Convent of the Sisters of Charity

St Vincent's

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on the 27 and 28 May 2015 and was unannounced.

We last inspected the service on the 25 August 2014 when we found no concerns.

St Vincent's is registered to provide accommodation for people who could require nursing for up to 25 older people. There were 23 people living at the service when we visited.

There was 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.

The recording of people's prescribed creams and as required medicines was not as robust as required. This led to the possibility of errors being made. Assessments of people's capacity to consent to their medicine were also not clearly recorded. Where there were concerns people would refuse their medicines and this would have a negative effect, the recording of this did not detail it was in their best interest to give their medicines without their knowing. We discussed our concerns with the registered

Summary of findings

manager who put systems to address this in place before the inspection was completed. We have made a recommendation about the management of some medicines.

People were looked after by sufficient staff to meet their needs. This was reviewed regularly to ensure staffing was flexible and met people's changing needs. Staff were recruited safely and people were involved in the recruiting of staff. People were asked their view on potential staff suitability. Staff were trained to meet people's needs. All staff training was regularly updated and staff could take advanced training in care to ensure they were developing and understanding their role fully. Some staff took on the role of 'Champions' in specific areas such as end of life, dignity in care, dementia care and infection control to ensure they and other staff had the right skills to meet people's needs and care reflected current guidance.

The service had clear infection control practices in place. All people, staff and visitors were requested to support this.

People had their health and nutritional needs met. People told us they felt in control of their care and could see other professionals as required. Any needs were followed up with the person and their GP. External professional assessments were sought as necessary and these were carefully followed by staff. People were supported to understand the assessments and recommendations made about them so they could give informed consent. Records detailed they consented to their care and the development of their care plans. These were regularly reviewed with them and their representative as appropriate. Risks that people may be exposed to while living at the service were carefully assessed and linked to their care plan. People were involved in measuring and managing their own risks. Care planning was centred on the person and reflected their current needs. People's personal history was used to develop their plan. Staff responded quickly and inclusively with people when needs arose during the inspection.

People were treated with kindness and respect by staff who worked within a strong ethos of providing care with compassion. The atmosphere in the service was calm and relaxed. People were happy in the company of staff. People's dignity was respected at all times. Staff were described by professionals and family as compassionate as well as caring. People valued staff and staff valued the people they looked after. People were supported to remain independent in meeting their needs for as long as possible. Staff ensured people were able to communicate using a range of techniques when necessary. People, and their families, explained the extra effort staff would go to in order to meet their needs. They felt this showed they cared about them and not just for them. People and family members told us how staff helped them to adjust and cope with difficulties associated with their loved ones moving into a care service. Staff were trained in meeting and understanding people's end of life needs. People were supported with their end of life choices and ended their time with dignity. Family were then supported in their bereavement for as long as required.

People were supported to remain active. Activities were provided on both a one to one and group basis. The activity coordinator used people's personal histories to provide activities reflecting their past. People were also supported to maintain their links with the community and had their religious needs met.

There were strong systems of governance and leadership in place. The registered manager ensured they monitored the quality of the service and sought to continually improve the service provided for people. People and staff opinions about the running of the service were sought at regular intervals. People and staff both felt the registered manager and senior team were approachable and would take any suggestions about changes to the service seriously. People's concerns and complaints were picked up on early and carefully investigated. People received feedback and the complaint was not considered to be resolved until they were happy. The registered manager ensured there were policies and practices in place which underpinned the running of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The administration of people's prescribed creams, as required medicines, and giving people their medicines without them knowing it was happening, were not as robust as needed to ensure they were safe and in line with guidance. Plans had been put in place to address this and we have advised the registered manager review the current guidance. All other medicines were administered and stored safely.

People felt safe living at the service. Risk assessments were completed in order to assess what was necessary to keep people safe while living at the service.

There were sufficient numbers of suitably trained staff. People were protected by staff recruited safely. People were involved in this process where possible. Staff were trained to recognise and act on any safeguarding concerns.

