

## Sisters of the Cross and Passion

# Cross and Passion Convent

### 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

The Sisters of Cross and Passion Convent offers residential and nursing care for up to sixteen people. All of the Sisters belong to the same religious order. The Convent is situated overlooking Lytham Green and close to community facilities. Communal accommodation is spacious and individual bedrooms are provided with an adapted en-suite facility. There were 11 Sisters living at the Convent who were receiving support at the time of our inspection.

People who live at Sisters of the Cross and Passion Convent are known as, Sister, followed by their religious name. The convent provides personal care to Sisters of the Cross and Passion but has offered respite care to people outside of the order.

Rating at last inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service Good. We found the registered provider continued to provide a good standard of care to Sisters who lived at the Convent.

Why the service is rated Good

At this inspection we found the registered manager had systems to record safeguarding concerns, accidents and incidents and acted as required. The service carefully monitored and analysed such events to learn from them and improve the service.

Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered manager had reported incidents to the Care Quality Commission when required.

Sisters we spoke with told us staff were exceptionally caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled Sisters to lead meaningful lives.

There was a chapel onsite and Sisters had the opportunity to attend daily mass delivered by a visiting priest or via a service filmed at another chapel and broadcast as it happens on the internet.

We observed only positive interactions between staff and Sisters who lived at Cross and Passion Convent. There was a culture of promoting dignity and respect towards people. We saw staff spent time and actively listened to Sisters as they completed routine tasks.

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed, trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not commence in post until the management team completed relevant checks. We checked staff records and noted employees received induction and training appropriate to their roles.

Risk assessments had been developed to minimise the potential risk of harm to Sisters during the delivery of their care. Care records showed they people's needs had been reviewed and any changes had been recorded.

The Convent was clean and a safe place for Sisters to live. We found equipment had been serviced and maintained as required. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

Medication records provided staff with a good understanding about specific support needs of each Sister who lived at the Cross and Passion Convent.

Sisters were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Sisters told us they had plenty of food and drink with the option of additional snacks and drinks between meals.

There was a complaints procedure which was made available to Sisters and this was visible within the Convent. Sisters we spoke with, and visiting relatives and friends, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with Sisters who lived at the Convent to seek their views about the service provided.

Sisters were supported with activities and social interaction but the registered manager also respected people's right to not participate and engage in valued activities. The daily routine was structured to allow religious observances to be followed.

The registered manager offered Sisters a dignified end of life support that extended after their passing. People's preferences related to end of life care were recorded, respected and honoured.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Cross and Passion 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 registered 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 scheduled comprehensive inspection took place on 13 and 14 of November 2018 and was announced. We gave the registered manager 24 hours' notice of the inspection visit because the location was a small care home. We needed to be sure that someone would be in to assist us with the inspection.

This comprehensive inspection was carried out by one adult social care inspector. An assistant inspector was also present on the first day of the inspection.

All the information gathered before our inspection went into completing a planning document that guided the inspection. The planning document allowed key lines of enquiry to be investigated, focusing on any current concerns, areas of risk and good or outstanding practice.

Throughout the inspection process we gathered information from a variety of sources to help us understand the experiences of Sisters who lived in the Convent. We spoke with three Sisters who lived at the Convent, one relative and one friend who was visiting to seek their views on how the service was managed. We spoke with the registered manager, the head of care, a visiting pastoral Sister and two nurses. We spoke with the head of catering, the maintenance person and three members staff responsible for providing direct care.

We spent time observing staff complete tasks and interact with Sisters and observed the lunchtime service. We activated the call bell twice during our visit to assess staff availability and response times. We spent time watching day to day activities, communication, relationships and care practices taking place. We did this to assess the quality of interactions that took place between Sisters living in the Convent and the staff who supported them.

We walked around the Convent to ensure it was clean, hygienic and a safe place for Sisters to live.

To gather further information, we looked at a variety of records. This included care plan files related to four

Sisters who lived at the Convent. We looked at administration and recording forms related to the management and administration of medicines and topical creams.

