Grace and Compassion Benedictines

More Hall 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 inspection was unannounced. More Hall Convent is registered to provide accommodation and personal care for up to 12 older people but only tend to have 10 people at any one time. At the time of our inspection there were 10 people in residence. All bedrooms were for single occupancy and each of the rooms had ensuite facilities.

There was a registered manager in post but they were not available on the day we visited. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. We spoke with the registered manager after our inspection.

People were kept safe. This was because the staff team were knowledgeable about safeguarding issues and protected people from coming to harm. They knew how to raise and report concerns if they witnessed, suspected or were told about any bad practice or abuse. All staff had received training in safeguarding adults.

Risks were assessed and appropriate management plans were in place. All the appropriate checks to maintain the premises and facilities had been completed. Where people needed to be assisted to move, their moving and handling needs were assessed and a safe system of working was devised. Medicines were administered to people safely.

Staffing numbers on each shift were sufficient to ensure each person's care and support needs were met. The staff team was made up of Nuns (Sisters with the Grace and Compassion Benedictine) and 'lay' staff. When we talk about staff we are referring to both the Nuns and the care staff. Staff were provided with regular training and were supported by their colleagues and the registered manager to do their jobs effectively.

People were satisfied with the food and drink they were served with. They were provided with the sort of food they liked to eat and any preferences and food allergies were taken in to account. Where concerns had been identified with maintenance of body weight, food and drink intake was monitored. Arrangements were made for people to see the GP, the community nursing services and other healthcare professionals as and when they needed to.

The staff knew the importance of having good relationships with people and their families and were respectful when they spoke well about people.. We found the staff to be caring and friendly and they ensured people's privacy and dignity was maintained at all times. Where possible people were involved in making decisions about their care and support and families were included where this had been agreed.

People received care and support that met their specific needs. They were encouraged to express their views and opinions, the staff listened to them and acted upon any concerns to improve the service. People

were asked how they would like their end of life care needs to be met and the staff would work with visiting healthcare professionals in order for them to remain at More Hall Convent where this was possible.

The quality and safety of the service and the care delivered was monitored using a range of different measures to check how things were going. Feedback from the staff team, the people and their families and friends was seen as important and used to make positive changes. The staff team were provided with good leadership and management by the registered manager and the director of care who visited the service often.

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.

Staff were aware of their responsibilities to safeguard people and to report any concerns.

Any risks to people's health and welfare were well managed and kept under review. All appropriate checks were completed to ensure the premises and facilities were safe. Medicines were managed safely.

Safe recruitment procedures were followed to ensure suitable staff were employed. The number of staff on duty ensured people's care and support needs could be met.

Is the service effective?

Good

The service was effective.

People were looked after by staff who were well trained and had the necessary skills to meet their individual needs. They were provided with sufficient food and drink.

Staff sought consent from people before helping them and their rights were correctly recognised, respected and promoted. The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were supported to access healthcare services and to maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with kindness and with regard for their privacy and respect. They were positive about the way they were looked after and were at ease with the staff.

People were provided with the support they needed but encouraged to be independent where possible. Peoples' personal choices and preferences were taken account of in the

way they were looked after. They were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received the care and support they required. This was altered when their needs changed and they needed more support

People were able to take part in activities that were arranged and to use the chapel with the staff and their families. People were listened to and said the staff responded to any comments they made. Any concerns or complaints people had were dealt with.

Is the service well-led?

Good

The service was well-led.

People and staff felt that the service was well managed and the registered manager provided good leadership. Regular audits and checks were carried out to monitor the quality and safety of the service.

People were asked for their view's and opinions in respect of aspects that affected their daily lives.

More Hall Convent

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 20 January 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the provider and location. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We looked around the home and talked with staff and the deputy manager. We spoke with some people who lived in the home and observed how staff interacted with the people. We looked at a sample of people's care records and records relating to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Good

Is the service safe?

Our findings

People said, "I am very safe here, nothing can harm me", "The staff need to use the stand aid to move me about and they know what they are doing", "Everyone is kind and gentle with me" and "No, I have never seen anything that worries me. Everyone is always polite and courteous". One relative said, "I have no concerns about how my mother is looked after and have every confidence that the staff will keep her safe".

