Visitation of Our Lady

Visitation of Our Lady Residential Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 20 and 23 October 2015 and was unannounced. The service was last inspected on 14 June 2013 and at the time was found to be meeting the regulations we looked at.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided residential care for up to nine elderly people. Five people were living at the service at the time of our inspection. Visitation of Our Lady

Summary of findings

Residential Care home is a home for people predominantly from the Roman Catholic Polish Community. The staff lived at the home and were a community of nuns from Poland.

Medicines management was unsafe. Medicines were not stored securely, administered safely and records did not ensure that a clear audit trail was provided. The manager did not have systems in place to monitor the management of medicines. This resulted in people being at risk of not having their medicines properly administered.

People's capacity to make decisions about their care and treatment had not always been assessed. The staff did not understand the legal processes required when relatives consented on behalf of people. Processes had not been followed to ensure a person had been deprived of their liberty lawfully.

Staff supervision had taken place in the past but was no longer carried out regularly. Staff did not receive an annual appraisal, therefore, there was a risk that staff may not have been adequately supported, and this may have had a negative impact upon the quality of care being provided.

Staff had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The care plans contained assessments of people's needs and information on how care was to be provided. The care plans contained information about people's daily routines and preferences. Visits by health care professionals such as their general practitioner were recorded.

Care plans were reviewed and updated monthly and the reviews were signed by people. Individual risk assessments were carried out with regard to moving and handling and any other risks presenting in the environment, so that people were cared for safely.

There was a daily health and safety audit which indicated that all areas of the home were checked for safety and any areas requiring maintenance were identified.

All staff were nuns who were appointed by the Order's Sister General in Poland, and had been working at the service for many years. We saw that all staff had a Disclosure and Barring Service (DBS) check carried out.

There were sufficient staff on duty to meet people's needs in a timely manner.

People told us they felt safe at the home and trusted the staff. They told us staff treated them with dignity and respect when providing care. Relatives confirmed this.

There was a complaints process in place and people told us they knew who to complain to if they had a problem. Relatives were sent questionnaires to gain their feedback on the quality of the care provided.

People said they liked living there. One person said "life is marvellous here". People were complimentary about the approach of the staff. They indicated that the religious ethos of the home was instrumental in the good care and support they received.

We observed the staff and people living together as a community. We saw people being cared for in a calm and patient manner. There was a relaxed, unrushed atmosphere which facilitated general discussion and good communication between staff and people.

Daily events and activities were recorded in a diary for all people rather than in their individual care records.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to the management of medicines, the Mental Capacity Act 2005, supervision, appraisal and good governance. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

Medicines were not securely stored and staff did not follow the procedure for recording and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

The provider had processes in place for the recording and investigation of incidents and accidents. Risks to people's safety were identified and managed appropriately.

There were sufficient staff on duty to meet people's needs in a timely manner.

People felt safe when staff were providing support. Staff had received training and demonstrated a good knowledge of safeguarding adults.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

Where people lacked the capacity to make decisions, the staff had not followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff received the necessary training to deliver care to people, but were not suitably supervised and appraised by their manager.

People were protected from the risks of inadequate nutrition and dehydration. People had a choice of food and drink for every meal, and throughout the day.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a friendly and caring way. People said that they felt cared for and had good and caring relationships with all the staff. Relatives and professionals said the people using the service were well cared for.

Care plans contained people's likes and dislikes and identified the activities they enjoyed, people who were important to them and their cultural and religious needs. People were supported by caring staff who respected their dignity.

People were able to make choices and told us the staff respected these.

Is the service responsive?

Good

The service was responsive.

Assessments were carried out before support began to ensure the service could provide appropriate care. Care plans were developed from the assessments and reviewed monthly. Reviews were signed by people.

Summary of findings

Relatives were sent questionnaires to ask their views in relation to the quality of the care provided. People using the service did not receive questionnaires but told us that the manager always asked them how they were and if they had any issues.

Activities took place at the home and mainly included music, exercises, going for walks and watching TV.

Is the service well-led?

Some aspects of the service were not well-led.

The provider had a number of systems in place to monitor the quality of the service but had not identified issues relating to the recording, administering and storing of medicines.

People and the relatives we spoke to thought the home was well-led and the staff and manager were approachable and worked well as a team.

The staff told us they felt supported by their manager and there was a culture of openness and transparency within the service.

Requires improvement

Visitation of Our Lady Residential Care Home

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 was 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 inspection took place on 20 and 23 October 2015 and was unannounced.

The inspection was carried out by a single inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had experience of residential and nursing services for older people including those living with dementia.

