The Daughters of Charity of St Vincent de Paul

St Vincent's

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

St Vincent's is a care home providing personal care, accommodation and support for retired daughters from the Community of St Vincent de Paul and sisters from other religious communities. The home is situated in Southport town centre. It has four floors served by a passenger lift and chairlifts on the stairs. The accommodation is single bedrooms with a number of them having en-suite facilities. The home also has a chapel and jacuzzi room. The home can accommodate up to eleven residents.
This was an unannounced inspection which took place on 21 September 2016. The service was last inspected in January 2014 and at that time was found to be meeting standards.

The service had a registered manager in post. 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.

We were given very positive feedback from the people we spoke with who were living at St Vincent's. They told us they enjoyed living at the home and they were well cared for.

We reviewed the way people's medication was managed. We saw there were systems in place to monitor medication so that people received their medicines safely.

There were enough staff on duty to help ensure people's care needs were consistently met. We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We found recruitment to be well managed and thorough.

The manager was able to evidence a series of quality assurance processes and audits carried out internally and externally by staff and from visiting senior managers for the provider. These were effective in managing the home and were based on getting feedback from the people living there.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training and this was on-going. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. We found the environment safe and well maintained.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed, in that an assessment of the person's mental capacity was made and decisions made in the person's best interest.

The managers had made an appropriate referral to the local authority applying for authorisations to support a person who may be deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the application was completed and was continuing to be monitored by the manager.

Activities were organised in the home and these were appreciated by the people living at the home. The home had a very strong culture based around daily religious activity and strong attachments to the local catholic church community. This was supported by staff working in the home.

We saw written care plans were formulated and reviewed on-going. We saw that people were involved in the care planning and regular reviews were held.

We observed staff interacting with the people they supported. We saw how staff communicated and supported people. Staff were able to explain each individual person's care needs and how they communicated these needs. People living at St Vincent's told us that staff had the skills and approach needed to ensure people were receiving the right care. People were satisfied with living in the home and told us they felt the support offered met their care needs. People we spoke with said they were consulted about their care and we saw some examples in care planning documentation which showed evidence of people's input.

Care records showed that people's health care needs were addressed with appropriate referral and liaison with external health care professionals when needed. We saw an example during the inspection was the manager and staff liaised well with community services to support one person.

We saw people's dietary needs were managed with reference to individual needs. Meal times were a main feature of life in the home and provided an excellent social occasion.

People told us their privacy was respected and maintained. When we observed staff interacting with people living in the home they showed a caring nature with appropriate interventions to support people.

We saw a complaints procedure was in place and people, including relatives, we spoke with were aware of how they could complain. We saw that a record was made of any complaints and these had been responded to.

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.

We found good systems in place to ensure medicines were managed safely. These were consistently monitored.

Staff had been thoroughly checked when they were recruited to ensure they were suitable to work with vulnerable adults.

There were enough staff on duty to help ensure people's care needs were consistently met.

We found that people had had risks to their health monitored. Assessments and care plans contained necessary detail to help ensure consistent outcomes for people's health.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

There was good monitoring of the environment to ensure it was safe and well maintained. We found that people were protected because any environmental hazards had been assessed and effective action to reduce any risk had been taken.

Is the service effective?

Good

The service was effective.

Staff said they were supported through induction, appraisal and the home's training programme.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and care and treatment planned in their best interest.

The home supported people to provide effective outcomes for their health and wellbeing.

We saw people's dietary needs were managed with reference to

individual needs. Meal times were relaxed and well-paced with support offered by care staff.

Is the service caring?

Good

The service was caring.

People told us staff were caring and provided good support
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When interacting with people staff showed a caring nature with appropriate interventions to support people. Staff had time to spend with people and engage with them.
People told us their privacy was respected and maintained.

There were opportunities for people to provide feedback and get involved in their care and the running of the home.

Is the service responsive?

Good

The service was responsive.

There were daily activities planned and agreed for people living in the home based around a strong culture of religious worship and communal life. Other social activity was supported based on people choice and preference.