The registered manager ensured that all staff received up to date training in safeguarding of adults. This training was part of the mandatory training programme all staff had to complete and was then completed as a refresher.. Those staff members we spoke with had good awareness of safeguarding issues and of their responsibility to protect people from being harmed. They knew they could report directly to Gloucestershire County Council safeguarding team or the Care Quality Commission. The contact details were displayed on the notice board in the main corridor. The safeguarding policy was included in the staff handbook that was given to each employee. The registered manager had previously completed safeguarding adults training with the local authority.

Risk assessments were completed for each person in respect of the likelihood of developing pressure ulcers, nutrition, falls, continence and moving and handling tasks. Following the moving and handling risk assessment a safe system of work was devised where appropriate. These gave a detailed account of the equipment required and the number of care staff required to undertake the task. These instructions were however hidden inside a poly-pocket and not visible for the staff to refer to. Personal emergency evacuation plans (PEEP's) had been prepared for each person and detailed what support the person would require in the event of evacuation of the building..

The service had an emergencies and crisis management policy in place and this had been reviewed in January 2016. The policy set out what to do if there was a flood, fire, power loss, computer failure and mass staff sickness. A full fire risk assessment had been completed in 2011 and we recommended this should be reviewed and updated. Checks of the premises, facilities and equipment were undertaken on a weekly or monthly basis. The registered manager and administrator maintained an oversight that all checks were completed. This ensured that the premises and all equipment remained in good working order.

Staff files were checked to ensure that safe recruitment procedures were followed. The measures in place prevented unsuitable staff being employed. Each file evidenced that appropriate pre-employment checks had been undertaken. Disclosure and Barring Service (DBS) checks had been carried out for all staff (previously called CRB's). A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. There had been very little staff turnover since the last inspection.

The staffing numbers for each shift were based upon peoples care and support needs.. Shifts were covered by a mix of Nuns and care staff and they provided housekeeping, catering and care duties. Those staff members we spoke with said the staffing numbers were sufficient. Two of the staff team were on long term absence but their work was covered in-house and there was no use of agency staff. People were therefore

looked after by staff who were familiar with their needs and preferences.

Each person was asked whether they wanted to look after or administer their own medicines. At the time of our inspection all eight people were administered their medicines by the care staff, however some people kept their inhalers in their bedrooms. All other medicines were looked after and administered by the care staff at the prescribed times. Medicines were only administered by designated and trained members of staff, who were in close contact with the pharmacy the home used. .

There were safe procedures in place for the ordering, receipt, storage, administration and disposal of all medicines. One person had a detailed care plan in place regarding how their evening medicines were managed and appropriate storage arrangements were in place. All other medicines were stored safely in a locked room. Where people were prescribed creams or ointments, a topical medicines record was maintained. All records we looked at had been completed correctly.

Good

Is the service effective?

Our findings

People said, "I am looked after in the way I want to be", "They do everything for me and I do not want for anything", "They know what I like to eat and drink and therefore the meals and drinks I am provided with meet my needs" and "All the staff are very professional". One relative said, "I am more than satisfied with the way my mother is looked after".

New staff had an induction training programme to complete. This programme had recently been aligned to the Care Certificate. All staff then had a programme of mandatory training to undertake. This programme included moving and handling, fire safety, safeguarding adults, infection control, food hygiene and first aid. The service maintained training records for the staff team and these identified when refresher training was due. Fire training and moving and handling training updates had taken place in December 2015. The staff training programme ensured the staff team had the skills and knowledge necessary to give a high standard of care in all areas.

All but one member of staff had completed a recognised qualification in health and social care at various levels (previously called an NVQ and now called a health and social care diploma). Six staff had a level two, two had level three and one had a level four. In addition the registered manager had a level four health and social care qualification in leadership and management and the registered managers award. The registered manager was studying for the health & social care diploma level five in order to give them the skills and knowledge to improve the effectiveness of the service.

Staff were supported to do their jobs. Any training or development needs were identified during the annual appraisal process or regular individual supervision meetings with the registered manager. Records were maintained of all supervision sessions and we saw these in the staff files we looked at.

The registered manager and other senior staff had completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training with Gloucester County Council. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty. None of the people who were in residence at the time of the inspection were unable to consent to be accommodated.

Staff told us mental capacity assessments were completed as part of the care planning process. They knew what to do if a person lacked mental capacity. During the inspection we heard people being asked to give consent and to make decisions about things that affected their daily lives. Examples of this included, where they sat, whether they wanted to be assisted back to their bedroom and want they wanted to eat.