Before we visited the service, we checked the information that we held about it, including notifications sent informing us of significant events that occurred at the service. We spoke with the registered manager, the deputy manager, three care staff, a cook, five people who used the service, one relative and two visitors.

Following our visit, we spoke to a social care professional and a healthcare professional to get their views about the service.

At the inspection we looked at four people's care records, four staff records, and a range of records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at the home. Comments included "It's absolutely safe here", "living with the Sisters, we are very safe". A relative told us "It's a relief to me that I can leave her, she is absolutely safe here".

The provider did not always manage people's medicines safely. We looked at the storage, recording of receipt, administration and return of medicines and people's records in relation to the management of their medicines. Medicines were stored in a lockable desk in the dining room. We saw that the medicine keys had been left in the lock and there was a risk that people and visitors could access the medicines which might then result in a serious medical emergency for people using the service. We found that medicines had already been dispensed into named medicine containers ready to be administered. This practice was not safe as it could increase the risks of people receiving the wrong medicines. Medicine administration records did not record the number of medicines received, this meant there was a risk that any discrepancies in stock would not be identified.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a policy and procedure for the administration of medicines. The manager kept an accurate record of all medicines returned to the pharmacy at the end of each monthly cycle. We saw from the training records that care staff had completed a course in the management of medicines as well as regular refresher training. People told us they received their medicines at the expected time and they received the assistance they needed.

Staff had completed training in safeguarding adults and were able to demonstrate knowledge in this subject when we spoke to them. The service had a safeguarding policy but did not have a Pan London safeguarding policy. They told us that they would obtain one from their local authority. The manager told us that they had not had any safeguarding concerns. They told us that they would know how to contact the local authority if they needed to. The whistleblowing policy was made available to staff. Staff told us they were aware of it and would know how to report to external agencies.

Accidents and incidents were a rare occurrence and there were none recorded this year. We saw that when they happened in the last year, they were recorded and the registered manager had taken appropriate action to minimise risk.

We viewed the care and support plans for four people who used the service. Detailed person specific risk assessments were in place and regularly reviewed and updated. They included risks to general health, mobility and personal safety, financial awareness, mental health and the person's ability to complete tasks related to everyday living such as washing, dressing, nutrition and continence. For one person we saw that pressure relieving equipment and input from the district nursing service had been provided when a risk to their skin integrity had been identified. We also saw staff following the care plan for one person at risk of choking due to swallowing difficulties who required a soft diet.

The provider had taken steps to provide care in an environment that was safe, suitably designed and adequately maintained. The garden was landscaped and there was a large pond in the middle which was securely covered by netting. There was a circular path all around for people to walk on, and a ramp for wheelchair access. We were informed that the staff maintained all aspects of the home, including the cleaning and gardening.

Systems were in place for the monitoring of health and safety to ensure the safety of people, visitors and staff. For example, weekly fire alarm tests, weekly water temperature tests and regular fire drills were taking place to ensure that people using the service and staff knew what action to take in the event of a fire.

People told us that there were always plenty of staff in the home. One person said "I can always speak to one of the sisters, they are always around". One relative told us that there were always plenty of staff in the home to take care of people. They said "people never have to wait when they want something".

The service employed seven staff plus the registered manager, all of whom were Catholic nuns who lived at the service. On the day of the inspection, the manager was on annual leave and the deputy manager was acting up in their place. We saw the staff rota which showed that there were always more staff than people on duty and this enabled people to receive one to one care and support.

Requires improvement

Is the service effective?

Our findings

The provider and staff did not have a full understanding of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Codes of Practice to make sure people's rights were protected.

The provider did not have a procedure in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is a law protecting people who lack capacity to make decisions. The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards. This is a process to ensure people are only deprived of their liberty in a safe and correct way which is in their best interests and there is no other way to look after them. The provider had also not followed the requirements of the Mental Capacity Act (MCA) and had not made an application for a Deprivation of Liberty Safeguard for one person who was bedbound and for whom bedrails were being used. This meant that the person was being unlawfully deprived of their liberty.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that this person lacked capacity to make decisions about their health and welfare but there was no evidence of a best interest assessment. The next of kin had been consulted and had signed the care plan on the person's behalf although the provider had not checked if they had the legal right to do so. The next of kin had signed a 'Do Not Attempt Resuscitation' (DNAR) for the same person. These are decisions that are made in relation to whether people who are very ill and unwell would benefit from being resuscitated if they stopped breathing. The person's capacity in relation to this decision had not been assessed. This meant that people were at risk of not being appropriately supported when decisions about their care were made as there was no attempt to take into account their wishes whenever possible.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did not see any recent records of staff supervision. The manager showed us the form used and old records of supervision. They told us that they carried out informal supervision and this was not recorded. The staff told us that they talked daily about everything relevant to their role and the care of the people who used the service. There were no records of annual appraisal of staff. This meant that the staff were not effectively supervised and appraised and there was a risk that this may have had a negative impact upon the quality of care being provided.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw people were being cared for by staff who had received the necessary training to deliver care safely and to a high standard. The manager explained that a number of training courses had been identified as mandatory. These included first aid, infection control, administration of medicines, health and safety and safeguarding adults. Staff were required to complete refresher training annually. We looked at the training records for four staff and saw copies of the certificate of completion for various courses. This meant that the care workers had received a range of training to support them in providing appropriate and safe care.

