Sisters of Charity of St Paul the Apostle

St Paul's Convent

Inspection report

The Infirmary
94 Selly Park Road
Birmingham
West Midlands
B29 7LL

Tel: 01214156107

Date of inspection visit:
07 June 2016

Date of publication:
04 July 2016

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 the 07 June 2016. The service was last inspected in July 2014 and was meeting all the regulations. Saint Paul's Convent provides accommodation for a maximum of 26 retired nuns, some of whom require nursing care. The nuns living at this service are referred to as 'Sister's'. There were 24 Sister's living at the home at the time of the inspection, as the registered provider has commenced work to refurbish some parts of the home, and had reduced the number of Sister's it would care for.

The service has a registered manager who was present throughout the 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.

The Sister's told us they felt safe living at the service. Staff were aware of how to recognise possible signs of abuse and the need to report any concerns. We saw there were enough staff available to meet individual requests for support in a timely manner.

Medicines were given safely and there were systems in place to monitor medication administration.

Staff had a good understanding of the Mental Capacity Act (2005) and could explain how they put this into practice when supporting the Sister's. Staff received sufficient training to provide care based on people's individual needs.

The Sister's had their healthcare needs met and received support to maintain their nutritional and hydration needs. The Sister's were treated with dignity and respect and their independence was promoted.

The Sister's told us they were happy with the care provided and that staff were kind and caring and knew people well. The Sister's were involved in planning their own care, and we received feedback that the care provided met people's individual preferences. Staff that we spoke with were enthusiastic about their role and could describe how each Sister preferred to be supported.

There was opportunity for people to join in activities. The service had resources for activities at the home and also engaged with the wider community to provide external activities for people. The Sister's had opportunity each day to express their faith, both individually and corporately.

The Sister's were aware of how to raise concerns and were confident that any concerns raised would be dealt with in a timely manner.

The Sister's, health professionals and staff were happy with how the service was managed. The registered

manager had ensured that the quality of the service was monitored and sought feedback. Staff felt supported in their role and felt able to make suggestions for improvements to the service.

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.

Medicines were given safely.

Staff were knowledgeable about safeguarding people and knew the appropriate action to take should they have any concerns.

There were sufficient suitably recruited staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who had knowledge about their individual needs.

People were involved in making decisions about their care.

People had their healthcare needs met.

People received appropriate support to have their nutritional and hydration needs met.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach. We saw that staff knew each Sister well.

The sister's individual needs were incorporated into care planning.

The sister's were encouraged to be independent and their privacy and dignity respected.

Sister's approaching the end of their life could be certain their nursing care and spiritual needs would be well met.

Is the service responsive?

Good

The service was responsive.

Sister's were supported to take part in activities which they enjoyed and which reduced the risk of social isolation.

Care was reviewed to ensure it still met each person's needs.

There were systems in place to manage concerns and complaints.

Is the service well-led?

Good

The service was well led.

The sister's were happy with how the home was managed and staff felt supported in their roles.

The registered manager was aware of their responsibilities to the Commission.

There were systems in place to monitor the quality and safety of the service.

St Paul's Convent

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 was planned to check 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 unannounced inspection took place on the 07 June 2016 and was carried out by one inspector, an expert by experience and a specialist advisor. An expert by experience is someone who has experience of caring for someone who uses this type of care service. A specialist advisor is a health care professional with training and experience related to the needs of the people using the service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. The provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the local authorities who commission services from the provider for their views of the service.

We spoke with eight of the sister's who lived at the home. We met all the other sister's who lived at the home. Some of the sister's were unable to communicate verbally due to their health conditions. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager and in detail with three staff. We looked at records including parts of four care plans and medication administration records. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

We asked the sister's living at the home if they felt safe. They told us they did and their comments included, "Yes, I do, the staff are very quick to respond. There is no unkindness, on the whole they are all very good. They come quickly if I call them," and "Yes, I do feel safe." Some people were unable to verbally tell us about their experiences and we used our Short Observational Tool for Inspection (SOFI) to help us understand the needs of the sister's who could not talk with us. Our observations showed that the atmosphere in the home was calm, and we saw the sister's receiving the help they required when they needed it. Occasionally we observed that the sister's needed the support of staff to re-assure or comfort them. This was provided promptly and always with compassion. We observed members of staff supporting to move and we saw this was undertaken safely.