Each person was assessed to determine any risk of malnutrition or dehydration. People's preferences for food and drink were recorded and this information was shared with the kitchen staff. The staff said they

were not concerned regarding any person's nutritional needs but they told us what they did where concerns had been raised. Nutritional risk assessments were reviewed on a monthly basis and body weights were recorded.

People made positive comments about the food.. They said, "We get good traditional food and it is well presented", "We have just had a chicken meal which was very nice" and "We get a lot of soup and sandwiches for tea but we are told we can have hot snacks if we prefer".

Each person was registered with a local GP practice. The GP was asked to visit people when they were unwell or when they asked to see the doctor. District nurse visits were requested if people developed a nursing care need, for example continence care or wound care management. Arrangements were in place for people to receive support from visiting opticians, dentists and chiropodists. The service worked alongside community and hospital social workers, occupational therapists and physiotherapists to make sure people were well looked after. Healthcare professionals said, "We are asked to visit residents in a timely manner" and "If we leave any instructions for the care staff these are followed".

Good

Is the service caring?

Our findings

People said, "It is very important that my religious needs are met. I can go to chapel whenever I want", "They are looking after me fine", "The whole atmosphere here is calm and loving", "I am still here so I must be well looked after" and "I used to live locally but my daughter chose this place. She made a very good choice and I couldn't be any better looked after". One relative said "All the staff are good but for the sisters (the nuns) this is their vocation and not just a job".

The ethos of the service was that of kindness, compassion, care, dignity and respect and these aims were set out in the home's information booklet. Our discussions with the people and the staff team was that this was very much achieved. It was evident that people got on well with the staff. There was a relaxed and calm atmosphere throughout the whole of our visit and we observed positive and loving interactions between people and the staff team. There was a lovely conversation between one person and a staff member about the place where the person had previously lived. The staff member later told us this conversation was usually repeated on a daily basis but this had not been apparent in the way the conversation was responded to.

During the inspection visit there were many examples of positive and meaningful interactions between people and the staff members.. We saw one person being supported by a member of staff to return to their bedroom from the lounge using a stand-aid hoist. The member of staff gently reassured the person throughout the procedure and chatted away in a friendly manner. We saw people being encouraged to continue eating their midday meal and to "join the others in the lounge" where a musician was going to play a mandolin.

Staff were committed to developing good working relationships with the people and to always treat them well. The staff liked to find out as much as possible about each person's past life. They also said they respected a person's wishes if they did not want to share this information. We asked one person if they were going to join in the group activity that afternoon and they said they didn't want to, "We are not made to do anything we don't want to. The staff are very respectful and listen to me".

Staff spoke about people in a kind and respectful manner and were aware of the different way people liked to be looked after. Staff addressed people in an appropriate manner, generally by their first name. This preference was recorded in their care plan. Staff received training in equality and diversity and this enabled them to provide support that took account of individuals specific wishes.

People were given the opportunity to record any end of life care wishes. They would be supported by the staff team and healthcare professionals to end their days at home if this was what they wanted. Within the care files there was recorded information about people's end of life care wishes and any advanced decisions made. Where appropriate Do Not Attempt Resuscitation decisions (DNAR) were clearly recorded. The appropriate documentation evidenced that the person had been included in the decision making process, along with relatives and had been signed by the GP and a staff member.

Good

Is the service responsive?

Our findings

People told us, "The staff always ask me for my views", "I get all the help I need", "I have no complaints, everything is fine" and "This is my final home and I am enjoying living here. I enjoy the company of the others and the staff".

The registered manager assessed peoples care needs before they were admitted to the home.. This ensured staff could meet their care needs and any specific equipment was available. Information gathered in the assessment process was used to develop a personalised care plan. Plans provided details about people's personal care needs, their mobility, the support they needed with eating and drinking and where appropriate managing continence. The plans included people's likes and dislikes and what was important to them..

The plans we looked at were examples of good personalised care planning. For one person, who had specific needs in respect of their medicines, there were clear details in the plan of what the staff had to do. The person said, "Everything works very well". For each person an 'At a Glance' plan was prepared. This provided a quick overall summary of the person's needs. The care plans and summary plans we looked at provided the same information therefore would not cause confusion.

People were asked about their previous life, hobbies and interests and a detailed account of their life history was recorded. For one person it was recorded they did not wish to give this information. Staff said they respected this person's wishes. For one person who had lived in the home since 2013, their life history had stopped at this point. Any events in that person's life that had happened in the previous two years were not recorded and this was discussed with two members of the staff team.

