

The Presentation Sisters

Presentation Sisters Care Centre

Inspection report

Chesterfield Road
Matlock
Derbyshire
DE4 3FT

Tel: 01629582953

Date of inspection visit:
12 March 2020

Date of publication:
13 May 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Presentation Sisters Care Centre is a care home providing nursing and personal care to 35 people aged 65 and over, some of whom are living with dementia. The service can support up to 36 people. The service is set over three floors which are accessed by stairs or a central lift. People have private rooms and access to numerous lounges, dining areas and a garden.

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

People were protected from the risk of abuse and avoidable harm by trained staff. Staff understood their responsibility to identify and report any safety concerns. People and their relatives felt the service was safe. Risks to people were assessed and well-managed. Infection control measures were in place to help prevent illness. Policies and processes were in place to safely manage the administration of medicines.

Care plans were developed in collaboration with people and their relatives and included their preferred routines, likes and dislikes. People had a choice of nutritious food, snacks and drinks throughout the day. Staff received a full induction, competency checks and regular supervision. People were given choice and control of their lives wherever possible. Staff supported people in the least restrictive way possible and in their best interests.

People and their relatives told us staff were kind, respectful and patient. People were treated in a dignified way and their privacy was respected by staff. People were assisted to maintain relationships important to them. People had a voice in their care and were encouraged to maintain their independence where possible. Advocacy services were available to people who required them.

People received personalised care that recognised their individual needs. People's communication needs were reflected in their care plans to allow staff guidance on the best way to support people. Activities were organised and delivered on a schedule and allowed for people to choose activities most meaningful to them. Volunteers visited with people on a regular basis to provide company and conversation. People and their relatives were aware on how to raise a concern or complaint and complaints were addressed and outcomes recorded by managers.

The registered manager and their leadership team were committed to providing a high standard of care. Staff felt the service had good training, strong leadership and positive team morale. The registered manager was aware of their regulatory responsibilities. Regular audits and spot checks were made by the leadership team to ensure the service was safe and of a good quality. People, their relatives and staff had opportunities to give feedback through meetings, questionnaires and a suggestion box. The leadership team worked with health and social care colleagues to ensure good outcomes for people.

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

Rating at last inspection

The last rating for this service was Good (published 26 September 2017)

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Presentation Sisters Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of an Inspector, an Inspector Manager and a Specialist Advisor (Nurse).

Service and service type

Presentation Sisters Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection because of public health concerns at the time, to ensure that the service was operating without related complications.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR) prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We received a copy of the

completed PIR following the inspection for information purposes. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, registered manager, residential care manager, a matron, nurses and care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We additionally spoke with one volunteer and a visiting health professional.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including quality assurance records, complaints and compliments records and records relating to supervision and team meeting and relatives meeting minutes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at responses to surveys of relatives of people using the service, a copy of the Provider Information Return submitted by post and several monthly service newsletters.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were stored in a safe way overall. We found a dietary supplement had been improperly stored, however this was rectified immediately by the registered manager.
- People received their medicines safely from trained staff. Medicines were administered and recorded in a safe way. Records indicated audits of MAR (Medication Administration Records) were undertaken. Staff who administered medicines were clear on proper protocols.
- People's care plans included information on how to support them to take their medicines. Where people needed medicines 'as and when' there was a clear procedure in place as to how staff should ask people if they required the medicine and then record its distribution or refusal.
- Staff were observed to offer medicines on time to people who required them at specific times. Staff told us they understood the importance of administering these medicines on time.

Assessing risk, safety monitoring and management

- One person with a pressure-relieving mattress was found to have their mattress on an incorrect setting for their weight, which could result in skin injuries. This was immediately corrected.
- People had individual risk assessments based upon their specific needs. There was adequate detail in people's risk assessments to assist staff to minimise risk to people.
- Personal evacuation plans (PEEPS) were in place in the event of an emergency in the service requiring people to move outside the building. Individual requirements were documented in care plans for staff to reference.
- Health and safety checks were completed on a regular basis by the management team. Equipment was checked routinely to ensure it was working properly and communal areas were kept hazard-free. We observed staff using equipment safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and from avoidable harm. Staff understood how to identify and report concerns and safeguarding systems were in place to manage people's safety.
- We saw evidence that safeguarding was discussed as a topic in staff supervision and discussions in team meetings to remind staff to be observant and to report concerns.
- People felt safe and protected at the service. A person told us, "The staff make me feel safe, calm and supported."
- Staff felt they could approach management with any concerns. A staff member said, "Management are approachable at any time, I can approach them and know they'll act."