People were protected from the likelihood of infection as there were robust infection control procedures in place which all staff and visitors followed.

Is the service effective?

Good

The service was effective. People were supported by staff trained to meet their specific needs. Staff were supervised and appraised to ensure they continued to be able to provide a high level of care.

People had their capacity to consent to their care assessed as necessary. Staff always sought people's consent before delivering care.

People had their nutritional and health needs met at all times. People could see health practitioners as desired. Assessments by and advice of other professionals were sought as required.

Is the service caring?

Outstanding

The service was caring. People were treated with kindness and respect by staff who worked within a strong ethos of providing care with compassion. Staff were highly motivated to provide the best care possible. Staff spoke about people in their care with enthusiasm and knowledge.

People were important to staff. People's dignity was always protected. People were supported by staff who took whatever time and means necessary to help people make informed choices about their care

People were supported by staff trained to take them through their end of life journey. Bereavement support was provided to family and staff for as long as required.

Summary of findings

Visitors were welcomed at any time of the day and night as necessary to meet need. They were supported emotionally by staff. Special times for families were supported and celebrated by staff.

Is the service responsive?

Good

The service was responsive to people's needs. People were involved in planning their care. Staff were supported to deliver care by care plans which reflected people's current needs.

Staff were responsive to people's needs ensuring needs were met as and when they occurred.

Activities were provided which kept people active. Links were maintained with groups externally. People's religious needs were met.

People felt comfortable raising concerns and complaints. The registered manager had systems in place to address people's concerns and ensure people were happy with the outcome. Learning was taken from this and discussed with staff to improve the service for everyone.

Is the service well-led?

Good

The service was well-led. There were clear systems of governance and leadership in place to ensure the service was well-led.

Both people and staff felt their opinion mattered. People were asked their opinion of the service and were kept involved with developments in the service.

There were regular audits to ensure the on-going quality of the service. There were also regular audits to ensure the building was in good repair.

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 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.

The inspection took place on the 27 and 28 May 2015 and was unannounced. The inspection team was made up of two inspectors on the first day and one on the second day.

Prior to the inspection we reviewed the information held by the Care Quality Commission (CQC) about and the Provider Information Return (PIR). 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.

During the inspection we spoke with eight people and five relatives. We also sat with and spoke with people at lunchtime on both days. We read five care records for people and followed their care in detail. We spoke to them where possible. We spoke with 11 staff and read four staff records. We also reviewed the training records for all staff. We also observed how staff related to people living at the service. We were supported on the inspection by the registered manager. We met with two healthcare professionals during the inspection.

We reviewed a number of records held by the registered manager to support the running of the service. This included the policies, procedures, maintenance records and how the quality of the service was maintained. This included a number of audits of people's care and correspondence with people and their families or friends.

Requires Improvement

Is the service safe?

Our findings

The administration of people's prescribed creams was inconsistent and there was not a clear link with care plans regarding what cream should be placed where and when on people. Only one record we reviewed had a body map in place with specific detail of which cream staff should be applied where and when. Of the creams we reviewed in people's rooms we found people had creams in the room that were not listed in the medicine administration record (MAR) or care plan. Staff were not routinely writing the date they started using the creams and we found one mouth ointment was out of date which was in use in a person's room. One cream had a broken lid and all tubes of cream were sticky to the touch which raised concerns about potential contamination of the product and whether they were then safe to continue to use. We discussed our concerns with the registered manager on the first day of our visit. By the second day action had been taken to remove the creams we were concerned about and staff had been briefed in staff handovers. We saw plans had been drawn up to action all the concerns raised to ensure all creams were now administered safely and recorded.

