. There was evidence that medicines were checked on arrival from the pharmacy,

People we spoke with told us they felt safe living at the service. One person told us, "I feel extremely safe living here. It's like a heaven for me." One relative told us they believed their family member and everybody else were safe living at the home. They said, "My [family member] wants to go up on the stair lift on her own. She is allowed to do that but one of the sisters always keeps an eye out."

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified. We saw that detailed guidance was available for staff to follow on how to mitigate these risks. These included a skin integrity risk assessment for a person who was being cared for in bed and whose skin was at risk of

breakdown. We saw the plan was written in a person-specific manner and included recommendations for staff to follow.

Staff had completed training in safeguarding adults and records confirmed this. They were able to give some definitions of abuse/neglect. They told us they would report any concerns to their manager and felt confident that their concerns would be addressed. Staff told us they were aware of the provider's safeguarding policies and procedures. This indicated that the provider had taken appropriate steps to protect people from the risk of abuse.

The registered manager knew how to raise alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also knew about notifying the CQC as required of allegations of abuse or serious incidents. The registered manager said there had not been any recent concerns to report.

The manager kept a log of all incidents and accidents and near misses. These were analysed and included an action plan. There was evidence that incidents and accidents were responded to appropriately. For example, where a person had a fall and sustained an injury, we saw that staff had acted appropriately. Action taken included administering first aid and calling an ambulance. We also saw that the person's care plan and risk assessment were updated and included comments such as 'Staff to monitor and be vigilant whilst respecting the person's independence'.

The provider had a health and safety policy in place. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers. The registered manager conducted monthly health and safety risk assessments. Where they identified hazards, we saw that immediate action was taken. For example, when a radiator was leaking, we saw that a plumber was called and the leak was repaired within the day.

The provider had systems in place to protect people in the event of a fire. The registered manager had implemented regular fire tests and fire drills, and records of these were available. This ensured that all staff were able to follow the fire procedure in the event of a fire. People's care records did not contain Personal Emergency Evacuation Plans (PEEPs). We discussed this with the registered manager who told us they would address this without delay. We received confirmation after the inspection that they had taken appropriate action and were in the process of completing PEEPs for each person using the service.

The provider carried out a yearly fire risk assessment of the home, and we saw that this was in date. All areas of the home were clean and tidy and free of any hazards. The bedrooms we saw were spacious and fresh smelling and people had personalised their own rooms with photographs and objects of their choice. There was a large landscaped garden with a path which was maintained by the staff. There was a pond in the garden, and we saw that the provider had filled it in to eliminate the risk of people falling in it.

People were happy with the staffing levels. They told us that staff attended to their needs in a timely manner and we saw evidence of this throughout the day of our inspection. Care staff were attentive and offered people a choice of tea, coffee or water throughout the morning. The atmosphere was relaxed and care staff chatted and joked with people while they supported them. The staff were nuns who also lived at the home and were available at all times. This ensured that there were always enough staff on duty at any one time to provide care and support to people.

Recruitment practices ensured staff were suitable to support people. All staff had been working at the service for many years and there had not been any staff recruited recently. All staff employed at the service

had been subjects of all relevant recruitment checks to ensure they were suitable to work for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check were completed.

Good

Is the service effective?

Our findings

In our last inspection, we made a recommendation because staff at the service may not have been sufficiently trained and qualified to deliver care to the expected standard because some of the training was out of date and the registered manager had not had any refresher medicines training in the last two years. At this inspection, we found that improvements had been made.

Staff confirmed and we saw evidence that they had received training that the registered manager had identified as mandatory. The subjects included safeguarding adults, medicines management, food hygiene, health and safety, infection control and moving and handling. Staff told us they had received training in dementia and MCA, although not recently. We raised this with the registered manager who told us they would ensure training would be organised as soon as possible. Training records confirmed that staff training was delivered regularly and refreshed annually. The registered manager told us they worked closely with another Polish service nearby and joined with their staff to undertake training in Polish to ensure that staff understood the content of the courses.

During our inspection we checked if the provider had followed the principles of the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had systems to ensure they followed the principles of the MCA, and had made applications for DoLS authorisations for people who had been assessed as lacking capacity and for whom restrictions were in place. This included a person who was at risk of harm if they left the home unattended and a person for whom bedrails were being used. We saw evidence in both people's care records that mental capacity assessments and best interests meetings had taken place, and authorisations had been granted which meant that they were being deprived of their liberty lawfully.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout our inspection. One staff member told us, "We encourage people to do as much as they can. We just assist. One person likes to do everything on her own." Staff had received training in the MCA and were able to describe some of its principles. We saw evidence in the care records we checked that people were consulted and consent was obtained. People or their representatives had signed the records indicating their consent to the care being provided.