Staffing and recruitment

- There were enough staff to meet people's needs. Staff told us that they whilst some days were busy there were enough staff to provide a good standard of care. One staff member said, "We can always answer calls and have time to spend with people."
- Relatives felt there were enough staff on each shift to support people, regardless of time or day of the week. A relative said, "I come in at different times, different days of the week and see different staff working with people. There isn't any difference in how care is going based on that."
- Recruitment of staff followed established guidelines and pre-employment checks were in place. This ensured applicants were suitable for the role prior to working with people.

Preventing and controlling infection

- People were protected from the risk of infection. Staff received training on infection control policies and procedures and refresher training periodically.
- Staff were observed to wear PPE (personal protective equipment) such as aprons and gloves when handling food, when administering medicines, when cleaning or when preparing to provide personal care. Staff changed their PPE between tasks to minimise the risk of infection.
- The regular health and safety checks in the service included environmental checks on the hygiene and maintenance of the buildings, checks of water temperatures and laundry audits. We observed the building to be in a clean and well-maintained condition.

Learning lessons when things go wrong

- The service had systems in place to record, investigate and review any accidents or incidents in the service. Where action points or learning following these was evidenced the information was shared with staff to minimise future risk.
- The service used concerns raised by people or relatives to improve their services. Where a relative felt communication could have been improved to notify them of a deterioration in their loved one's condition, this was discussed with staff at a team meeting and actioned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received referrals to specialist services such as speech and language therapists or tissue viability nurses in a timely manner. In one instance however, a pending occupational therapy report following a visit had not been followed up by staff. This meant staff could not safely move the person from their bed as the recommendations were pending. The lead nurse agreed to follow this up.
- A visiting nurse practitioner from the local GP surgery assisted on a regular basis to review people and to assist in processing referrals. This helped to speed up specialist care for people.
- The service worked in partnership with health and social care partners when producing assessments and reviews of care plans, using a multi-agency approach.
- People were provided with weekly opportunities to participate in other wellbeing-related activities such as exercise, pastoral and spiritual meetings and hair and nail care through the activities schedule.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received a holistic initial assessment that captured their needs, histories and personal preferences. These assessments included their abilities and activities of daily living where care and support was required.
- Staff received training in line with best practice guidance. This ensured they had the skills to support people with specific conditions such as dementia, diabetes or Parkinson's Disease.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team. Staff received a formal induction and training relevant to their role. Shadowing shifts with senior staff and competency checks were completed prior to staff working on their own.
- People and their relatives felt the staff recruited to the service had the training and experience to provide good quality support and care. A relative said, "[Staff member] gets on well with my relative. When my relative first moved in I made observations. My evidence is they are well looked after."
- Staff were provided with options to pursue nationally-recognised vocational training. Several senior care staff were being sponsored by the service to undertake a programme of training to qualify as nursing associates. This would assist the service to provide a higher level of nursing-level care for people.

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

- People had a choice of nutritious food, snacks and drinks throughout the day. Menus were planned in advance, giving people the chance to plan their meals or request an alternative meal.
- People and their relatives complimented the food on offer. A person told us, "The food is good. They

come round the day before to ask what we would like [to have]."

- Where people required special diets due to their medical conditions this was catered for and their care plans were documented to give staff guidance on their needs. In cases where people's weight fluctuated, food and fluid charts were kept to ensure people maintained a healthy weight.
- We observed people having meals in lounges, dining rooms or privately in their own rooms. Where people needed assistance from staff to enjoy their meals this was provided. Adapted cutlery, drink containers and plates were available for people needing them.