The service had not employed any new staff for many years. All staff were nuns who were appointed by the Order's Sister General in Poland, and had been working at the service for many years. We saw that all staff had a Disclosure and Barring Service (DBS) check carried out.

The current staff had been sent by the Religious Order and all had appropriate checks carried out and on their files.

There was evidence of regular team meetings and these were recorded. The issues discussed included the care of people, training and any other important issues. Staff we spoke to said that communication and teamwork were very good. They told us that they felt supported by their manager. The people and relatives we spoke with also confirmed this.

The care plans we looked at contained nutritional assessments and evidence of health care appointments. On the day of the inspection we saw a staff member accompanying a person to a hospital appointment. Appointments were recorded in the diary and planned ahead. We were told by staff that people had access to healthcare professionals whenever they needed, and this was appropriately recorded in their care plans. This included regular visits by the optician and visits by the district nurse for one person currently bedbound. Records indicated that the outcome of healthcare appointments and visits were recorded in the daily diary and discussed in

Requires improvement

Is the service effective?

staff meetings. People told us that they saw the doctor whenever they needed to, and that staff took them to their healthcare appointments. We spoke to a healthcare professional who told us that the home was "excellent" and that the staff were "extremely effective and professional". They told us that they had "absolutely no concerns about the service".

People gave positive feedback about the food and we saw that it was well presented. People told us that the food was very good and suited their tastes as they all came from Poland and were offered Polish food. One person told us "The food is wonderful, usually what we are used to", another person told us that "All the cakes are homemade". People and staff all sat together to eat at one table. Lunch was relaxed and unrushed and there was a positive interaction between everyone. A menu was displayed in the dining room. Tea or coffee and biscuits were offered to people during the morning and tea and fruit in the afternoon. We saw that water and juice was on offer throughout the day in the lounge.

Good

Is the service caring?

Our findings

People and visitors told us that the care was excellent and thought the staff were kind, respectful and caring. A relative told us "It's a wonderful place. The Sisters are so caring. I'd say the care is 100%". People's comments included "the staff are devoted to the residents" and "the Sisters will do anything to make us happy. It's like a hotel here".

We observed staff interactions to be kind and caring. They attended to people's needs promptly and in a gentle and discrete manner. People looked well kempt, clean, had clean fingernails and had their hairdressing needs attended to. Records showed that people had regular baths and showers, and personal care provided was recorded in their care plans.

People told us they felt respected and valued at the home, and staff demonstrated this during the day by talking to people in a kind and respectful manner. One staff member said "We like to think all residents are special" and "I help out at the home on my days off". The manager and staff spoke respectfully about the people they cared for. Staff talked of respecting and valuing people, listening to them and meeting their physical as well as emotional needs.

People told us that their views were respected and that they had been consulted about their care. A relative told us that they took part in reviews and were consulted about their family member's care. People and relatives told us that they had a positive relationship with all the Sisters including the manager. The interactions we witnessed on the day of the inspection confirmed this. Relatives told us they were kept up to date about their family member's care and any changes to their health. One relative said "The Sisters ring me if there is an issue with my [relative]".

The staff told us they were familiar with the care plans and took part in the reviews of people's needs. The care and support plans we looked at were mainly in a tick box format but contained added details of people's likes, dislikes and preferences as well as their needs and abilities. One person's care plan for bedtime stated that they liked to sleep on two pillows and their preferred time to retire. People told us they had participated in their plan of care and we saw that they had signed their monthly reviews. The care plans we looked at indicated that people's choices in relation to how their care should be provided was respected. This included their choice of activities and what they enjoyed doing.

People told us that staff respected their privacy, and they were free to spend time alone in their rooms if they wished to. Staff told us that it was people's home and they should be able to go where they wanted to. People told us they liked to spend time praying in the chapel and they felt happy to be able to do so anytime they liked. All the people and staff were female and people told us they were happy to be in an all-female environment. The staff and people were all Polish and Catholic and shared the same beliefs and culture. One person told us that they felt like "a big family". A relative told us that they felt welcome at the home anytime and enjoyed their visits. They told us "I would like to come here when I am no longer able to take care of myself".