During the inspection we spoke with members of staff and looked at staff files to assess how they were

supported within their roles. One staff member told us, "I get regular supervision and appraisal" and "We have had regular meetings and we talk about everything." Staff told us and we saw evidence that they were receiving regular formal supervision from their line manager. This provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received an annual appraisal which provided an opportunity for them and their manager to reflect on their performance and to identify any training needs.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People's likes and dislikes were recorded in their care plans and menus were devised according to people's choices. People told us that the food was good. One person told us, "They cook all Polish food and we all like it. Very nice." A relative echoed this and said, "My [family member] has a great appetite. The food is cooked from scratch. The food is what my [family member] is used to. The food they grew up with." The relative explained that it would take half an hour for their family member to drink their tea but the staff would sit patiently supporting them to do this.

We saw that meals were cooked from scratch, using only fresh ingredients. Lunch was relaxed and unrushed and people and staff sat together and engaged in conversation with each other. Food was served from dishes brought to the table and people helped themselves. There were three courses and people were encouraged to have seconds if they wanted to. We saw that people enjoyed their food and there was very little waste. Hot and cold drinks were available throughout the day and a choice of snacks offered. On the day of our inspection, people were served with peeled slices of 'Polish' apples. Staff explained that they purchased Polish apples from the Polish shop in Ealing.

People were supported to maintain good health and had access to healthcare services. We saw evidence that staff made a variety of referrals to external health professionals when needed. This included referrals to the district nurses team or the dentist. People told us they received visits from the GP and were supported to attend healthcare appointments when needed. We saw that a person had been taken to the dentist because of tooth pain and had been referred to the oral clinic for treatment. Healthcare appointments were recorded in a diary and planned ahead. The outcome of these was recorded in people's care notes and discussed in staff meetings. Care plans contained details about people's health needs and included information about their medical conditions, mental health, medicines, dietary requirements, lifestyle and general information.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. Some of people's comments included, "Honestly, we do have excellent help. They are nuns and they look after each one of us very carefully. I can't walk, my hearing is useless, so they totally care" and "The staff are very nice and friendly and they look after us." Relatives agreed and said, "The sisters are very kind. They look after my [family member] very well. The sisters will help anybody they can" and "Every fifteen minutes, a sister is in [person's] room, day and night. One sister is on duty every night. I have never found my [family member] with a wet pad or cold. She is always nicely presented. They talk to my [family member] through the washing and cream application process."

We observed that all staff offered kind and compassionate care and support and were clearly aware of people's needs, routines and behaviour. For example, one person who was being cared for in bed was enabled to listen to mass being celebrated in the chapel through a monitor. They also received Holy Communion during the mass. This was highly important to the person and meant that their spiritual and religious needs were met. The staff and people using the service were all Polish and Catholic and shared the same beliefs and cultural needs.

The staff and the manager spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. One staff member told us, "They are like our family. We want them to be happy." Staff we spoke with knew people well and were able to tell us their likes and dislikes. We saw people being assisted with their personal needs in a discreet and respectful manner. There was a calm and peaceful atmosphere throughout the day of our inspection. People told us that staff respected and valued them and met their physical and emotional needs. Relatives we spoke with echoed this.

Relatives told us their family members were treated with respect and dignity at all times. One relative said, "The sisters always prefix my [family member's] name with a Polish term of respect. They relate to her as a person with her own likes and dislikes."

All staff displayed a gentle and patient approach throughout the day when caring for people in the home. We observed that staff interacted with people kindly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people.

People's last wishes were recorded in their care plans although there were no 'end of life' care plans available. We discussed this with the registered manager who told us they were aware of people's wishes but had not recorded this. They assured us they would do this in future.

Good

Is the service responsive?

Our findings

People were involved in the development and review of their care plans and records we viewed confirmed this. People told us they had felt able to say what suited them best in terms of their care." One healthcare professional told us, "People are very well looked after. Everyone is caring and kind. I have no concerns at all."

Care plans had been developed from initial assessments and were reviewed monthly. They were clear and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. This included people's preferred routines, the level of support they needed with their personal care and what they could do for themselves. We saw that person centred guidance was available for staff to follow to ensure they knew the individual needs of each person. This included comments such as, 'No greens because [person] is on Warfarin', 'Does not like milk' and '[Person] likes three pillows at bedtime'.

Staff encouraged and supported people to undertake activities of interest to them. All the people who used the service were Polish and Catholic. There was a chapel on the premises and people were able to take part in mass if they wished.

People told us they enjoyed the activities at the home. Their comments included, "We have the mass in the morning, sometimes in the afternoon. I read a lot. It helps my memory", "Very nice. Nice place to stay. Lots of Polish people. Sometimes my friends visit me and I go with them to the Polish church", "I go out in the garden when it is nice and sit in a chair. Sometimes we have a chat and stay up late." Relatives thought the home offered meaningful activities. Their comments included, "They have the Polish TV. It does them a lot of good to have it as they can know what is going on", "My [family member] likes to listen to music, Christmas is a big thing, families visit at weekends. We meet, we chat, the sisters take people out to local parks individually. They have tea in the garden", "Someone comes once or twice a week to do activities. They do crosswords, puzzles and watch old Polish films. One of the sisters is always sitting with them" and "They have the Rosary every day, mass every day. They sometimes sit quietly in the chapel after lunch, Feast day, Saints' day, with guests from outside. The house is full of conversation and humour. There's a guest room where visitors can stay."