For all people reviewed, their MARs identified PRN pain relief medicines was being given as routine. Records did not detail for what pain the PRN pain relief was for and when it should be offered. People's MARs did not always identify whether one or two tablets of their PRN pain relief had been given or at which time this had been given. Where it was detailed people were to be offered one or two tablets staff were observed always giving two. We discussed this with the registered manager on the first day of the inspection and saw this had been dealt with by means of ensuring each staff member was made aware of their responsibilities through a specific verbal briefing. We saw there was a plan in place to ensure every staff member with responsibility for the administration of medicines would be advised of this over the coming days before the start of their next shift. MARs were to be checked daily to ensure the registered manager addressed any issues identified.

People's ability to consent to their medicines was not being routinely recorded. For people unable to consent to their medicines, there was no recording of decisions having been made in the person's best interest. For example, two people had GP consent in place to have part of their medicines administered covertly. This meant they could have these medicines given in a manner they were not aware of. How this decision had been reached was not recorded. In practice however, we observed over the two days at the service, people were not being given their medicine covertly on any occasion. At both breakfast and lunch medicine rounds the two people concerned were offered their medicine the same. Covert administration was not required as the people took their medicine. We discussed the clear recording of the decision making process in line with the Mental Capacity Act 2005 (MCA) and NICE Guidelines with the registered manager on the first day of the inspection. At the start of the second day, the registered manager provided information on how they had put in place a plan to ensure all MCA assessment and best interest decisions were recorded. It was too early to assess the impact of this on this inspection.

All other medicines were administered safely and as prescribed. Medicines were stored securely and ordered in time to ensure people had enough medicines to meet their needs. Where people's needs changed, staff completed new handwritten MARs which were signed and agreed by two staff to ensure their accuracy. All other entries on the MARs, apart from the issues with PRN above, were observed to have been completed correctly.

People had risk assessments in place to support their living as safely as possible at St Vincent's. There were assessments of people's risk of falling, malnutrition and skin breakdown. People also had individual risk assessments in place where there may be an increased risk due to a particular health or behaviour issue that was unique to that person. People were supported to take an active role in measuring the likelihood they could be at risk. Where possible other methods of communication, such as pictures, were used to help people do this and state how they would like staff to keep them safe and what role they wanted to take in managing any risk. For example, one person who was living with dementia had a picture based risk assessment in place to support them manage their risk of falling. All risk assessments were regularly reviewed.

The registered manager ensured there were systems in place to risk assess any environmental factors which could have posed a risk to people living in the service spending time in the garden. This was linked to an overall falls risk assessment to ensure any risks identified could be

Requires Improvement

Is the service safe?

addressed therefore keeping everyone safer. There was a contingency plan in place and each person had a personal evacuation plan in place to support their evacuation in the event of an emergency such as fire.

People told us they felt safe living at the service and were supported by staff who understood how to keep people safe. All staff received regular training in safeguarding which was updated as necessary. Staff demonstrated they understood how to recognise abuse and would report it. All staff felt safeguarding concerns would be acted on by the registered manager and other senior staff. One staff member told us: "I did safeguarding training and would go to the manager and get advice; she has policies in the office. Or I would go to the Trustees." Staff also said they would blow the whistle if they felt their concerns were not addressed.

People told us they felt there were enough staff to meet their needs safely. The registered manager had clear systems in place to ensure there were enough staff to meet people's needs and all other functions, such as the cleaning, laundry and catering were met. Extra staff were employed to meet people's additional needs, such as going to health appointments, as required. Staff told us that everyone would pull together and office and auxiliary staff would support people who were poorly or desired extra one to one time with a staff member.

Staff were recruited safely. All staff had the necessary checks in place to ensure they were safe to work within care. All staff also underwent a probationary period to ensure they continued to be suitable for the work they had been employed to do. There was evidence of action having been taken if there were any concerns about a staff member's attitude and aptitude. The registered manager explained they were looking at how to involve people who lived in the service and their relatives in the recruitment and interviewing of staff. They explained they had recently introduced a two part interview process with part of this process observing how prospective staff related to people and how people felt about them. Feedback from people was then taken into account when deciding whether to offer the post to the prospective staff member.

