

The Presentation Sisters

Presentation Sisters Care Centre

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

This inspection visit took place on the 23 August 2017 and was unannounced. At our previous visit on the 26 February 2014 the service was meeting the regulations that we checked.

Presentation Sisters Care Centre is a care and nursing home for older people some who may be living with dementia. The service is registered to accommodate 36 people. There were 33 people using the service at the time of our visit.

The service had a registered manager. 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.

People told us and we saw there were sufficient staff available to support them. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff told us that they were supported by the management team and were provided with the relevant training to ensure people's needs could be met.

Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Systems were in place and followed so that medicines were managed safely and people were given their medicine as and when needed. Thorough recruitment checks were done prior to employment to ensure the staff were suitable to support people.

Assessments were in place that identified risks to people's health and safety and care plans directed staff on how to minimise identified risks. Plans were in place to respond to emergencies to ensure people were supported in accordance with their needs. Staff told us they had all the equipment they needed to assist people safely and understood about people's individual risks. The provider checked that the equipment was regularly serviced to ensure it was safe to use.

Staff gained people's verbal consent before supporting them with any care tasks and helped them to make their own decisions. When people were unable to make their own decisions these were made in their best interests. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals as needed to maintain their health and wellbeing.

People were supported to socialise and take part in activities to promote their wellbeing. People told us that they liked the staff and we saw that people's dignity and privacy was respected by the staff team. Visitors told us the staff made them feel welcome and were approachable and friendly.

Staff listened to people's views and people knew how to make a complaint or raise concerns. There were

processes in place for people and their relatives to express their views and opinions about the service provided. People felt the service was well managed and they were involved in decisions relating to the planning of their care. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff that understood their responsibilities to keep them safe. Staff were confident any concerns they raised would be listened to, and appropriate action would be taken by the registered manager. There were sufficient staff to support people and risks were identified and managed to ensure staff could minimise the risk for people. People were supported to take their medicine in a safe way. Recruitment procedures were thorough to ensure the staff employed were suitable.

Is the service effective?

Good ●

The service was effective.

People were supported by suitably skilled and experienced staff. Assessments were in place to demonstrate that decisions were made in people's best interest when they were unable to make decisions for themselves. People's nutritional needs were met and monitored and they were supported to maintain good health and access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People's privacy was respected and staff supported people to maintain their dignity. There was a positive relationship between the people that used the service and the staff who knew them well and understood their likes, dislikes and preferences. This enabled staff to support them in their preferred way. People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and they were provided with opportunities to participate in activities. People and their representatives were involved in discussions about how they were supported to ensure their individual needs were met. The provider's complaints policy and procedure was accessible to people.

Is the service well-led?

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the service was managed well and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

Good ●

Presentation Sisters Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 23 August 2017 and was unannounced. The inspection team consisted of two inspectors.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spoke with five people who used the service and the visitors of four people. We observed how staff interacted with people throughout the day. We spoke with the registered manager, the clinical lead, a nurse and a student nurse, a member of the housekeeping team, the residential care manager, one senior care staff and three care staff, the activities coordinator and a visiting professional. We looked at care records for five people to check that the care they received matched the information in their records. We reviewed three staff files to check that staff were recruited in a safe way and see how staff were trained and supported to deliver care to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People who used the service and their visitors told us they felt safe. One person told us, "I was worried about moving into a care home, but now I feel very happy and safe." Another person said, "I definitely feel safe with the staff here, they are all very good to me." A visitor told us, "[Name] is looked after exceptionally well here. I have no doubt that they are safe." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would report any concerns straight away to the person in charge, so that would probably be the senior carer or it might be the residential care manager. There is always plenty of senior staff we can go to. I know we can contact the local authority but I haven't had to do that." Staff told us they were aware of the whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace. Staff knew they could contact external agencies such as the local authority or the care quality commission.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided staff with information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. Staff told us they had all the equipment they needed to assist people, and we saw that the equipment was maintained and serviced as required. We observed staff supporting people with moving and handling equipment and this was done in a way that showed us that people were supported safely. Where risks were identified the care plan described how care staff should minimise the identified risk. For example, falls were monitored and actions taken as needed to reduce the risk of further falls. Staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. Visitors confirmed that safety checks were undertaken on the equipment their relative used. One visitor told us, "[Name's] wheelchair was checked before we went out; to make sure it was safe. I found that quite reassuring."

People told us that staff were available to support them as needed. One person said, "If I press my buzzer the staff are pretty quick at responding." Another person told us, "The staff come at night when I press the buzzer." Staff we spoke with told us that the staffing levels in place were sufficient to meet people's needs. One member of staff told us, "There are enough of us and every day we are allocated people to support, so we know who we are supporting but we do work as a team."