We viewed staff training records and recruitment records of three staff. We also looked at other information which was related to the service. This included health and safety certification, team meeting minutes, policies and procedures, complaint and concerns records and maintenance procedures. We used all the information gathered to inform our judgements about the fundamental standards of quality and safety at the Cross and Passion Convent.

# Is the service safe?

## Our findings

Sisters who lived at the Convent told us they felt safe in the care of staff who supported them. One Sister told us, "I am very safe here." One relative commented, "I am so relieved, oh my goodness you have no idea. [Family member] couldn't be better and I have no worries."

Procedures continued to be in place to minimise the potential risk of abuse or unsafe care. Staff spoken with understood their responsibility to report any concerns they may observe to keep Sisters safe. One staff member told us the registered manager reinforced that any bad practice needed to be dealt with straight away and said they were aware of telephone numbers to call should any concerns needed to be raised. We spoke with a nurse who told us they attended forums on Safeguarding organised by the local authority. They shared they had benefitted from guest speakers and had created an easy read guide to safeguarding to reinforce staff knowledge and responsibilities.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. For example, when Sisters were at risk of falling sensor mats were used to help minimise the risk of further falls. We saw personal evacuation plans (PEEPS) for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of Sisters needing to be evacuated from the building. There were systems to record monitor and reflect on accidents and incidents including behaviours that challenge.

The service continued to ensure there were sufficient numbers of staff available to meet people's needs. Staff were visible in communal areas providing supervision and support for people. They said staff had the time to support them. One Sister commented, "You can ring for them anytime and when you need them they are there." A staff member commented, "The Sisters like one to one support and we are able to provide it." We observed there was a structure to staff deployment ensuring a methodical approach to all daily tasks.

We looked at recruitment to ensure staff had been recruited safely. We spoke with three staff members and they were complimentary about the recruitment process. They all confirmed they had undertaken all necessary checks as part of their employment process. All staff said they had not delivered any support to people before appropriate DBS clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. We looked at historic rotas to evidence staff only delivered care and support after the DBS had been confirmed. This showed us procedures reflected good practice guidance. However, evidence to show employment histories were fully explored and discussed was not always available. We discussed this with the registered manager so they could consider this and make improvements, which they did during our visit.

The registered manager had systems to protect Sisters from unsafe storage and administration of medicines. We observed the nurse on duty administer medicines. This was completed in a person centred safe manner. We overheard one Person upon receiving their medicine state, "Thank you so much, I appreciate that." We looked at a sample of medicines and administration records. We saw medicines had

been ordered appropriately, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance.

We looked around the Convent and found it was clean, tidy and well maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. There was a system to minimise the risk of cross infection by ensuring clean laundry and laundry that required cleaning were kept separate. The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.



# Is the service effective?

## Our findings

Each Sister had a pre-admission assessment, to identify their needs and establish if Cross and Passion Convent could meet these. Sisters could visit for a holiday and see if the convent met their spiritual needs as well as any clinical and pastoral support they required. All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. On day one of our visit we observed a new staff member working alongside a colleague and being introduced to people. The new member of staff made notes on people's likes and dislikes throughout their shift. One Sister told us, "All staff do their very best."

We found by talking with staff and Sisters who lived at the Convent, staff had a good understanding of their assessed needs. One visitor told us, "They are very conscientious of what their role is. They are really excellent." One staff member stated, "Through one to one support you get to notice changes in people." We could establish through our observations Sisters received care which was meeting their needs and protected their rights.

All staff we spoke with told us they had received an induction before they started delivering care. They also stated they had received training upon their employment and training was ongoing. One staff member told us, "If I ask for any course the registered manager will put me on it." This ensured Sisters were supported by staff who had the right competencies, knowledge, qualifications and skills.

We asked staff if they were supported and guided by the registered manager. Staff told us they felt supported by the registered manager informally and formally through supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. During our inspection two staff members asked to speak with the inspection team to share how supported they felt from the registered manager and said it had made a positive impact on their wellbeing.