There were clear infection control policies and practices in place. The service presented as clean and odour free at all times. All toilets and bathrooms had hand washing facilities available. Staff were provided with aprons and gloves which were available around the service. The use of alcohol disinfectant hand wash was also encouraged in addition to good hand washing techniques. All visitors had to use alcohol disinfectant on arrival at the service. People's laundry was sorted and contaminated items kept separate and washed immediately in a very hot wash. Contaminated waste was disposed of safely and collected at regular intervals by an appropriate contractor. All staff underwent training in infection control. Each staff team (ancillary, care assistants and nursing) had a lead person for infection control responsible for ensuring staff knew about and complied with infection control measures. The leads received advanced training, and attended external meetings, to ensure they kept up to date with latest developments in infection control. One staff member told us: "If there is risk of infection we go to red, red apron, red cloths all go to the yellow bins and then thrown."

We recommend that the registered manager consider current guidance on the administration of medicines in care homes.

Good

Is the service effective?

Our findings

The registered manager and all other staff were trained in and understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made which involves those who know the person well and other professionals, where relevant. Staff were aware of the MCA and under what circumstances this was required. Staff demonstrated they knew how to care for people who lacked the capacity to make decisions for themselves. Staff stated they would use their understanding of the person such as observing body language to assess the person's mood and/or likelihood of consenting if they were unable to verbally communicate. We observed staff always asked people for permission when offering care or support regardless of the person's ability to give a definite response. Staff waited until the person was engaged with them before starting the support. For example, at lunch time staff sought people's consent before offering support with eating their meal. People, or their family member, had signed formal consent to receiving care at the service and this was updated as necessary.

The records of people's MCA assessments were generic rather than ensuring they were about certain decisions at a certain time. They lacked the detail of what people could consent to and what staff were then doing for them in their best interest. Best interest decisions had not been recorded as such but were implied following discussions with other professional and family with lasting or enduring power of attorney. These discussions could be found across people's care recordings. We discussed the gap between practice and recording with the registered manager on the first day of the inspection. By the start of the second day, we saw that plans had been put in place to address this and ensure records and practice were the same.

There were four DoLS applications in place which had been authorised by the relevant person by the local authority. These were clearly dated and noted when they should be reviewed. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

People were looked after by staff trained to ensure they could effectively meet people's needs. People we spoke with felt staff were trained to meet their needs. The registered manager had clear systems in place to ensure all training identified by them as mandatory was up to date. Dementia awareness training had been added to the list due to the increased number of people living at the service now living with dementia. All staff regardless of their role undertook training in safeguarding, dementia care and mental capacity. Staff could also undertake higher qualifications in care and training which met service user's specific needs. For example, staff received training in understanding mental health and dealing with challenging behaviour.

People told us new staff were always introduced to them and spent time getting to know them. New staff had always completed a detailed induction which continued to assess their ongoing suitability for the role and offer other support as required. This was linked with supervision and one to one times with the registered manager or other senior staff. They spent time working with more experienced staff before working on their own. The registered manager was aware of the new Care Certificate and had started to support staff to complete this.

Staff were requested to volunteer as infection control, dementia and diabetic champions. All staff in champion roles underwent specialist training in their chosen area and supported other staff fulfil their responsibilities in this area. The champions also linked to local initiatives and forums to ensure their knowledge on the subject remained up to date.

Staff underwent regular supervision and appraisal to ensure they could continue to perform their role effectively. Different staff stated they had supervision at different times depending on need. Records showed supervision always took place when there was a need to support a member of staff over a particular learning point. Staff also told us they could speak to the registered manager and senior staff if they were wanted to talk something through. One staff member told us: "Supervision, yes, I am just having it; it's yearly. I have done a personal development plan and get

Good

Is the service effective?

nice feedback. If you do something wrong you get a confidential chat. The management are approachable" and another, "There is formal supervision every three months; time for me to air my views."