The provider checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files we saw had all the required documentation in place.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. We observed the nurse administering people's medicines and saw that they were given a drink and time to take them. The nurse stayed with them to ensure medicine had been taken before recording

this. We saw that medicines were stored safely and records were in place to demonstrate that people received their medicines as prescribed. This demonstrated that safe medicine practices were in place.

Is the service effective?

Our findings

We received positive comments about the staff team. One person told us, "The staff look after me very well." Another person told us, "All of the staff are very good." People received care from staff that were supported to be effective in their role. Staff told us their induction included reading care plans, training and shadowing experienced staff. Staff told us they received training and support that enabled them to meet people's needs. One member of staff told us, "When I first started I was supernumerary so that I could shadow more experienced staff which I did for a couple of weeks and completed my training." Another member of staff told us, "The training is very good and we get refresher training as we go along." Staff understood people's needs and abilities. Their descriptions of how they cared for and supported people, along with our observations of the care provided, matched what we read in care plans.

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. Where people lacked capacity, information was in place that clearly identified the support they needed to make decisions. We saw that when people were unable to make decisions these were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and asking them if they wanted to participate in activities. This demonstrated staff respected people's rights to make their own decisions when 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the clinical lead confirmed that no DoLS authorisations were in place, but confirmed they had made applications to the Supervisory Body for some people that used the service. This demonstrated that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the meals and were happy with the quality and quantity of food provided. One person told us, "The meals are excellent and we always get a choice." Another person said, "The meals are first class. They are always really good. You wouldn't get better in a five star hotel." We observed the lunch time meal and saw that people's dietary needs were met. We saw that where people needed help to eat, this was done in a respectful and unhurried way. Staff were attentive to people's needs and checked throughout the meal that people were satisfied and enjoying their meal.

The care plans we looked at included an assessment of the people's nutritional risks. Where assessments identified people were at nutritional risk, care plans provided clear instructions to staff on how to support

people. Where required referrals had been made to dieticians to ensure people received a diet that met their needs. We saw that some people were unable; due to their health needs to eat or drink orally and received their nutrition through a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a medical procedure in which a tube is passed into a person's stomach, usually to provide a means of feeding when oral intake is not adequate or possible. Detailed information was in place regarding people's feeding regimes and we saw that only staff trained in providing this regime supported people. One visitor confirmed their relative's PEG feed had recently been reviewed by a speech and language therapist to ensure their current needs continued to be met. We saw that people's weight was monitored to ensure they could be referred to specialist service if needed.

People told us their health needs were met. One person said, "If I need to see the doctor they sort it out for me." We saw that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. For example, a visiting professional confirmed they had assessed a person to enable alterations to be made to the wheelchair they used to ensure it met their physical needs. Visitors we spoke with confirmed that their relative's health care needs were met. One visitor told us, "If there are any concerns they don't hesitate to call the doctor and they always keep me up to date with any changes." Another visitor told us, "I am always fully involved with all health matters." We saw that staff supported people to attend routine hospital appointments if family members were unable to support them.

Is the service caring?

Our findings

We saw staff treated people with respect and in a kind and caring way and people we spoke with confirmed this. One person told us, "The staff are lovely and very kind to me." Another person said, "We have a laugh and a joke together, all of the staff are lovely."

Staff knew about people's likes and dislikes which enabled them to support people in their preferred way. For example, we saw that some people preferred to spend time in their room and others in the communal lounges. One person told us, "I enjoy spending time with other people."

We saw that people were supported to maintain their independence. One person told us, "I am able to go to the chapel in my wheelchair, as I use the lift." Staff understood the importance of promoting people's independence. One member of staff told us, "We know what people's risks are and support them when needed but we also know what they can do for themselves. I always ask people as they have some days better than others, so I check with them. It's important not to take away people's independence."

People were supported to retain their identity and self-image, for example, we saw people wearing accessories, such as jewellery and make up. Some people liked to dress smartly and we saw they were supported to do this to demonstrate their individual style and preference. People were supported to maintain their faith. For example, staff supported them to attend mass in the chapel that was situated in the home.

People and their visitors confirmed that the staff respected their privacy and ensured their dignity was maintained when supporting them. One person told us, "I never feel embarrassed as the staff make me feel very comfortable when they help me." We saw that when people were supported to move using equipment or cared for in bed, the staff helped them to maintain their dignity by ensuring they were appropriately covered. Signs were seen on bedroom doors when personal care was provided, this alerted other staff and visitors to ensure people were not interrupted when receiving personal care.