Members of staff that we spoke with confirmed they had received recent training in safeguarding adults. Staff we spoke with were able to recognise signs of abuse and explain the action they would take in the event of abuse being witnessed or reported to them. This would help to keep people safe and ensure prompt action would be taken in the event of a safeguarding concern being raised. Staff we spoke with were able to describe a wide range of actions they undertook in their day to day work that ensured people were kept safe. These included checks on the premises, helping people to move position to protect them from developing sore skin and offering people comfort or reassurance if they became distressed or anxious.

The registered manager and the provider had developed systems of monitoring and tracking events that related to people's safety. We found that the registered manager involved external health professionals including specialist nurses and the GP to ensure that any themes or trends could be identified and action taken to develop or change the practices within the home to support the sister's in the ways they required. The sister's whose care we looked at in detail had risks relating to their health conditions. These had also been assessed and action planned. Action had been taken to mitigate these risks as far as possible.

During the inspection we observed the sister's needs being met promptly and calmly by adequate numbers of staff. The registered manager explained how they kept the staffing levels under regular review taking into account the changing needs of the people living in the home. At the time of our inspection one sister was very close to the end of her life, and additional staffing had been utilised to ensure she received the care and support she required. The sister's and the staff we spoke with told us there were enough staff. Staff we spoke with and our observations confirmed that people did not have to wait undue lengths of time for support.

We looked at the recruitment records for three members of staff. Two of the staff records we looked at in detail showed that staff had been recruited by a previous organisation responsible for the running of the home. We could not see that checks had been made to ensure they remained suitable to work in adult social care. One more recently recruited staff member did not have evidence on file that the required checks had been made. These records were available at another of the providers offices, and we received confirmation that the person was suitable for the work they had been employed for. Staff we spoke with confirmed that they had not been able to commence work until the necessary checks had been completed and returned. This ensured people were only supported by staff that were suitable to work in adult social

care.

Plans were in place to upgrade the premises. Equipment we checked had been well maintained, and we saw evidence that all the required services and checks had been undertaken as required. This ensured the equipment was safe to use.

We looked at the medicines management within the home, and tracked the medicines of four people in detail. We found that medicines were being well managed and people were receiving the medicines they had been prescribed at the correct time. One sister we spoke with told us," They are safe with the medicines, they make sure you take them. They are given on time." Another sister told us, "If you need painkillers, it is never a problem. They are very attentive." The home had reference copies of professional guidance which ensured nursing staff always had access to best practice information concerning medicines. We looked at the stocks of tablets and compared these against the records maintained by the nursing staff. We found that all medicines were being stored, administered, recorded and managed safely.

Good

Is the service effective?

Our findings

The sisters we met told us with confidence that the staff were able to meet their needs. Comments we received included, I feel very confident that they will be able to take care of me," and "I don't know how I would manage if I wasn't here. The staff are wonderful. They help me whenever I need them."

Staff we spoke with confirmed that they had been provided with support and training to help them undertake their work safely and to meet people's needs. We looked at the providers record of training and found that training was provided which would ensure staff had knowledge about basic care principles and information about safe working practices. Arrangements were being put into place to ensure staff that were new to adult social care could access the Care Certificate. The Care Certificate is a nationally recognised induction course that should be offered to staff to provide them with a general understanding of good care practice. None of the recent staff who had started work at Saint Pauls had required this. Our inspection found that both the registered nurses and care staff had been provided with the specific skills and knowledge they required to meet the complex, varied and changing needs of the sister's. This had contributed to people's needs being well met, and in accordance with good practice guidelines.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

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 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 found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. During our inspection we observed staff seeking the consent of the sister's before offering or delivering personal care or support. We saw that where possible people were encouraged to maintain their independence.