People had their nutritional needs met. People were positive about the food and happy with the portion sizes. One person said: "The cook cooks lovely food." Each person had their weight taken on starting to live at the service and at monthly intervals. Where there were concerns, records showed the person's GP was informed and their needs were closely followed. People who developed swallowing difficulties were also referred on quickly. Assessments by external services such as speech and language or a dietician were then carefully followed. There was clear communication in place between the registered manager and chef to ensure people received food as they liked it and needed it to be served. The registered manager explained staff would do what they could to ensure people were happy with the food they were served.

People were asked to contribute suggestions of meals for the menu. People's personal food history, detailed in their records or requested from family, was used where they could not communicate this for themselves. Each day people were asked what they would like to eat and meals were made in line with this. People had their likes, dislikes and cultural needs recorded and carefully followed. Staff sought out food solutions for people to meet specific moods or conditions. For example, staff sought a specific food for a person who was very poorly but wanted a unique food and one person always had fish and chips on a Friday but was having difficulty swallowing. They worked closely with the speech and language team to ensure this person continued to have their food as they desired and in line with their religious beliefs.

People had their health needs met. People told us they felt comfortable discussing their health needs with staff. People said they felt staff would support them to understand any course of treatment proposed and helped them to make an informed choice. Records detailed people had access to their GP as required and other healthcare professionals. People could see an optician, dentist and podiatrist at the service as required. The healthcare professionals we spoke with spoke highly of the staff. They told us the staff were always knowledgeable about the people they were looking after and would seek appropriate advice and would not delay making referrals to them. They added staff would also follow instructions through and give appropriate feedback on treatments so they could assess their success.

Outstanding ☆

Is the service caring?

Our findings

The atmosphere in the service was calm and people were observed to be happy in the company of staff. People were encouraged to support each other and people were observed chatting easily with each other. We observed the staff supported people throughout our time at the service with kindness, respect and in the person's own time. For example, one member of staff was observed supporting a person have a drink. They seated themselves at the person's level and spoke gently and kindly to them letting the person drink in their own time. They gave the person a lot of gentle encouragement. They then moved onto another person when the first person had enough. They let the first person know what they were doing. Both people became part of a group conversation led by the member of staff. Both these people were living with dementia and had limited conversation but the staff member made this a special time for both people involved and very natural.

One person told us: "I have been well cared for. The staff are very good" and another, "The staff have been very nice while I have been here; they are all so kind." Another person who spent time in their room said: "The staff are very good; wonderful. They come along regularly and check I am OK."

People told us they felt important to staff. People told us they were in charge of their care and felt staff listened to them. Where verbal communication was an issue people had communication methods developed to meet their specific need. For example, people had specific, tailored picture communication methods available or assisted technology. For people who had sight related issues, methods were used to support them to communicate. For example, staff would read to them and carefully note their responses. One of the health professionals we spoke with confirmed the high level they had observed staff go to in order to ensure people understood the choices they had and would always give people time to make any outcome their choice. They described they felt this was due to a strong philosophy of compassion as well as caring nature which they had noticed in all staff.

People and visitors told us staff made special days special for everyone. We heard different accounts of how people's special dates were celebrated and marked by staff. For example, one relative told us staff supported them to celebrate their wedding anniversary and spend time with their husband. They added staff made a special event of the occasion for them and their family. They added staff maintained their care role with discretion which they valued. For another person who was terminally ill staff put on "a restaurant experience" for them and their wife to have their last Valentine's Day together. Staff dressed the room and as waiters and the couple were treated to an occasion just for them. Photos were taken and flowers given by staff who discreetly provided any support required. Another person's relative was getting married and they could not attend due to their ill health and the distance so the staff put a wedding party together so this person could celebrate locally her relative's wedding. The person invited her friends and all were dressed in wedding outfits and hats. The internet was used to link them with the wedding through Skype.