Care was planned with regard to people's individual preferences. We saw written care plans were formulated and regularly reviewed.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain. Complaints made had been addressed.

Is the service well-led?

Good

The service was well led.
There was a registered manager in place.

There were a series of on-going audits and quality checks to ensure standards were being maintained and the culture of the home was being supported. These were effective in identifying any issues and planning the development of the home.

The Care Quality Commission had been notified of reportable incidents in the home.

There was a system in place to get feedback from people so that the service could be developed with respect to their needs and

wishes. These included regular meetings and other formal processes to collect feedback.

St Vincent's

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 was an unannounced inspection which took place on 21 September 2016. The inspection was undertaken by an adult social care inspector.

We were able to access and review the Provider Information Return (PIR) as the manager sent this to us as part of the inspection. The PIR 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 also reviewed other information we held about the service.

During the visit we were able to meet and speak with seven of the people who were living at the home. We spoke with seven of the staff working at St Vincent's including care staff, ancillary staff and the registered manager and director of services who supports the management processes in the home.

We looked at the care records for three of the people staying at the home including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety and quality audits including feedback from people living at the home.

We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

Good

Is the service safe?

Our findings

During this inspection, we looked to see if there were systems in place to ensure the proper and safe handling of medicines. We found medicines were being managed safely.

People at the home had their medicines administered by the staff. People had a plan of care which set out their care and support needs for their medicines. Care records we saw confirmed that people were reviewed regularly by visiting GP's and this included medication reviews. People we spoke with said they had their medicines given on time and staff supported them well.

Each MAR (medicine administration record) contained a photograph for identification purposes and any known allergy. We checked a selection of MARs and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines. It was also easy to audit from the MAR's and we carried out a stock count of one medicine and found this correct. This meant the medicines could be accounted for.

We looked at the way external medicines [creams] were administered. Records we saw gave good detail regarding the cream and its use [where to apply and when]. Records were completed so that we could track when creams had been applied.

A protocol was in place for staff to follow when administering medicines to be given 'when required' (PRN). These were clear and gave staff the required information regarding their use.

Medicines were stored appropriately. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the drug fridge was recorded to ensure these medicines were safe to use [although the home did not have any current medicines kept in the fridge].

Controlled drugs were stored appropriately and we saw records that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. A system was in place to ensure the controlled drugs were checked, counted and recorded to ensure the safe management of these drugs.

There were no people having medicines given 'covertly' [without their knowledge in their best interest]. We saw that the medication policy included reference to this and staff knowledge supported good practice regarding consent.

Designated staff administered medicines and completed practical competencies in administration of medication as well as standard training. Staff were regularly assessed for competency and good practice. We saw details of the training completed.

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with

vulnerable people. We looked at two staff files and asked for copies of appropriate applications, references and necessary checks that had been carried out. We saw checks had been made and these were thorough to ensure staff employed were 'fit' to work with vulnerable people.

There were ten people living in the home at the time of our inspection [one of these was in hospital]. There was a senior carer and two other care staff on duty. The registered manager was in addition to these numbers. There were ancillary staff such as, an administrator, kitchen staff, and domestic cover. We saw that extra staff cover was provided if needed, depending on care needs. One person had been closely monitored and was in receipt of extra support to ensure their safety and this had been well managed by the provision of an extra staff at times.

Staff interviewed confirmed that the home was well managed in terms of staff numbers and support. Personal care needs were relatively low and staff told us they had plenty of time to provided positive social contact and support.

The observations we made evidenced staff were available. We observed staff attending to people and supporting them with meals and drinks. People we spoke with said staff supported them well with their personal care needs and there was always staff about. One person told us, "Staff are excellent, they are there when you need them." A staff member said, "We are not rushed and can spend time with the sisters.'' During the inspection we made observations in the day area/lounge and spoke with people living at St Vincent's, all of whom could give an opinion. The feedback was consistent in that people felt there were enough staff.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility, pressure relief and the use of bed rails. These assessments were reviewed regularly to help ensure any change in people's needs was assessed to allow appropriate measures to be put in place. One person had been recently assessed as being at risk regarding their mobility and had been carefully assessed to ensure they could maintain as much mobility and independence as possible whilst ensuring the remained safe. Another person told us, "Staff will keep us as independent as possible – it's very important."