Staff responsible for preparing meals had information about person's dietary requirements and preferences. They told us, "The menu choices are decided by the Sisters and menus are not repeated but are seasonal." The menu also changed for theme days and religious feast days. All meals were prepared daily on site. One Sister commented, "There is a great variety of food." A second Sister said, "All the food is well cooked and there is such a variety." One visitor told us, "There is an excellent choice of food, so much choice. I didn't know when to stop." We overheard staff speaking with one Sister who had not eaten their dessert. The staff member offered gentle encouragement and several alternate options until they agreed on a dessert, not on the menu, the Sister would try. Staff monitored people's weights and this was recorded when appropriate.

Sisters who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From records viewed we saw consent was sought in line with legislation and guidance. When Sisters could not consent to care, we noted there was active communication with Sisters who could speak on their behalf. The appropriate applications were submitted to the local authority to ensure any restrictions were reviewed, in the person's best interest and lawful. This showed the registered manager was providing care and treatment in line with legislation and guidance.

We saw from records healthcare needs were carefully monitored and discussed with the Sister or, where appropriate, others acting on their behalf as part of the care planning process. The registered manager told us they had a computer tablet that allowed video consultations to take place with health professionals. We noted one Sister was receiving ongoing treatment and the registered manager ensured they attended their appointments. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. This showed the service worked with other healthcare professionals to ensure on-going health needs were met effectively.

We looked around the building and found it was appropriate for the care and support provided. Each room had a nurse call system to enable Sisters to request support if needed. Communal walkways were clear and free from hazards minimising the falls risks for Sisters who liked to walk independently around the Convent. The conservatory was decorated to reflect each season and bedroom doors (where appropriate) had significant items attached to allow Sisters to recognise their bedrooms should they become confused. The Convent had Wi-Fi throughout the Convent and a loop system in the chapel to allow Sisters to hear services. Each bedroom had their own telephone to allow private and confidential calls to take place.

## Is the service caring?

### Our findings

Cross and Passion Convent promoted a person-centred culture. Sisters were overwhelmingly positive about the service they received and said the service was exceptionally caring. One Sister told us, "I am blessed to be here. I had my birthday recently and my friend came to stay."

A second Sister commented, "I love this place should I ever need it, I will look forward to coming."

The registered manager was the first manager not to be from the religious order. They told us they worked hard to maintain and respect the culture of the order but introduced additional opportunities for Sisters to experience. They told us they took advice especially from one Sister in the convent. They commented, "I have been guided on religious observance, they [Sister] are an inspiration." They also commented, "Lytham used to be a place where Sisters came to die. Now they come here to live." On the registered managers in-depth appreciation of the Convent One Sister told us, "It is so wonderful that we have got someone like [registered manager] who respects our ethos."

Caring and compassion was embedded into the culture of the Convent and this was demonstrated by all the interactions we saw during the inspection. Staff showed respect and kindness for Sisters they cared for. Staff supported Sisters to live their lives in line with their backgrounds, beliefs or lifestyle choices ensuring all personal care tasks were completed around daily mass.

The registered manager took an innovative creative approach to ensure anyone living at the convent remained included and was not marginalised due to living with dementia. For example, one Sister had chosen to wear night clothes during the day. The registered manager had bought black nightwear and a black dressing gown so the outfit looked like daily worn religious attire.

The service was exceptional in offering person centred care to maintain people's dignity. One Sister was at times reluctant to have their hair washed. The registered manager developed a weekly pamper session. The sessions were held in a room attached to the Convent that was refurbished for the activity to take place. The room had a welcoming comfortable atmosphere with a look of a hair salon. As part of a group activity the reluctant Sister participated in the activities that included hair washing.

The Convent was working collaboratively to promote the person's independence. Several Sisters were taking part in an electronic trial with Glasgow university on continence. The registered manager told us, "It is not disturbing for people, they enjoy it and it promotes their dignity. Sisters are interested in the research project, anything that will help others."

We observed some Sisters had items of personal significance on their bedroom doors to aid their independence in walking independently around the Convent. However, we also noted, Sisters who required no guidance moving around the Convent also had items attached to their bedroom doors. The registered manager told us, "The items on the doors were admired and requested and we were happy to make Sisters feel included."

Sisters were supported by a stable staff team who knew them very well. This helped them to build trusting relationships. One staff member told us, "If [named person] is upset, all she needs is a hug. A hug is the solution."