People told us staff protected their dignity at all times. For example, staff were discreet when delivering personal care and curtains were always drawn and doors shut. We observed offers of care in public areas were offered unobtrusively. The registered manager attended the local Dignity in Care Forum and demonstrated they were actively involved in improving how people were cared for in their local area and their service. For example, The registered manager stated they have improved the service's ability to meet people's needs by learning from other services. Also, through the forum the registered manager raised the issue of managing people's care on discharge from hospital. They had identified people's emotional response on leaving hospital and entering into a care environment needed addressing as this had a direct impact on their recovery and likelihood of being readmitted to hospital. They shared with other services they had improved their observation techniques paying special attention to people's emotional needs as well as attending to any physical health needs. This had reduced the readmission rate to hospital.

Other services have requested to visit St Vincent's to show how they put dignity in care into practice. A staff member was assigned as Dignity in Care Champion who was specially trained to support other staff to ensure people were looked after well. For example, the champion led activities at regular intervals for people, staff and visitors to take part in to ensure people fed back whether they were being cared for with dignity. People's responses were then reflected on by the staff team to ensure the continued drive for people to always be treated with dignity.

Outstanding ☆

Is the service caring?

People told us they were encouraged to remain as independent as they could for as long as possible. One person told us they had good days and days when they did not feel so well. They told us: "It is very nice here; they're all so kind. I can have the staff to do anything I want. When I feel good they leave me to do it. When I am not so well they do more." They confirmed staff always involved them in deciding how much they could do for themselves and staff would give them the time to complete this before fulfilling their task.

Visitors were seen coming and going throughout our time at the service. They were always greeted warmly by staff and by name. They were then supported to go to visit their relative or friend having been updated on their condition where appropriate. Visitors confirmed they were always welcomed and given refreshments regardless of the time of day. One person told us: "They encourage visitors to eat with their relative." Two relatives told us how the staff had supported them to come to terms with so many things about their loved ones moving into St Vincent's. One relative told us they were impressed when they visited the service which they felt to be warm and welcoming to them and their relative. The added the service had lived up to their expectations adding they had been "adopted by the staff" and supported emotionally when their relative moved in.

The registered manager had systems in place to support people plan for their end of life and choose in advance whether they would like to stay at the service or go to hospital. All staff underwent annual 'Care of the dying' training through trainers from the local hospice. This was instigated by the service following staff requests for more training in this area. The service had two 'End of life Champions' to support people, families and friends and staff in relation to end of life and preparing for the future. They spent time with people and their families putting their individual end of life plan together. This was completed at a time and pace appropriate to the person and their family. The plan included details such as who they would want with them. It also included having pets or photos with them if this was desired. People and their relatives were involved in all aspects of their end of life. People were supported to end their life with dignity. The registered manager explained they had a philosophy of care that encompassed supporting relatives and friends of people. They added this continued with the staff supporting families in their bereavement as long as necessary.

The service was accredited by the local authority for the third year running as one of the 'Six steps to success plus programme' services, indicating it provided a high level of end of life care. The service also held an annual 'Dying Matters' event to raise issues important to people at their end of life. Last year's event looked at what people had on their 'bucket list' to ensure people had their desires met while they were well enough to enjoy it. Following this, one person's 90th birthday was marked by staff arranging a local Harley Davidson group to come to the service to fulfil their lifelong ambition to ride pillion on a motorbike.

The registered manager explained they had values based recruitment process in place to ensure they employed staff who reflected the right values of caring and compassion to work at St Vincent's. They explained the interviews were in two parts. At the first interview questions were asked of prospective staff to determine their caring nature and whether they had the right qualities. The registered manager explained they have taken time to ensure the questions used were based on current research. The second part involved an assessment of interaction with people living in the service. People were then asked to feedback whether they felt the applicant was someone they felt comfortable with and demonstrated they were caring. The registered manager stated: "One of my primary aims as the registered manager is also to instil a sense of pride in the team; so that they know that they have been selected to work at St Vincent's because of their special care skills, and also because they possess the right characteristics needed to deliver exemplary care."