We made observations of people living at the home and they appeared relaxed in the company of the staff. People said they felt safe. One person said, "I know I'm so lucky to be here, I feel it's my home."

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw that the local contact numbers for the Local Authority safeguarding team were available to staff. There had been no safeguarding incidents at St Vincent's.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. We pointed out two areas that needed immediate attention and monitoring and these were attended to immediately. We saw the general environment was safe.

We saw how accidents and incidents were monitored in the home. All accidents were recorded and sent for review by senior managers. Statistics for accidents and incidents were recorded and discussed at senior board level for analysis and to see if any trends could be identified.

A 'fire risk assessment' had been carried out and updated at intervals. The PIR for the service stated: "Health and safety (and) departmental meetings are held and regular fire drills and training in use of equipment for staff'. We saw personal emergency evacuation plans [PEEP's] were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. We spot checked safety certificates for electrical safety, gas safety and kitchen hygiene and these were up to date. We saw an audit for infection control had been carried out in January 2016 by Liverpool Community Health and any recommendations made had been actioned by the home. This showed good attention with regards to ensuring safety standards in the home.

Good

Is the service effective?

Our findings

We looked to see if the home was working within the legal framework of the Mental Capacity Act (2005) [MCA]. 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.

We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately. The example from the inspection was for a person who had a history of confusion and was at risk form wandering to areas in the home of higher risk. The person had been carefully assessed as some restrictions had been put on place to ensure safety. We saw the assessments had taken into account the issue of consent and the standard two stage mental capacity assessment had been used as part of the process evidencing good practice.

There had also been liaison with the Community Mental Health Team (CMHT). This process showed a good understanding of the principals of the MCA and how they should be applied to ensure people's rights are protected as well as good liaison around the person's health care needs.

We saw other examples where restrictions had been applied regarding people's care; for example one person had been assessed as requiring bedrails to help ensure their safety. We saw that the use of these had been consented to by the person concerned.

We saw examples of DNACPR [do not attempt cardio pulmonary resuscitation] decisions which had been made and we could see that people had been consulted and when necessary the person involved had been assessed regarding their capacity to make this decision.

People can only be deprived of their liberty so that they can 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). 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 were being met. We saw the applications for one person and saw the application had been made appropriately with the rationale described.

We observed staff provide support at key times and the interactions we saw showed how staff communicated and supported people and asked their consent to care. When we spoke with staff they were able to explain each person's care needs and how they communicated these needs.
We reviewed the care of three people on our inspection as well as asking about aspects of other people's health care and how effective this was. The information sent to us before the inspection in the PIR told us, 'We receive support from healthcare professionals as needed to support effective care. E.g. occupational therapy ,physio team, dietician , district nurses , Falls assessment team ,GP, chiropodist, social workers and

follow advice to ensure effective care is delivered'.

Each person's care file included evidence of input by a full range of health care professionals. If people had specific medical needs we saw these were well documented and followed through. For example, one person had a high care dependency needs and was cared for long periods in bed. We saw there was good attention paid to the monitoring of the person's skin integrity and any concerns were referred for health care support. The palliative care team were involved and had been so over the past 12 months. We saw that care records had been regularly reviewed and updated with reference to any external health support needed.

People living at the home told us staff had the skills and approach needed to ensure they were receiving the right care with respect to maintaining their health. We looked at the training and support in place for staff.

The Provider Information Return (PIR) told us: 'All training is evidenced on the training matrix and highlights review dates, Certificates are held in personal files with an individual training / development record kept up to date'.

