

Saint John of God Hospitaller Services

Elmthorpe Convent

Domiciliary Care

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

About the service

Elmthorpe Convent Domiciliary Care is a domiciliary care agency providing care to people [sisters] of Saint John of God Hospitaller Services in their own rooms within a purpose built building laid out over two floors at Elmthorpe Convent in Oxford. At the time of our inspection five people were receiving the regulated activity of personal care from the service. Not everyone using the service received personal care. CQC only inspects where people receive personal care, which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were kept safe from abuse and harm, and staff had the training, knowledge and experience to report any suspicions concerning abuse. The registered manager had systems in place to report and investigate concerns. Risks had been assessed and in place to manage the risk of harm to people. There were sufficient staff available to keep people safe and meet their needs. Recruitment processes and checks were in place to allow the registered manager to make safe recruitment decisions.

Staff members were trained to enable them to safely meet people's needs. Records evidenced that supervision meetings for staff were held regularly and staff told us they were well supported to perform their roles. People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible and acted in their best interests; the policies and systems in the service promoted this practice.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed, and people were involved in the reviews. Staff supported people to maintain their faith and familiar lifestyle within the convent setting. People felt part of their community, within the convent and remained in close contact with the convent sisters. Being part of their lifelong 'family' gave people a sense of purpose and wellbeing. This gave an atmosphere of calmness and serenity in the building.

Relatives and staff spoke highly of the management; they found them approachable and supportive. Staff were given appropriate responsibility which was continuously monitored and checked by the manager. There were effective systems to monitor, maintain and improve the quality of the service and the registered manager worked closely with the senior sister to ensure care and support were provided appropriately, and in keeping with the ethos and traditions of the order.

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

Rating at last inspection and update

This service was registered with us on 12 April 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of an unrated service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Elmthorpe Convent Domiciliary Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means the provider and registered manager were legally responsible for how the service is run and for the quality and safety of the care provided.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 July 2022. We visited the location's office on 14 July 2022.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

All the people at the service were living with sensory impairments and/or dementia so we were unable to speak with them. During the inspection, we spoke with two people's relatives, two care staff, the registered manager and the senior sister. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for three people, staff training records, three staff recruitment files, quality assurance audits, medicine records, and records relating to the management of the service.

After the inspection

Following our visit to the office we continued to gather evidence and we contacted six care staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us people were safe. One relative said, "I'm happy my sister lives there, she's safe and they look after her nicely."
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. One staff member said, "If I had concerns regarding abuse, I would report these concerns to my line manager, should it be safe to do so, and I would complete a safeguarding." Another said, "Any form of abuse should be reported to my team leader and manager."
- Systems were in place to safeguard people from harm and abuse. The registered manager told us that all safeguarding concerns would be recorded and investigated by the service.

Assessing risk, safety monitoring and management

- The registered manager had completed risk assessments for people. These included risks associated with mobility, eating and drinking and the environment.
- Clear guidance was provided to staff to help them manage risks. For example, one person was at risk of falling. Staff were guided to ensure the person was wearing appropriate footwear and their glasses. Staff also ensured good lighting to avoid falls.
- Risks were regularly reviewed, and people were supported by regular staff who understood their needs and knew them well. This meant staff could respond quickly if changes were identified.

Staffing and recruitment

- Staff recruitment checks were carried out to ensure only suitable staff were recruited.
- There were sufficient numbers of staff available to keep people safe and meet their needs. A member of staff told us, "Yes, I do believe there are enough staff at the service generally. We manage to meet the Sisters needs on a daily basis. However, on very busy days, the service could benefit from one additional carer." The registered manager told us, "I work on the floor on very busy days." We saw planned staffing levels were consistently maintained.

Using medicines safely

- People received their medicines as prescribed. The service used an electronic medicine management system. The registered manager told us, "This system makes managing medicines so much easier and greatly reduces the risk of errors."
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Staff's competency to administer medicine was regularly checked and recorded.
- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- Where appropriate, accidents and incidents were referred to the local authorities and advice was also sought from health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People had their needs assessed before care was provided. This ensured their care needs could be met in line with current guidance and best practice. These included people's preferences relating to all their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs. For example, relating to their religion and faith.
- People's risk assessments and care plans considered all aspects of their health and lives.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction and training that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through regular supervision. One staff member told us, "Yes I do feel well trained and this gives me confidence within my job role." Another said, "I think I am given good support here."
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People were supported to maintain a healthy diet. People's care plans listed people's dietary needs and preferences. Staff told us that they supported people with their meals and drinks during the day to ensure people had a balanced diet.
- Meals were provided from an onsite kitchen in line with people's needs and preferences.
- Care plans contained details about how to support people at mealtimes. These listed details of what people preferred to eat and drink and how best to support them.