Adapting service, design, decoration to meet people's needs

- People had the choice of privacy within their own private rooms, numerous lounges, dining areas and an outside garden. A recent refurbishment of a lounge allowed for a quiet sitting area coupled with a communal activities area to be used for games and arts and crafts.
- Private rooms were of varying sizes and shapes, but all rooms observed had adequate space for people and any equipment they required. People were encouraged to personalise their own rooms with their keepsakes.
- The hallways in the service were decorated with photographs of local landmarks, scenery and wildlife in Derbyshire. A large bulletin board displayed photographs of people engaged in a variety of different activities, showcasing the experiences of people using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were given the chance to make decisions about their care and support. We observed staff speaking to people about their care and asking for their consent before supporting them.
- Care plans included information on how best to communicate with people, which allowed them to have choice and control in aspects of their daily lives. Care planning was discussed with people and their relatives. Where people lacked capacity for a particular decision, a best interest decision was made.
- Staff understood the principles of the MCA and how to support people to make choices wherever possible. A staff member said, "Most people can make choices for themselves, but where needed we involve their relatives or relevant professionals to ensure good decisions are made."
- Where people had a DoLS in place, staff were aware of the conditions and followed these. This ensured people were cared for with minimum restriction based upon their individual circumstances.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect and thought highly of the staff supporting them. A person told us, "They are very friendly staff. They are helpful and make it as homely as possible here."
- We observed positive and sensitive interactions between people and staff. Staff told us they would be happy for a family member or friend to live at the service. A staff member said, "Yes, I would. And that is genuine." Another said, "there is no better place to be if you need care."
- Relatives of people complimented the management and staff on the personalised nature of the care being provided. A relative said, "The staffs' approach is always on-point and dignified."

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

- People were encouraged to express their views with regular reviews and through conversation with staff. A staff member said, "All the staff are talking to people as they are working with them, explaining things to people, asking for their choice or feedback. We have banter and bright, smiling faces."
- Where appropriate, relatives were involved in discussions around people's care. A relative told us about how the nurses contacted them with any changes in their loved one's presentation. This allowed the family to feel consulted and up-to-date with any changes or concerns.
- Advocacy information was available for people who required it. An advocate is an independent person who will support people to make important decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff and their privacy was maintained. A staff member said, "If we are helping with personal care, we cover people and give them their dignity, tell them about what we are doing, communicate with them. We always knock before entering a person's room."
- Staff provided care and support that encouraged people to be as independent as possible. A person told us, "I do what I can for myself. They just help where it is needed."
- We observed interactions between people and staff that were respectful and patient, where people were given the time to respond and to make choices. A relative said, "[Person] is so much better since coming here, the staff talk to them and they are so much more relaxed, a definite improvement."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans gave sufficient information on their histories, needs and preferences but some plans reviewed were more detailed than others. Staff had enough information to provide individualised support to people. Care plans were in the process of being moved to an electronic care planning system which will allow for staff to access and update people's information quickly.
- Staff understood the concept of personalised care and support. A staff member said, "We get information from what is in the care plans but talking to people you get quite a bit of information about them and get to know them on a different level."
- Staff had time to read people's care plans and spoke to them about their preferences. A new staff member said, "I ask people themselves or staff about people's preferences. I have been shown the files with people's preferences, so if staff are not available or people cannot tell me I can refer to the files."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. Guidance for staff on how best to communicate with people was included in care plans.
- Where people had a sensory impairment, information could be given verbally, in large print or could be introduced visually such as presenting two food items to allow a person to choose.

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

- People were supported to maintain relationships important to them. Visitors were welcome to come at any time and to be involved in their loved one's care.
- Activities were coordinated by a dedicated member of staff and scheduled in advance to allow people to plan. There were communal activities, individual activities and entertainment available to suit many different interests and hobbies. Spiritual and pastoral activities were also available.
- Intergenerational projects had been introduced and brought children into the service from a local school to interact and do activities with people living at the service. A person told us, "Children from the school join us for crafts. It's such fun!"
- The service was aware and accepting of people's different cultural identities. A member of staff said, "Although the church is involved in the home, they are respectful of other religions or ways of life. All people

are welcome here and we are accepting of people's differences."