We saw that all new staff had completed an induction and the Care Certificate which is the government's recommended blue print for staff induction. We spoke to one staff who had completed this induction and had also gone on to complete further training. We were told, "The manager really encourages training. She wants us all to have level 3 [Diploma in care]." The registered manager confirmed that care staff had a qualification in care such as QCF (Qualifications Credits Framework) and we saw evidence that nearly 100% had completed these courses and attained a qualification. Some staff had received additional training in specific areas of care need such as dementia care, palliative care, pressure ulcers, diabetes and hydration.

We asked about staff meetings and we were told that issues get discussed on a regular basis. Staff we spoke with at the inspection reported they were asked their opinions and felt the registered manager listened and acted on feedback they gave. All of the staff we spoke with told us they had regular supervision sessions with the registered manager and this provided good support.

People told us the provision of meals was 'excellent'. We saw that menus had been carefully devised with the full input of the people living at St Vincent's. One person said, "The meals are excellent; a lot of trouble is taken by the staff." We observed the lunch time provision in the dining room. This was a very social occasion and meals were served with very good attention to etiquette and social interaction. People were supported appropriately by staff in attendance. Tables were always laid to a high standard with table clothes and condiments. The meal served was over four courses and provided for a very enjoyable experience for people.

We spoke with the cook who was knowledgeable regarding any special diets required although there were none at the time of the inspection. We were told that the full menu was reviewed at least every six months with the people living in the home.

Good

Is the service caring?

Our findings

People we spoke with were positive regarding the way they were treated by staff and the support they received. Comments received included, "The staff are outstanding. They are well managed and they go the 'extra mile' to help", I love it here. The staff are very caring", "Staff are lovely. I'm very lucky to be part of this community. We're well looked after" and "It's like a family here. It's a really lovely atmosphere."

We made some observations of how staff interacted with people. Staff were seen to have very positive relationships with people and encouraged a good communal atmosphere. The interactive skills displayed by the staff were positive and people's sense of wellbeing was evident when being supported. Throughout the inspection we made many observations of staff supporting people who lived at the home in a timely, dignified and respectful way.

We found a very strong culture of support for people in the home based around the shared community values of the Daughters of Charity. The PIR stated: 'Pastoral support is available via a Sister from Mill Hill once a month or more frequently if needed and with the Director of Services who lives at St Vincent's and holds separate meetings and acts as an advocate [for people] as needed and feedbacks any comments made both positive and when there is a need for improvement'.

When we spoke with the people living in the home we were told that the Director of Services acts as 'next of kin' as this is part of the cultural and family support of the community and is agreed by the Sisters living at St Vincent's. This formed the basis of the advocacy system in the home. One person told us, "If I have any concerns I see Sister [Director of Service] and she sorts it out for me."

We found there were no restrictions to visiting and there are a number of daily visits from people in the church and nearby community. The PIR stated, 'St Vincent's arrange daily MASS ,retreats ,trips to Ireland to see family, holidays and guests stay over in the visitor room. Family and friends spend time as they wish with the Sisters. Most days there are additional guests for lunch; some planned, some unplanned'.

All of people spoken with told us they felt they were listened to and staff acted on their views and opinions. We saw that meetings were held on a regular basis with the people living at the home. Surveys were also sent out to canvass opinions and get feedback. These were given out and collated by the Board of Trustees. We saw the feedback was very positive including comments such as, "Staff always treat me with respect" and "Staff have been very kind when dealing with any concerns I have."

Good

Is the service responsive?

Our findings

The strong religious values form the base of care and daily life at St Vincent's. One person we spoke with told us, "We spend time in prayer and attending Mass. We have links with the local church and priests attend daily. This forms the basis of the life here." We found that staff were fully aware and involved in the cultural values. The PIR told us: '(we have) plans to include all employees …..to ensure we maintain the shared values'. One staff member said, "It's like a family here."

We found other activities and pastimes were encouraged and these were based around people's individual preferences and interests. For example two people were involved in learning computer skills. We also spoke with two people over lunch who told us about regular trips out locally and visitors who came to entertain such as a local lady who played the organ. We were told, "There are plenty of things to do."