Visitors confirmed that they were involved in reviews of their relative's care. One visitor told us, "I am fully involved in [Name's] care and attend meetings." People told us their relatives and friends could call at any time. One person told us, "My friends can visit at any time, they aren't restricted." A visitor told us, "I visit every day and at different times of the day and I am always made very welcome. In fact I am offered lunch if I am here." This showed us that people were supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

Opportunities were provided for people to participate in recreational activities if they chose to. One person told us, "There are all sorts of activities going on. I took part in the poetry reading and enjoyed it. I also have my hair and nails done." The activities coordinator told us about the variety of activities that were available for people to participate in. This included large screen cinema days, chair based exercises, art therapy and garden parties. Children from the local school also visited on a regular basis and spent time with people in a variety of activities and joined people for the lunch time meal. One member of staff told us, "Even people who don't usually join in with activities or who usually don't choose to eat in the dining room join in when the children are here." This demonstrated that people were supported to spend time with younger visitors to meet their social needs.

On the day of the inspection we saw that several people spent time in the activities room and participated in the chair based exercises in the morning and watched a movie on the large screen in the afternoon. Throughout the home people's art work was displayed. The activities coordinator told us about the training they had undertaken to support their development in providing activities that met people's needs. Where people were unable to participate in group activities due to their health an additional resource was provided through an external therapist who provided one to one reflexology and head massages. The activities coordinator also provided one to one time with people to ensure they were not socially isolated.

People and their visitors told us that the staff met their needs and supported them in their preferred way. One person told us, "The staff support me when I need it, they are very good. I would be lost if I didn't have this place." A visitor told us, "I can't fault the care that [Name] receives and they seem very content here."

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. People's care plans and daily records were up to date and fully completed. We saw that staff monitored people's health and welfare so that any changes in well-being were monitored to enable the appropriate action to be taken.

People and their visitors that we spoke with did not have any complaints about the service and told us that they would speak to the staff if they had any concerns. One visitor said, "I would feel quite comfortable speaking to any of the staff if I had a complaint. I don't have any but they are all so approachable." We saw there was a copy of the complaints policy on display in the home. The registered manager told us that no formal complaints had been received.

Is the service well-led?

Our findings

People that used the service and their visitors told us that the management team were approachable and accessible to them. They confirmed they were asked for their views on the service. One visitor said, "I have questionnaires sent out to me quite regularly asking for my views. To be honest I have no issues so they always get good feedback from me." The registered manager told us that satisfaction surveys were sent out to people and their representatives. We saw the last questionnaires were sent out in January 2017 and this was followed by a meeting for people and their representatives in March 2017 to go through the responses and provided feedback on the actions that were being taken. For example, some people had raised concerns regarding the laundry. We saw that improvements had been made regarding the laundry and a new clothes tagging system had been implemented. A further meeting was held in June 2017 as building work was being undertaken next to the home that some visitors had raised concerns about. The registered manager told us this meeting was undertaken to give people the opportunity to express their views.

Staffs views were also sought by the registered manager. This was done through staff meetings, staff communication memos and engagement questionnaires and social events. Staff confirmed they felt supported by the registered manager and management team. One member of staff said, "I would usually go to the residential care manager as they are my direct line manager but all of the management team are approachable. The support here is very good right through, from carers to managers; we all work together as a team."

Staff had a clear understanding of their responsibilities and accountability within their role. A registered manager was in post at this service and they were supported by a clinical lead and a residential care manager. Nurses and senior care staff were in post to support care staff on each shift. Monitoring from the provider was also in place to support the registered manager. We saw that staff performance was monitored and issues or concerns were addressed as needed. Staff were supported in their role and provided with opportunities to professionally develop. This meant that people were cared for by staff that were appropriately managed.

Audits were undertaken by the registered manager and clinical lead to monitor the quality of the care and services provided. This information was fed back to the provider and actions were taken as required to drive improvement. These included audits of medicine's management to ensure any errors could be addressed. For example, we saw action had been taken to improve the checks for people who were prescribed warfarin which is used to thin the blood. This was done to ensure any changes in dose were identified promptly. The clinical lead had updated the homes policy to reflect the additional checks required. Pressure relieving equipment and mattresses were audited to ensure they were used correctly and in a good condition. We saw staff kept records of incidents and accidents which the clinical lead reviewed. This enabled them to identify any trends or patterns and take action where needed. Care plans were reviewed monthly to ensure they remained up to date and valid. Maintenance issues were recorded and reported, to ensure the home was maintained in a good stated of repair. We saw the home had been awarded a five star rating at the last environmental health inspection in August 2016.

We saw people's confidential records were kept securely which ensured only authorised persons had access. Staff records were kept securely and confidentially by the registered manager. The registered manager and provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.