All the staff talked about the people they were looking after with passion and caring. Staff described a strong ethos of care led by the registered manager. The registered manager stated: "I impress upon the staff how important it is to maintain a 'home from home' environment for the residents, where individuals can make choices regarding daily living activities as they did at home, and have as much autonomy as possible to make on decisions about their own care needs and social activities." Staff stated caring was also central to their training and reflection in supervision. Staff stated the same strong ethos was encompassed by all staff regardless of their role. They stated all the staff worked as a team and supported each other. One staff member told us: "I like the smallness, friendliness, almost family like atmosphere. It enables you

Outstanding ☆

Is the service caring?

to get to know the residents and their families" and another, "It's not a hospital setting here, more like a family run home. Relatives can come in any time, they can have meals."

Good

Is the service responsive?

Our findings

People received consistent, personalised care, treatment and support. Everyone's care plans involved an overall assessment of people's needs that were refined into specific care plans for specific situations as they were identified. Staff confirmed the care plans gave them the information they needed to meet people's needs. Staff handovers took place between shifts where staff stated they were given up to date details of how people were doing. Staff who had been off work for a few days were updated carefully to ensure they were able to understand people's current needs and deliver care appropriately.

People's needs were carefully assessed when coming to live at the service. People were involved in identifying their needs. New people were encouraged to visit the service to ensure it was the right place for them. The registered manager advised they were careful to ensure they had the right staff with the right training to meet people's needs before they accepted them into the service. They also sought as much information of people's needs to ensure any initial care plan was able to respond to their needs. Equally, on coming to live at the service people had their personal history, likes, dislikes and personal routines requested so these could be built into their care plan. All care planning was a collaborative process between people, staff and relevant professionals. Family and those with lasting power of attorney were involved in care planning as required or desired by the person. Staff reviewed people's care regularly and reflected with people their understanding of their needs as they got to know them better. The care plan was then rewritten as necessary.

We observed staff were vigilant in respect of anyone's needs changing. For example, one person's breathing had changed overnight. Their care plan demonstrated they had a condition which affected their ability to breath at times. Staff delivering their care noted this was different and requested the nurse attend to review them immediately. This happened and a call was put through to the person's GP to advise them of the change. They were then reviewed in person by their GP. On another occasion, a person was noted to be a little quieter in the lounge than normal. A staff member asked them if they were alright to which they replied they felt they were starting with a cold and their ear was little sore. The nurse attended them and was heard very carefully talking to them. The nurse asked if they could check their temperature and ears. They offered the person to go to their room but the person was happy to stay in the lounge. The nurse asked quiet questions and asked if the person would like them to speak to the GP. The person stated they would and was updated when the call had been made. Later in the day we heard other staff asking how they were feeling now.

The service employed the services of an activities co-ordinator who was observed delivering one to one and group activities throughout the two days we were at the service. The activity coordinator had training in supporting people living with dementia to remain active. People's personal histories, previous hobbies and lifestyles were built into the activity programme. People were observed taking part in activities during which there was often humour, laughter and encouragement to take part. The activity programme was flexible to need. For example, one person complained of foot pain and another, a painful hand. Both these people's needs were met with a warm soak. Other staff came along and sat and offered a foot or hand massage while sitting and taking part in a group activity.

People were encouraged to retain their links with the local community or build new ones. The service had strong links with churches and other groups locally which supported people to maintain external relationships. The service was also supported by a 'Friends of St Vincent's' group who would hold events for people to take part in. Staff supported people to be aware of what was happening in the wider community and world. For example, they supported people to take part in VE day celebrations. The service had also fostered relationships with a local school to develop understanding of intergenerational needs by holding intergenerational sports days to encourage all generations to work together.

People told us they had their religious needs met. Although supported by the Anglican church, people had their religious needs accommodated regardless of their chosen faith. A local church leader visited the service and had discrete meetings with people.