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to voice any concerns or raise a complaint with the service. The registered manager maintained records of all complaints, which were investigated and actioned. Outcomes were communicated with staff as appropriate to promote learning and improvement in the service.
- Records we reviewed indicated concerns and complaints were responded to in a timely manner and outcomes were shared with the complainant.

End of life care and support

- People's wishes around end of life care was recorded in their care plans. Advance care plans were discussed initially when people moved into the service and during reviews. Where people lacked capacity to discuss their preferences, information was sought from relatives.
- People were supported by a dedicated staff team to have a dignified and pain free death in a familiar setting. Relatives were supported by staff to remain close to their loved ones who were nearing the end of their lives. Following a death of a person at the service, a relative said, "Without your help, their death would not have been as special as it was and I would undoubtedly find their loss even greater."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives felt the service was well-managed and well-operated.
- The service planned and provided safe and effective personalised care. The registered manager and their staff followed relevant legislation and guidance to support good outcomes for people.
- Staff were supported in their roles and encouraged to develop their skills and qualifications. Several senior care staff were undertaking nursing associate training to prepare them for more advanced roles. The impact of this will be a better trained workforce to meet people's needs.
- The culture of the service was open, transparent and staff morale was good. A staff member said, "The job is great. They are investing in me. I love the caring. [People] have given to us and I can give back."

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

- The registered manager and clinical leads understood their legal obligations as it relates to the duty of candour and the need to report any shortcomings to us and other authorities.
- Policies and procedures were in place regarding accountability and the responsibility of the service to be forthcoming should something go wrong.
- We observed records where concerns were followed up honestly and transparently.

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

- All staff working at the service understood their roles and worked together as a team to meet the needs of people. A staff member said, "It is not like a job, it is like helping family."
- The registered manager, leadership team and provider conducted regular audits of health and safety in the premises, record-keeping and operations to ensure a high standard of care was delivered. The provider ensured their staff were checked for required competencies.
- The registered manager understood their regulatory responsibilities and notified us and other organisations with required information. Guidance was sought when it was needed.

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

- People and their relatives were asked for their feedback in a variety of ways. Residents and relatives meetings were held and minutes distributed for those who were unable to attend.

- Questionnaires and an annual survey were sent out to relatives. Comments from these included, "The carers here are all excellent and dedicated to their job. It isn't an easy job but they work very hard and are always cheerful. Bless em' all."
- A suggestion box was maintained in the entryway to the service, allowing people to leave comments or suggestions for management to action. Records indicated this feedback was added to the complaints/compliments logs and were actioned accordingly.
- People, their relatives and staff all felt the registered manager and leadership team were approachable and their views would be heard. A relative said, "The communication is great. Staff are always very happy to discuss my relative's condition and very proactive in making changes/adapting to their needs, really excellent."

Continuous learning and improving care

- The registered manager and their team were committed to service improvement. An expansion to plan for five additional resident rooms was being planned and improvements to care planning with an electronic care plan system was being transitioned into the service. This system will allow for information in care plans to be more accessible to staff and to relatives who may live a distance away to allow them to view their loved one's care records.
- The registered manager and leadership team started a learning-based approach to staff supervision, where topics such as safeguarding or infection control were discussed in a one-to-one setting to ensure staff kept up to date on important information and could demonstrate their knowledge to their manager.

Working in partnership with others

- People had support from a specific staff member to oversee their care delivery. Health care was coordinated with local GP surgeries and District Nurse teams as required. Nurse practitioners visited the service regularly and made specialist referrals.
- The service coordinated support in partnership with the local authority, health authorities, hospitals and schools. A local school was involved in an intergenerational project which was of benefit to people using the service and to the school children involved in the project.
- Local volunteers worked with the service to provide company and conversation to people. A volunteer told us, "I get a wonderful feeling of accomplishment by being here, you are with people, you hold their hands, it is so lovely. You can see the difference in people. I feel full and I skip home."
- The registered manager encouraged nursing student placements and worked with a local university to facilitate their learning. People benefitted from the care and support given by the student nurses and the service assisted in bringing additional people into the workforce through supporting the placement.