The sister's told us, and records were available to evidence that people got the support they required to see a wide range of health professionals. One sister confirmed, "We have excellent medical attention. The staff will call people in that we need, or help us get out to appointments." Talking with people and our review of records identified that people's health needs had changed over time. We saw that these changes in people's well being had been identified by staff. Staff undertook regular health checks to ensure more subtle changes in people's well being were identified. Staff took prompt action to get people medical treatment when this was required.

At lunch time the food looked and smelt tasty, and feedback we received from the sister's was positive. Comments included, "The lunch isn't bad at all. We recently had a questionnaire from the cook. I would like

more variation with the vegetables, not just carrots and peas but I suppose they have to consider the budget for these things. There are adequate portions and we are given a menu to choose from. If I wanted a snack I suppose I could have one but I tend not to want any," and "I can have what I like and I prefer my tea at six pm. We are given a good choice of food daily" and "The menu is very good, the food is perfect." We looked at the action taken to increase the variety of vegetables served, and saw that this had improved since the feedback was received.

We observed the lunch service and witnessed staff tending to the sister's needs. The atmosphere was calm and pleasant. Salt and pepper were available on both the tables and trays taken to people's rooms, when people had chosen to eat in their room. A cold drink was offered. People told us the staff provided the support they needed to eat. One comment was, "Staff help me to cut up and eat my food. I use a spoon as it is easier. I couldn't fault the food." We observed staff offering discreet support to people with eating and drinking.

Good

Is the service caring?

Our findings

We looked at the arrangements made to help the sister's plan and receive the care and support they wished for at the end of their life. We looked in detail at the care and support given to one person who was at the end of their life. We found they had been well supported to ensure their physical and spiritual needs would be met. Specialist hospice nurses and the GP had been consulted and were supporting the staff with the sister's care. A relative said to us, "Staff are kindness itself. Where else would this level of compassion be matched?"

People we spoke with gave positive, specific feedback about the care individual staff had given them. Comments from the sister's included, "They [the staff] have too much to do, but they are very good and very kind. I am happy," and "They are very good staff who are very kind to me. They respect my privacy. I like a rest in the afternoons and they respect my wishes. The staff here are alright, some more than others but the night staff are very good."

During the visit we witnessed care being delivered with warmth and compassion. The sisters had been supported to maintain their appearance and were well dressed in clothes of their choice. We observed compassionate and individual care where staff provided the sister's with reassurance and comfort. We saw that this often brought people happiness and relief from their confusion or distress. Following good practice guidelines for people living with dementia the registered manager had made baby dolls and some soft toy pets available to people. We observed two people who appeared to enjoy and gain comfort from interacting with these. We looked at the care of one of these people in detail and found the use of the doll had been detailed appropriately in their care plan. Staff we spoke with were aware of why and how the doll was being used. While at the service we witnessed a sister who was upset being given attention to reassure her. We observed a sister who was wandering and described feeling 'lost' to be gently reassured and re-directed. These interventions were both compassionate and effective, and ensured the sister's felt secure and confident within the home.

The sister's living at St Pauls had been supported both by the homes own staff and by members of the wider Catholic community to maintain their faith. We saw that opportunities were provided each day for both personal and group worship. Significant holy days within the religious calendar were observed and celebrated. Around the home were religious pictures and statues that were in keeping with the sister's faith and beliefs.

The sister's told us that staff always maintained their privacy and dignity. Comments we received included, "They always knock my door and ask permission, I have never known anyone just come barging in," and "I am always shown respect and dignity." We witnessed people being hoisted in communal areas of the home. To ensure the sister's dignity was maintained staff fully screened the area thus respecting her privacy.

Good

Is the service responsive?

Our findings

We saw care staff delivering personalised and individual care that was meaningful and effective. The staff we spoke with were aware of each of the sister's individual needs and preferences. The care records we viewed were individual to each sister, and had been reviewed with each sister when they were able to do this. One of the sister's we spoke with told us, "The nurses talk to me about my care plan and the records they have to keep. I'm happy with how they support me. They know me well now."