The service had policies and practices in place to ensure people's concerns and complaints were picked up and resolved quickly. The registered manager and staff explained they would pick-up on slight negatives in order to prevent them becoming a bigger issue. Where complaints had been made, we saw these had been

Good

Is the service responsive?

carefully investigated by the registered manager. The person who made the complaint received feedback to ensure they were happy with the outcome. Records demonstrated the issue was only concluded when all involved were satisfied there had been resolution. The registered manager also demonstrated they would actively ensure any learning from the process was shared with staff to ensure the same event was unlikely to affect others in the future. They stated there was a 'What we do well, what we did not do so well' understanding of events developed to further improve the service.

Good

Is the service well-led?

Our findings

St Vincent's was owned and run by the Convent of the Sisters of Charity. They were supported by the Anglican church and a registered charity. They were a 'not for profit' organisation. The running of the service was overseen by a group of trustees. There was a nominated individual who was the head of the Convent of the Sisters of Charity locally. They, along with the registered manager, ensured the service had good management oversight and reported to the trustees.

There was strong evidence of good governance and leadership in place with links between the registered manager and nominated individual. The nominated individual regularly visited the service and spoke to people and staff to ensure they were happy with the service. There were also regular formal meetings. Minutes from these meetings ensured any issues were discussed and an action plan developed to resolve them. Future meetings reflected on these previous issues. Financial matters were carefully monitored. Good events and what had gone well were also reflected on so they could be maintained.

Locally the service was led by a registered manager and a senior management team which included a clinical lead and assistant home manager. These staff worked closely together to ensure there was good day to day management oversight. Each staff member was clear about their roles and responsibilities. Staff told us they were happy working for the service. One staff member told us: "I am happy here, no problems since working here, I like it here; it's a really nice home to work in." The registered manager explained they felt it was important staff felt happy to work at the service. They also stated it was important, while maintaining their own legal duty, staff took personal accountability for their work and felt valued for the contribution they made to the running of the service.

People told us they felt the service was well led. The registered manager explained they carried out a tour of the service each day and ensured everything was as it should be. They spoke with people to ensure their needs were met and they were happy. People confirmed they saw the registered manager often and felt they could talk to them. There were regular surveys and residents' meetings to ensure people's voices were being heard and their responses acted on. People, and their friends and family, were kept up to date with developments in the service as they happened. People were involved in decisions about the service such as how to decorate their room and communal areas.

When people first moved into the service they and their family were encouraged to fill in a questionnaire to tell the staff how their experience of this had been. Comments included: "The fact my wife has settled so well in such a short time says everything about the warmth and professionalism of the staff members" and, "Having not experienced this before, we would like to thank you all for your kindness and understanding shown on dad's admission". The registered manager explained using the questionnaire and speaking to people and their families soon after admission had ensured they improved their admission process.

Staff also told us they felt the service was well-led and felt they could approach any of the senior management team. There were both informal and formal times when staff felt they could give their view. There were regular staff meetings or they could just approach and speak to any of the senior staff. Staff felt they could make suggestions about the running of the service and their opinion was important to the registered manager. One staff member stated: "The management are approachable, very good really. I am not afraid to go to [registered] manager if there's a problem" and another, "The managers respond to any concerns."

There were a number of audits in place to check on the quality of the service. This included audits of care records, medicines, people's food experiences and wound management. Staff across St Vincent's were involved in auditing different parts of the service with the registered manager 'sample' auditing as well. This meant oversight was maintained. We discussed the concerns raised under the "safe" part of the inspection. We observed the issues in relation to medicines had been identified through audits but not yet actioned. The registered manager had put systems in place to address all these issues by the time our visit was concluded.

There were a range of policies and guidance to staff in place to underpin the running of the service. Since last year, the registered manager and business manager had reviewed whether the policies in place reflected the needs and ethos of the service. They felt they did not and were in the process of refining these to better reflect the service.

Good

Is the service well-led?

The registered manager had systems in place to ensure the building, utilities and equipment were audited and well maintained.