

Trustees for The Roman Union of The Order of St Ursula

The Lourdes Community Nursing and Residential Care Home

Inspection report

The Ursuline Convent
225 Canterbury Road
Westgate On Sea
Kent
CT8 8LX

Tel: 01843833242

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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

About the service:

The Lourdes Community Nursing and Residential care home is a residential care home providing personal and nursing care to up to 15 people. At the time of our inspection 15 people were living at the service. All the people living at the service are Sisters of a religious order. There are two religious orders that the Sisters belonged to The Order of Ursuline and The Order of the Daughters of Jesus.

People's experience of using this service:

The Sisters told us they felt safe and supported by staff in the way they preferred. They told us staff were very kind and knew how to keep them safe.

Potential risks to the Sister's health and welfare had been assessed and there was guidance for staff to mitigate the risks.

The Sisters told us they received their medicines when they needed them, staff liaised with the GP and pharmacy to make sure people had the medicines they needed.

There were enough staff on each shift to meet the Sister's needs. Staff told us they were able to care for the Sisters in an unrushed manner.

The Sisters were supported by staff who had been recruited safely and received training and supervision to keep people as safe as possible.

The Sisters were supported to be as independent as possible and lead a healthy lifestyle. The Sisters were supported to make choices and express their views about their care and daily life. Staff supported people to access the community and attend the activities they wanted.

The Sisters, staff and professionals were asked their opinions about the service. The results were analysed and an action plan put in place to address any issues raised.

Care plans were person-centred and provided relevant information for staff. We observed staff were kind and compassionate in their interactions and they knew the Sisters needs and their preferences. Privacy and dignity was always respected.

The Sisters were cared for by staff who knew them well. The Sisters told us staff were always kind and caring and treated them well. We observed staff treat the Sisters with dignity and respect throughout this inspection.

The Sisters told us staff supported them with their health needs and were quick to refer them to other professionals when necessary.

Rating at last inspection:

The service was rated Good at the last inspection on 19 October 2016 (report published 26 November 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good in all areas. The rating continues to be Good.

Follow up:

We will continue to monitor the service.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The Lourdes Community Nursing and Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Lourdes Community Nursing and Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:

We reviewed other information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example;

safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with five people who used the service. The service called people sisters and we have referred to people as sisters in our report. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with the nurse in charge, two care staff, site manager, administrative assistant and the Prioress. The Prioress is a lady who is the head of house of an order of nuns. The registered manager was away on the day of our inspection, but we returned to the service on 9 May 2019 to meet with them.

We looked at the care records of four people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good - The care people received was safe and people were from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The Sisters felt they received safe care. One Sister commented, "I feel safe here, there is always someone around that I can go to." Another Sister told us, "The staff make me feel safe."
- Risks to the Sisters had been assessed and care records provided information about how staff should support the Sisters to help ensure they remained safe from avoidable harm. These were tailored to the individual and were keeping people safe and well.
- Staff could describe in detail how they supported the Sisters to manage their health conditions and the risks associated with it.
- Systems were in place to ensure the safety of people in an emergency. For example, there were records in place which included the necessary information to ensure the safe continuation of the service in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. One staff member said, "If I saw abuse happening I would report it." Referrals to the local authority safeguarding team had been made appropriately.
- Staff had completed training in relation to safeguarding and a policy was in place to guide them in their practice.

Staffing and recruitment

- Safe staff recruitment procedures were evidenced within personnel files and checks had been made to ensure staff were suitable to work with vulnerable people.
- There were enough staff on duty to meet the Sister's needs.
- The Sisters told us their needs were met in a timely way.

Using medicines safely

- Medicines were administered by nurses whose competencies to administer medicines had been assessed.
- Medicines were stored securely and in line with legal requirements.
- Records of administration were maintained and completed accurately.
- The Sisters received their medicines when they needed them.

Preventing and controlling infection

- The service looked clean and was odour free.
- Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection and we saw this was used appropriately.

- Staff had completed infection control training and a policy in place to support them in their role.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. They were reviewed by the registered manager to look for any trends or themes.
- The registered manager took appropriate action following incidents to ensure lessons were learnt and to help prevent recurrence.

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.