The sister's we met informed us that a wide range of activities were available each day. There was an opportunity each day for both personal and corporate worship. Members of the wider faith community visited people in private and communally to talk about and explore issues related to faith. Special religious days were celebrated, and we saw for example a series of studies related to Holy week and Easter had been provided. The sister's we met spoke with enthusiasm about exercise classes that were held at the home, and about the development of a garden on the first floor balcony. Feedback we received included, "We have exercises usually on a Tuesday but the sister is on holiday today. Sometimes we play games too. I have a radio in my room. In nice weather they take me out in the wheelchair in the garden", and "We have a choice. We have visitors from outside. A member of staff does exercises with us and there is also a gentleman who comes in to do exercises with us." Another sister told us, "We do exercises and a gentleman visits to do exercises with us on a Wednesday. We have other visits, we had a small pony brought to see us recently! I like to keep my brain active so I do crosswords. I don't need to go out but if I wanted to I can. We can go to the gardens. We also have a gardeners club. Some people went on a trip to the Botanical Gardens."

There were systems in place for staff to share important information about the people they were supporting. This included handovers between staff teams that occurred at key points during the day. The registered manager held meetings throughout the month for the Sister's and staff. We saw that concerns and feedback gained at each meeting were shared with the appropriate people and discussed. This meant everyone was aware of issues for improvement and this improved consistency of support which was of importance for the people living at the service. The sister's told us that they felt able to raise any concerns or complaints should they need to and understood the process to do this. We saw that the complaints procedure was available. The sister's told us, "We are asked our opinions and yes, they are listened to but I am not the type of person to complain," and "Yes, they do really listen. We have a meeting monthly. I can express my views. They listen and act on them if it's possible. I raised the issue of the coffee going cold on the trolley so they put the water in a flask now." Another person told us, "If I had a complaint I would take it up with the individual. There are monthly meetings where you can make suggestions and they are good, they do act upon them."

We looked at the work undertaken to investigate and resolve complaints. We found issues had been investigated thoroughly and the people involved had been provided with feedback about the findings and action taken.

Good

Is the service well-led?

Our findings

The sister's were happy with the management of the service and commented, "The registered manager is a very good lady. I can talk to her. She sometimes comes round. It is a well run home, in fact excellent," and "The manager is very good. She always does her best and listens. The deputy is good too. It is well run. The manager drops in regularly out of normal hours."

Staff that we spoke with felt supported in their role and were happy with how the home was managed. The service had a clear leadership structure which staff understood. The registered manager was supported by a deputy manager and registered nurses. The registered manager knew their responsibility to inform the Commission of specific events that had occurred and was aware of what new regulations meant for service delivery. The registered manager informed us of different ways they kept up to date with developments in health and social care and how they used this knowledge to improve service delivery.

Staff meetings took place regularly to enable staff to share suggestions for improvement, raise concerns and develop their knowledge in developments in the care sector. Some of the staff meetings provided opportunity for reflective practice. These sessions provided staff with the chance to consider events and their response to them. Doing this promoted openness and trust within the staff team, and provided opportunity for staff to share good practice.

The sister's had recently been asked to complete questionnaires that sought their opinion of the quality of the service. Most of the comments were positive. Where actions were identified we were informed these would be followed up. The registered manager advised us that an action plan relating to the feedback would be developed to ensure feedback provided in the questionnaires was used to develop the service.

The registered manager was able to demonstrate the effectiveness of the wide range of audits undertaken by herself, other senior members of staff and people working on behalf of the registered provider. We saw that these ensured the safety and good quality of the service were monitored continuously. Where any actions for improvement were identified these were planned, and evidence was available to show how the work had been completed. The service offered at Saint Pauls had been reviewed recently by one of the local authorities responsible for purchasing the care. The audit found that the service offered was very good, and this was reflected in the high audit score, and risk assessment rating of green.(Good) The service had been also been assessed by external teams to check the standards of food hygiene and infection control. Both audits scored the service very highly, which confirmed the registered managers own checking systems and audits had been effective. People could be certain the service they received was regularly reviewed and continually looking for ways to improve.