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

- The registered manager, staff and the senior sister worked closely together to ensure people's health, wellbeing and faith needs were met. They communicated with each other reporting any changes or issues.
- The registered manager told us they had worked on a regular basis with any external agencies and had made referrals as and when necessary.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported by staff who applied the principles of the MCA in their work. One staff member said, "I am able to cope at work with the mental capacity act as I am aware of the sisters as individuals and their different needs, and I am aware that things can change from one minute to another."
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions.
- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs. Relevant consent was gained from people and was recorded in their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's relatives told us about the support people received from staff. Their comments included; "I met her [person] last October , she was quite happy and looked gorgeous. The staff are very friendly and helpful. They always try to talk kindly with my sister" and "She [person] is always very happy to live in Elmthorpe Convent, she has been living there for 20 years and she is 100 plus."
- Staff were fully aware and understood the need to support people's beliefs, lifestyles and traditions. People's routines were aligned the convents where possible to allow people to remain an integral part of their family and community. For example, convent prayer times were adhered to, where people wanted to attend. This meant people were following long standing and familiar routines that were important to them.

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

- Care plans were developed with people and relevant health and social care professionals.
- People were asked for their views of the service. For example, the registered manager regularly discussed people's care with them and the senior sister.
- Staff told us they involved people in their care. One staff member said, "I involve the sisters in their care by giving them options as to how they would like care to be delivered and by constantly checking in to ensure they are comfortable with care being delivered. "

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in a very respectful manner referring to the person as 'sister' maintaining their dignity as a member of their order and community. Care plans reminded staff to respect and treat people with dignity.
- Relatives told us people were treated with respect. One relative said, "I am satisfied with the way they treat her and give her respect."
- People were treated with respect and their dignity was preserved at all times. Staff told us they would ensure doors and curtains were closed when carrying out personal care.
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and tailored to each individual. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- The service responded to people's needs. For example, one person living with dementia and was struggling with their memory. The person was referred to the memory clinic where they were assessed and prescribed a specific medicine. This improved their condition.
- People's care plans were personalised and regularly reviewed. People were involved in their reviews supported by staff and the sisters, where appropriate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and recorded. Staff were provided with guidance on how to promote effective communication. This included guidance relating to communication aids such as glasses or hearing aids. One staff member said, "I include them [people] during care by communicating, listening, body language, asking, if they are verbal, what I can do to make things better for them."
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. For example, some people had schedules provided in picture format so they could easily understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that mattered to them, such as family and friendship. This promoted people's well-being and helped to prevent social isolation. For example, people were supported to follow, where possible, the convents routines and people could attend prayers and other activities at designated times of the day. Another person was supported to visit a local school. This was important to them as they had been a teacher for many years. Feeling part of convent life provided a sense of belonging for people.
- A relative commented on this unique service. They said, "The staff and nuns know better the needs of the

retired sisters."

Improving care quality in response to complaints or concerns

- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. An up to date complaints policy was in place.
- Systems were in place to record and investigate any complaints. No complaints from people had been recorded.

End-of-life care and support

- Currently, no one was being supported with end of life care and palliative care needs.
- The provider had systems and procedures in place to identify people's wishes and choices regarding their end-of-life care. Care plans contained detailed end of life wishes and all of the people had stated they wished to die in the convent.
- The registered manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate services if needed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us the service was well-led and they were kept informed. Their comments included; "I don't have a chance to meet the manager but yes, they always keep informing me how she is" and Sister [name] rings me and explains in a polite and friendly way about her health."
- The registered manager was open and honest throughout the inspection and was keen to give us an insight into this unique service.
- People's views and decisions about support were incorporated in their support plans. This helped staff to support people in a way that promoted people's wellbeing and fostered a sense of belonging.
- The registered manager worked to promote a person-centred culture to improve people's quality of life; people's needs were assessed, and their care was planned in a person-centred way.
- Staff felt the management team were supportive, fair and understanding. A staff member told us, "I do feel supported, colleagues are always very supportive, and management are always happy to provide additional support." Another staff member said, "[Registered manager] has been an excellent manager, who has a made a big impact on Elmthorpe. I feel that if I have had any problems, she has been approachable, listens and goes out of her way to make sure things are sorted if needed. So, it's not just the love of the job that keeps me going in, but the teamwork we have in there."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was responsive to issues and concerns; they completed robust investigations and understood their responsibility to be open and honest if things went wrong.
- The registered manager and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. Action was taken to address any identified issues. For example, one audit identified some dependency assessments had not been completed. Records confirmed action had been taken and the assessments were completed.

- The partnership between the registered manager and senior sister ensured the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- Staff understood their roles and their work was focussed on the people they supported. Staff were continuously supported to develop their skills to ensure provision of better quality of care. One member of staff said, "Oh yes, I can access additional training."
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The management team worked with healthcare services, safeguarding teams and local authority commissioners.

This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.

- The registered manager was a member of Oxfordshire Association of Care Providers (OACP) and an internet 'managers network'. The registered manager told us, "I use these organisations for the latest updates and ideas in care, they can be very useful."