Good - 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

- The Sisters care and support needs were assessed so care plans could be written to show how those needs would be met.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity.
- The Sisters and the Prioress were involved in this process. They were asked to provide important information about their prayer life as well as their likes and dislikes. This information was recorded in their care plan so care could be delivered in accordance with their needs and preferences.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- Staff were given opportunities to review their individual work and development needs through regular supervision and appraisal.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. For example, staff received training from the Prioress during their induction so they understood how the Sisters had chosen to live their lives and their religious history.

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

- Where the Sisters required a special diet this was catered for. The cook was knowledgeable about the Sisters dietary requirements and care records contained information about their dietary needs and preferences.
- The Sisters said they enjoyed the food. One sister told us, "There is always plenty of food and it's always good."
- The Sisters had a positive mealtime experience which happened in a relaxed environment with Sisters and staff chatting. The meal at lunch time was a social part of the day when sisters from the wider Lourdes community came to the service and sat down to eat with the Sisters living there. Tables were laid with cutlery, serviettes and flowers. Salt and pepper and sauces were available and vegetables were brought to the table. The Sisters could help themselves which promoted their independence.

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

- Staff worked with other organisations to deliver effective care and support to the Sisters. Staff sought advice from community health professionals such as the GP, district nurses and the palliative care team.

This supported staff to achieve good outcomes for the sisters and helped them to maintain their health.

- The Sisters told us staff were quick to seek medical advice for them when they were feeling unwell.

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

- The Sisters rooms were warm and personalised to meet their needs. There was reference to the Sister's religious beliefs within their bedrooms.
- The service had a small chapel that the Sisters could use when they wanted. The Sisters were also able to access the main chapel where daily mass took place.
- The service had a large garden that the Sisters were able to access.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The Sister's legal rights were protected because staff followed the principles of the MCA. We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the service. Where people were restricted by locked doors, their well being, safety, best interests and the least restrictive options had been considered and recorded.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity:

- The Sisters told us they were treated well and staff were kind to them. We observed a friendly and relaxed relationship between staff and the Sisters we met. One Sister told us, "The staff are great, really lovely."
- Staff knew the Sisters they were supporting well, including their needs and preferences. Staff spoke warmly of the Sisters they supported, and we observed positive, familiar interactions between them.
- Staff treated the Sisters as individuals and their choices and preferences were respected. We saw that staff understood the importance of the Sister's religion and respected the choices they had made.
- The Sisters told us they were treated with care and compassion. One Sister told us, "The care and compassion shown by staff is outstanding."

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

- The Sisters had consistently provided positive feedback about care and support in the questionnaires they had completed.
- The Sisters were involved in their care and supported to express their views. The Sister's preferences were documented in care plans and staff were knowledgeable about these. One Sister told us, "Staff are always there to help me and make sure I can do the things I want to."
- Staff took time to listen to the Sisters and showed genuine interest in what they spoke about. Staff listened to the Sister's views and responded thoughtfully and respectfully.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of the Sister's privacy and treated the Sisters with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. We observed staff promote the Sisters dignity and respect their privacy throughout this inspection.
- The Sisters care records were electronic. Staff accessed them via a computer, laptop or via electronic tablets. Staff were required to log onto the care planning system with a password, to access the Sister's care plans. This helped to ensure records and personal information remained confidential and could only be accessed by staff who needed to see it. Daily handover meetings between staff took place in the staff office to ensure confidential information about the Sisters using the service was discussed in a private setting.
- We observed staff promoting people's independence encouraging them to move and sit at the dining table to eat and encouraging people to eat.
- The registered manager provided a good example of how they met the Sister's equality, diversity and human rights. Staff received training in equality and diversity. We found the Sisters were supported to maintain their religious beliefs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The Sisters needs were assessed and from this care plans were developed. They were person-centred and reviewed every month. Care plans contained information to help staff understand how best to support the Sisters according to their needs and preferences. Our observations of care showed staff followed this guidance to provide person-centred care.
- There was a mix of paper and electronic care records as the registered provider was moving to electronic care planning.
- The service identified the Sisters information and communication needs by assessing them. Staff understood the Accessible Information Standard. The Sisters communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Evidence showed that the identified information and communication needs were met for individuals. For example, picture cards had been used to assist Sisters to communicate and the satisfaction survey was available in an 'easy read' version.
- Staff knew the Sisters well and how they liked to be supported. The importance of faith was embedded in the service and all staff understood the Sisters prayer life.
- The environment of the service was responsive to the Sister's beliefs and spiritual needs. The Sisters were able to attend daily Mass in the chapel which could be transmitted to the bedrooms and the communal area if the Sisters were unable to attend.
- The registered manager told us that the religious culture of the Sisters who lived in the service meant that having time for solitude, prayer and relaxation was important to them. A small chapel was available for the Sisters if they wished to use it.
- All the Sisters living at the service were retired teachers. The provider recognised that teaching had been an important part of their lives. The Sisters had regular contact with the students from the secondary school within the grounds of the service. The Sisters told us they enjoyed spending time with the students as it reminded them of their time teaching.
- The Sisters told us they enjoyed spending time reading. Since the last inspection the provider had changed an old office into a library that the Sisters could access a range of books. The local library changed the books every three months.
- The service celebrated important religious events. The Prioress and the Sisters were involved in the planning of activities for the events. The registered manager told us that they also celebrated birthdays and anniversaries with the Sisters.