Staff were highly motivated and felt supported in their roles. For example, a staff member had worked in partnership with one person, their relatives and friends and compiled a photo album on their culture and background. The staff member told us, "Sister always talks about her family. The book allows staff and other Sisters to talk about the family as well." A second staff member said, "We try to give Sisters a lot of time here, and we can." This all helped to create a happy interactive and inclusive environment for everyone.

Sisters could be confident that they would always be treated with kindness and compassion. Many Sisters moved into the convent from out of the area. The service was empathetic in their approach to aiding the transition into the Convent. For example, one Sister was artistic and when they were due to move had asked to bring a sample of their artwork with them. The registered manager told them to bring it all and they viewed some examples on display throughout the Convent. A relative told us, "This was such a sensitive approach." A second Sister shared their bedroom with their cat, Susie. They moved into the Convent together.

A third person's previous employment was acknowledged as part of their move into the Convent. The Sister had worked supporting Sisters with purposeful activities. To ensure they were welcomed and made to feel valued, the care staff had created an arts and craft room and had an official opening with a ribbon cutting ceremony by the person. The Sister then led regular activities for everyone to participate in.

The culture of ensuring Sisters' needs were understood and that they were made to feel that they mattered was evident in their support to maintain long distance relationships. One Sister had specific magazines bought for them so they had topics of conversation to discuss on telephone calls with their relative. The registered manager as part of their role had to visit Dublin for meetings. On three occasions she travelled with a Sister from the Convent so they could visit their relative. They told us about the trips, "I wouldn't have chanced travelling on my own. She [registered manager] is very kind and thoughtful." They further commented, "The staff are special kind people."

The service had a comprehensive understanding of the roles and life experiences of Sisters in their care. They offered care and opportunities that were respectful of their culture and promoted their skills. The registered manager told us, "Sisters do not retire when they get older we need to keep them as a part of the community." One staff member ran a knitting group where Sisters were knitting blankets for the homeless and for premature babies at the local hospital. They also knitted poppies, to take to hospital remembrance display. The registered manager said, "The Sisters enjoy the giving part of the process." They visited the locations and donated the products of their work in person. A local secondary school visited regularly and the registered manager told us, "It is lovely when the children recognise the Sisters' outside of the Convent and the Sisters recognise the children."

During our inspection visit we observed two Sisters going to visit a third Sister who was in hospital. The registered manager told us, "Many Sisters don't have family or friends nearby. It is important we visit daily so they have a friendly face and it allows us to get to know what is happening." They went on to say, if daily visits did not happen, then they [the registered manager] visited on their way home from work. About the consistent care and support provided, one Sister told us, "We are very fortunate having a place like this." A second Sister commented, "I think it is absolutely marvellous, I am amazed at the amount of respect shown. It [Cross and Passion Convent] caters for all."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. Information covered any support they wanted to retain their independence and live a meaningful life. A visiting Sister said, "Staff are very very respectful, its lovely the way they encourage and offer reassurance.

We spoke with the manager about access to advocacy services should Sisters in her care require their guidance and support. The service could access details for Sisters if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

The Cross and Passion Convent also had regular visits from a pastoral Sister. We spoke with the pastoral Sister who told they provided, "A listening ear," for people. They explained Sisters could speak with them confidentially face to face or by telephone. They explained they came prepared for prayer or to listen to people's thoughts and feelings and when appropriate share these with the Sisters in charge of running the Convent, the provincial council. The registered manager told us it was important for Sisters to have someone independent to speak with and they enjoyed the visits. They went on to tell us they were aware of advocacy services in the local area should any Sister wish to speak with someone outside of the order.

## Is the service responsive?

### Our findings

We found the service continued to provide care and support that was focused on individual needs, preferences and routines of Sisters they supported. Sisters we spoke with told us how they were supported by staff to express their views and wishes. This enabled Sisters to make informed choices and decisions about their care and support. One Sister told us, "Nothing seems too much trouble."

Care plans had information related to all areas of a person's care needs. We read information that guided us on the level of support Sisters needed to manage their deteriorating mobility and ongoing health conditions whilst maintaining their independence. We noted there were assessments within the care plans around physical and mental health and behaviours that may challenge.