We observed staff sitting with people and chatting throughout the day and undertaking a variety of activities. For example, one staff member was supporting a person with exercises using a pedalling machine, and we saw the person visibly enjoying this and responding with a smile. We also witnessed a beach ball throwing session and noticed that the staff member personalised each throw according to the person's strength and ability, by adjusting their distance from the person. People appeared to benefit from this session and there was a lot of laughter and chatting. We also witnessed staff and people singing together in Polish before lunch.

People and relatives told us that the service was always responsive to their individual needs and healthcare professionals we spoke with confirmed this. Staff told us they were aware of people's healthcare needs and

would know if they were unwell. One staff member told us, "We had a new resident recently. We got to know their routine and what works well for them. They really appreciate that." Reviews identified any changes in a person's health and action was taken as necessary. For example, where a person had complained of knee pain, we saw that the doctor had been consulted, had prescribed pain relieving medicines and had sent the person for further tests. The doctor visited or staff accompanied people to medical appointments. The outcome of appointments was recorded and included instructions to staff. We saw evidence that staff followed instructions and met people's needs. For example, where a person was being cared for in bed, there was an up to date skin integrity risk assessment in place, the person was comfortable and had been provided with pressure-relieving equipment. Their relative told us, "My [family member] has never had a pressure sore. The mattress is very good. It changes her position every 15 minutes. The staff wash her twice a day and apply cream. Her skin is perfect."

We observed throughout the day that staff interacted well with people and responded to their needs in a timely manner. Individual staff member's style of interaction with people changed based on who they were speaking with. This showed them to be responsive to people's needs rather than having a 'one size fits all' approach. Staff were patient and encouraging and supported people without rushing them. People were rewarded with kindness and praise.

People told us they knew how to make a complaint and were confident that their concerns would be taken seriously. However none of the people we spoke with had any complaints. The service had a complaints procedure in place, in both English and Polish, and this was available to people who used the service and their relatives. We saw a copy of this displayed on the information board. We saw that there had not been any complaints in the last three years.

People and their relatives were encouraged to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether people's needs were being met. It also included questions about the quality of the food, the environment and their social needs. We saw that the results of a recent survey showed an overall satisfaction with the service. Some comments included, "I am very happy that at the end of my life, I am staying here", "The sisters do all they can to care for my [family member], as if he was in his own home", "A superb home from home", "The patience and care shown by the staff is above and beyond the call of duty and far, far better than any of the family could provide" and "An excellent service. My [family member] is very well looked after."

Good

Is the service well-led?

Our findings

At our last inspection of 4 October 2016, we found that audits relating to the management of medicines had not been undertaken therefore the provider had failed to identify the shortfalls we found.

At this inspection, we found that improvements had been made. Audits were undertaken and were effective in identifying issues in relation to medicines management as well as health and safety and the environment. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were regular. The provider also undertook regular quality visits of the service. Checks included accidents and incidents, complaints, environmental issues, staffing issues and any issues in relation to people who used the service.

People and relatives we spoke with were complimentary about the staff and the registered manager. They said they were approachable and provided a culture of openness. People thought that the home was well managed and the staff worked well as a team. Their comments included, "The sisters are very sociable" and "The sisters have an open door policy. I can come whenever I want."

Staff commented that they felt supported by the registered manager and were confident that they could raise concerns or queries at any time. Staff were very positive about their jobs and told us they felt supported. One staff member said, "I am very happy. [Registered manager] is more and more supportive. Anytime you need help, she is ready to do it. For residents and for staff."

Staff told us they had regular meetings and records confirmed this. The items discussed included health and safety, rotas, care plans and nutrition and hydration. We saw that when a new person was being admitted, staff had discussed their needs in advance to ensure everyone was prepared for their admission. The registered manager took part in annual Trustees' meetings. These included discussions about repairs and purchases, staffing and any suggestions for further developments. We saw that improvements had been made to the décor since our last inspection.

There was a board in the entrance hall which displayed information about CQC, the last inspection report, health and safety information and the complaints procedure, so that people and visitors could be informed. There was also a notice board in the 'handover room' which had information for staff. This included training courses, upcoming staff meetings and other relevant information.

The service worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff.

The registered manager held a recognised management qualification in health and social care. They told us they attended regular managers forums organised by the local authority and cascaded relevant and important information to staff during staff meetings. This ensured that all staff were kept abreast of developments within the social care sector.