People living at the home had individual care plans. These contained information and guidance for staff on people's health and social care needs, their preferred routine, daily records of the care and given by the staff and input from external health and social care professionals to oversee people's health and wellbeing.

We saw care plans for areas of care which included mobility, nutrition, personal hygiene, falls, people's routine and medicines. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded good detail so that staff support was provided in a way the person wanted and needed to maintain their health and wellbeing. For example, for a person whose mobility was poor, a full assessment and mobility care plan was seen which was clear and easy to follow. The staff carrying out the assessment had completed an assessor's course and also was involved in training the staff in the home.

Care plans were reviewed regularly and these reviews provided an over view of the person's care and reflected any change in care or treatment. Where equipment had been assessed as needed to ensure people's safety, for example, risk of falls this was in place and recorded. Body maps were used to record skin tears or bruising as part of monitoring people's skin integrity with a plan of care should a person require pressure area care or wound care.

We saw care files were being reviewed by nursing and care staff regularly. We saw evidence of people being involved in their care planning; we saw that people had signed their care plan and in others they had signed to say they had seen their care plan or it had been discussed with them. The Director of Care, as next of kin was involved in care reviews.

We saw a complaints procedure was in place and people we spoke with were aware of how they could complain. People told us they had regular meetings with the Director of Services who would represent any concerns if needed. We saw there was a record of complaints made and these were audited and discussed at senior management level if needed. We saw that complaints had been investigated and responded to by the registered manager of the home.

Good

Is the service well-led?

Our findings

There was a registered manager who was supported by the Director of Care. Both were present throughout the inspection and attend the home on a daily basis. There was a clear management structure supporting the home with all levels of management and supervision having active input into the home. We were told by both registered manager and Director of Care that the Daughters of Charity had very clear systems in place to monitor standards and these included a strong emphasis on feedback from people living in the home. The Christian values give a strong focus to the running of the home and were central to the culture of the life at St Vincent's. The values are evident throughout the literature produced including the homes Statement of Purpose which we saw.

The PIR for the home reinforces the shared approach to the running of the home: 'Team meetings and one to one time is made available for all the team to ensure everyone feels confident to speak up and feel part valued for the work they do. Annual feedback is requested from all the team and outcomes and feedback is then discussed and displayed to allow transparency. Actions are then set up to identify how we can work on the concerns raised and how we can utilise and put into practice new ideas within the team'.

From the interviews and feedback we received, both registered manager and Director of Care were seen as open and receptive. One staff said, "This is the best home I've worked in. The managers are excellent – best I've seen. They set very high standards but are also very approachable." A person living at St Vincent's said, "We are involved in everything." We saw the results of a staff survey from 2015; good feedback was recorded for the open lines of communication and staff knowledge regarding the vision and values of the service.

We reviewed some of the quality assurance systems in place to monitor performance and to drive continuous improvement. The registered manager was able to evidence a series of quality assurance processes and audits carried out internally and externally from the Board of Trustees. For example the regular medication audit, care plan audits and various health and safety and environmental audits. This had helped to ensure the home was being monitored in key areas.
We saw audits had been carried out on accidents and incidents, infection control, infection control, care planning and medication.

We were told by the Director of Care that a quality audit was carried out three monthly by a member of the 'leadership team'. The same person also is responsible for providing supervision for the registered manager. This was confirmed by the registered manager who told us the system works well and is very supportive.

A key process to the monitoring of the home was the departmental management meetings which were held every 12 weeks to bring everyone together to review and discuss the various service audits. We saw some evidence of how this works when we looked at an external audit by Liverpool Community Health (LCH) regarding infection control. The results of this had been discussed and the recommendations made at the time had been acted on.

The registered manager was aware of incidents in the home that required The Care Quality Commission to

be notified of. Notifications have been received to meet this requirement.

These systems had assisted the registered manager and Director of Care to have clear priorities for the home.