The registered manager looked at ways to make sure Sisters had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure Sisters with a disability or sensory loss can access and understand information they are given.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of Sisters with a disability, impairment or sensory loss. Care plans seen identified information about whether they had communication needs. These included big print books and larger icons on the computer. The chapel had a hearing loop and one nurse was attending an audiology course to be skilled in monitoring ear wax to be responsive in supporting Sisters with their hearing.

We looked at activities at the convent and found Sisters were offered appropriate stimulation throughout the day. We noted Sisters had daily activities to ensure their needs were met. The Convent had their own transport to encourage trips out. The registered manager told us Sisters enjoyed some activities but preferred their days to be focused on their spiritual observances and one to one interactions. There was a chapel onsite where daily mass took place. The registered manager used technology to access live mass on a large screen television when Priests were unavailable to attend the convent. One Sister told us, "It is a comfort." We observed one nurse sat beside someone in their room having a cup of tea and a chat, which both appeared to enjoy. We observed people going for walks independently which on their return they told us they had enjoyed despite the cold wind. This indicated formal and informal activities took place daily.

The service had a complaints procedure which was on display in the reception area of the Convent. The procedure was clear in explaining how a complaint could be made and reassured Sisters these would be dealt with. We saw complaints received by the service had been taken seriously and responded to appropriately. Sisters who lived at the Convent told us they knew how to make a complaint and would feel comfortable doing so without fear of reprisals.

People's end of life wishes had been recorded so staff were aware of these. We saw Sisters had been supported to remain in the convent where possible as they headed towards their end of life. One staff member told us, "The end of life care here is fantastic. Everyone gets involved. We do it attentively and

slowly. Sisters go in and read prayers and we talk and read to them. It's a lovely way to go." The registered manager told us, "We do end of life care really well. We know what Sisters want and what they have asked for. Some want company and prayers others don't. Whatever they say we do." The registered manager went on to say the funeral director visits when the Sister has died, as everyone leaves the convent in a coffin. The Priest visiting the convent delivers a service around the coffin and a procession takes place towards the hearse. The care and support delivered allowed Sisters to remain comfortable in their familiar, homely surroundings, supported by staff and friends known to them whilst having their spiritual needs and personal preferences honoured with dignity and respect.

## Is the service well-led?

### Our findings

The Cross and Passion Convent had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Sisters we spoke with told us they were happy with the way in which the Convent was managed. One Sister told us, "[Registered manager] is incredible, she is amazing." A second Sister commented, "Absolutely spot on knows exactly what's going on. Does a very professional job."

About the registered manager one staff member commented, "You can approach her, and she will listen." A second staff member said, "[Registered manager] is always out and about [in the Convent] she knows Sisters and is very welcoming."

We found the service had clear lines of responsibility and accountability. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of Sisters they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken because of any omissions or shortcomings found. Staff told us they could contribute to the way the Convent ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the manager and management team.

Additional quality monitoring procedures in place included monitoring the number of falls, complaints, safeguarding concerns, medication procedures and ensuring CQC notifications had been completed where required. For example, falls and incidents were reviewed using good practice guidance with recommendations actioned.

Surveys completed by Sisters who lived at the Convent and their relatives confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt safe and the Convent was well managed. Comments received included, 'Very happy and fortunate, all services are good.' And, 'Surpasses all my expectations.' As well as, 'Could beat any five-star hotel.'

We also read, 'Thank you [registered manager] for taking note of our suggestions.' This was in response to actions that had taken place in response to meetings with Sisters who lived at the Convent. Agenda points from the meetings included raising money for charity, visits from a local primary school and china cups for all visitors. During our visit we received drinks in china cups.

The service worked in partnership with other organisations to make sure they were following current



practice, providing a quality service and Sisters in their care were safe. These included G. P's, community health professionals and specialist consultants.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The registered manager of the convent had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The Convent had on display in the reception area of the Convent and on their website their last CQC rating, where people who visited the Convent could see it. This is a legal requirement from 01 April 2015.

The registered manager and head of care had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The registered manager and head of care worked with us in a positive manner and provided all the information we requested.