The service id not have a dedicated activity person. Events were arranged by the registered manager, the administrator and the staff team. We were told that all birthdays were celebrated as well as religious festivals throughout the year. The "Friends of More Hall" helped the service to raise funds to make improvements to benefit the people living there. For example they enabled the creation of a pretty walled garden with a fish pond around which people can sit in the warmer weather. They had also arranged outings, events and entertainment for people to enjoy all through the year. Several families of the people at the home were members of the 'Friends of More Hall'.

'Residents' Meetings were held when possible, however not every person was able or willing to participate in these. One person said, "I was told about the last meeting but I really did not want to attend". The registered manager visited each person every day and spoke with them individually.. Notes were kept of these discussions and any decisions made with the person.

The service has a chapel, which all the people living in the home and their families were welcome to use. The home also has a quiet room where people can meet with visitors. The service provided accommodation for relatives and friends from afar who wished to stay.

People were provided with an information booklet about the service. This gave details about the daily life in the home and included details about the complaints procedure if people were not satisfied with aspects of their stay and care. Those people we spoke with felt they would be able to raise any concerns or complaints they had with the registered manager or one of the nuns. People said, "I would say if I wasn't happy about something" and "The staff are so committed to our comfort. I have absolutely nothing to complain about at all". People were asked to share their views or make comments about things during their care plan reviews, when they were receiving personal care or when group activities were taking place.

Good

Is the service well-led?

Our findings

People said, "The manager is a very jolly person and comes and sees me every day", "Everything runs very well here" and "Things could not be any better. I am so glad I am able to live here".

Staff said the registered manager was a, "good manager" and was involved in the day to day running of the home and the care of people. The registered manager was supported by the deputy manager ,an administrator and the director of care. Staff meetings were held three-four monthly and meeting notes were kept. Those records we saw showed there had been discussions about infection control (following an outbreak of illness in April 2015?), aspects of the homes' procedures and issues to do with peoples' care and support.

Information supplied prior to our inspection stated their quality assurance processes, audits, staff meetings and training programmes, and their policies and procedures, all helped to show that the home was well led, open and transparent.

The registered manager has been in post since 2006 and was very familiar with the service, the staff and the people who lived there. The registered manager worked as part of the care team, with care shifts on a regular basis. This ensured they were familiar with the experiences of people and the day to day care of them. .

The registered manager was accountable to the director of social care for the charity and to the care home provider who inspected the service on a regular basis and spoke with staff and people. The director wrote a report of the findings on each of her visits and we looked at some of the recent reports. Any action points were listed and followed up at the next visit. At regular intervals the registered manager attended meetings with other managers of the charity's care homes in order to discuss issues such as, changing legislation, best practice, staff recruitment, training, and financial matters.

The service had a programme of audits and quality checks and these were completed on a monthly, quarterly, six monthly or annual basis. Audits were completed in respect of the catering service, the premises, fire safety, medicine administration and care files. Any accidents and incidents were audited on a monthly basis. This included the prevalence of falls. Any events would be analysed to identify triggers or trends so that preventative action could be taken. The service had already completed two audits looking at the key questions, Is the service safe? and Is the service caring?. The remaining three questions, (Is the service effective, Is the service responsive and Is the service well-led) will be audited in subsequent 'provider visits'.

The home manager was aware when notifications had to be sent to CQC. A notification is information about important events which had happenened in the service and providers were required to send us by law. CQC used the notification process to monitor the service and to check how any events had been handled. The registered manager had ensured that relevant notifications were sent to the CQC whenever necessary.

A copy of the complaints procedure was displayed on the noticeboard in the hallway and stated that all formal complaints would be acknowledged, investigated and responded to. Information was also given to people about the complaints procedure in the home's brochure. In the previous 12 months the service had received three formal complaints and each had been handled in accordance with the complaints procedure. The registered manager audited any complaints received on a monthly basis in order to determine whether there were any trends. This measure enabled them to take action to prevent a further reoccurrence and to review their practice.

The providers' last quality assurance questionnaire had been completed in May/June 2015. People and their families or visitors were asked for their views about the choice of the home, meeting health and personal care needs, their daily life, the environment and the staffing. The survey had resulted in positive responses. One person had made a comment about access out to the courtyard garden and as a result of this ramps had been put in position and were proving helpful.