Improving care quality in response to complaints or concerns

- The complaints procedure was on display in the home.
- All the Sisters we spoke with said they had never had to make a complaint about the service but would feel confident that if they did have to they would be listened to and their concerns addressed.

- The registered manager told us that that any complaints would be taken seriously and investigated. They told us action would be taken to ensure complaints were resolved in a timely way and feedback was provided to complainants.

End of life care and support:

- The provider had systems in place to support the Sisters at the end of their life to have a comfortable, dignified and pain-free death.
- The provider was working towards the gold standard framework. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. They were using the principles of the framework within the service. A picture of a lit candle was placed on the door of the person who was end of life, this made sure staff and people visiting the service were aware. Weekly meetings were held to talk about how staff could support people at the end of life.
- The Sisters were given the opportunity to express how they wanted to be cared for at the end of their life. This meant the Sisters could be supported to have a dignified death, in accordance with their own wishes.
- The Sisters were able to sit and pray with people who were at the end of life. This was an important part of their prayer life.
- All funerals were held in the chapel and so that the Sisters were able to attend. Those unable to attend were able to watch the service through a video link in their bedroom or the communal area.
- The nurse in charge described how the service worked closely with community health professionals when providing care to people at the end of their lives, such as their GP and the local hospice.

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.

Good - 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

- At the time of our inspection there was a registered manager in post. They were aware of the legal requirements regarding events which they are legally required to tell us about.
- The registered manager and staff demonstrated a commitment to providing a high standard of care both in their responses to our questions and in the care delivery we observed.
- Staff felt the registered manager supported them well. The Sisters and staff gave positive feedback about the leadership of the service.
- There were systems in place to measure and improve quality in the service. The registered manager had carried out a range of quality assurance audits which demonstrated their registered manager's oversight of the service. They looked for themes and trends and areas of concern were found to be addressed.
- Staff morale was positive and they all told us they enjoyed their jobs. One staff member told us, "I couldn't have found a better job." Staff at all levels were clear about their roles and responsibilities and staff worked effectively as a team. The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to the Sisters developing meaningful relationships with staff.

Continuous learning and improving care:

- The registered manager monitored the quality of the service and took action when issues were identified. For example, the introduction of professional boundary training.
- Staff told us the registered manager had made a positive impact on the service since they started in their management role. Staff told us the registered manager had engaged well with the provider to ensure improvements were made to the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff told us that they felt listened to and that they could approach the registered manager at any time. Staff understood the vision for the service and were engaged as a team in the continued development of the service.
- The provider, registered manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the service. Staff told us everyone was well cared for and they were all keen to provide high quality care.
- The management team positively encouraged feedback and acted on it to continuously improve the service.

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

- Meetings were held every eight weeks for the Sisters to raise issues and make suggestions. The Sisters told us they appreciated these meetings and felt that it allowed them to be involved with the running of the service.
- Staff attended staff meetings where they could share their views about the service. They were also asked for their opinions and feedback via one to one meetings with the registered manager and through annual surveys.
- The registered manager made themselves easily available to the Sisters, relatives and staff so they could share any concerns or feedback.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of Sisters in its care.

Working in partnership with others:

- The service worked collaboratively with a range of different health services and professionals to help make sure Sisters received the right support. Staff also worked with professionals from the local authority and clinical commissioning group who commissioned the care of some sisters living in the service.
- The service worked closely with the secondary school that was within the grounds of the service.