A relative told us that the end of life care was wonderful. They said "The Sisters sit up all night with those who are near death or when they are ill", another said "The end of life here is excellent". A priest visited the service regularly to conduct mass and when people needed to see them, this included when people were dying. People told us they felt happy to know that they would end their life at the home. People's end of life wishes were recorded in their care plan.

Good

Is the service responsive?

Our findings

People's care and support needs had been assessed before they started using the service. We saw that people and their relatives were involved in discussions about their care. Care plans were developed from the assessments and reviewed monthly.

People told us they received the care they needed and their choices were respected. They told us that staff encouraged and respected their independence but were there to assist them anytime they needed them. The care and support plans we looked at indicated that people were consulted in relation to their individual preferences, interests and aspirations. This enabled them to maintain as much choice and control over their lives as possible. We saw that a stair lift had been installed for a person no longer able to use the stairs. This enabled them to remain independent and access their room whenever they wished.

Records showed that the GP visited the home regularly and as often as necessary. The outcome of the visits were recorded and discussed in daily meetings. We saw evidence that other healthcare professionals were consulted for people who needed specialist input. This included a referral for a person whose mental health had deteriorated. This indicated that people's healthcare needs were being met.

Upon admission, people had been given a service user's guide. This included a Statement of Purpose. This is a document that provides information about the home, the staff's qualifications and experience, accommodation and how the service planned to meet people's physical, emotional and social needs. There was also a complaints procedure, information about the Care Quality Commission and the last inspection report. This showed people how the service planned to meet their needs and what expectations they could have that this would happen.

People told us they enjoyed the peace and quiet, and the activities organised by the home. One person said "When the weather is good we spend time in the garden". People and staff told us that visitors were welcome anytime, and were encouraged to participate in the daily life at the home.

There was a weekly activity plan which included daily mass, visits from a priest, reading, TV, knitting, playing games, reminiscence, listening to old records, singing and going out for walks. On the day of the inspection, we saw the television on a Polish channel and people were enjoying a program. The priest visited mid-morning, and before lunch, we saw some people walking around the garden with staff, having a discussion. People told us that it was quiet at the home and that's the way they liked it. The staff accompanied people to various appointments and outdoor activities, including attending church services and Parish social meetings. Daily events and activities were recorded in a diary for all people rather than in their individual care records.

A complaints procedure in both English and Polish was in place and people, staff and relatives were aware of it. They told us they would know what to do if they had a concern. The manager told us they had not received any complaints. One relative told us they would be very happy to speak to any of the staff and the manager if they had a concern and they felt sure they would be listened to and their concerns addressed. One person told us "You would be mad to complain here! It's wonderful".

We viewed a sample of quality questionnaires which had been sent to relatives and returned to the service. The questionnaires included questions about the quality of the care, the suitability of the staff, the cleanliness of the home, response to complaints and the quality of the food. All areas were rated as excellent. Some comments included "This is a wonderful place", "the care and kindness here is quite exceptional" and "every effort is made to maintain her dignity". However, people who used the service told us they had not been asked to complete a questionnaire but did not feel they needed to as they were able to talk to the staff anytime.

Requires improvement

Is the service well-led?

Our findings

People and relatives we spoke with were complimentary about the staff and the manager. They said that they were approachable and provided a culture of openness. People thought that the home was well managed and the staff worked as a team. Their comments included "Sister manager is wonderful" and "to complain would be a sin". A relative said "I can go to the manager with any matter knowing they will sort it out".

Medicines audits were not carried out and this resulted in issues and risks which are documented in the Safe section of this report.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had other systems in place to assess and monitor the quality of the service such as health and safety checks, cleanliness, maintenance of equipment, training of staff, standards of care, care plan reviews and risk assessments. Where issues were identified, we saw evidence of an action plan and outcomes clearly showing that the issues had been resolved. This included where it had been identified that people had not been given a service user's guide, this was addressed and rectified. Regular visits were carried out by the provider and reports we viewed showed that they monitored various aspects of the service so that they had an overview of the running of the service and the care and support people received. The manager said they felt supported by the management team.

The registered manager and the staff had been working at the service for many years and no other staff had been recruited. The manager had achieved the Registered Manager's Award. There was a sense of community due to the fact that the staff and people all lived together. This enabled people to trust the staff who took care of them. The staff and people respected the manager and spoke highly of them. The manager understood their responsibilities with regards to the service and the people who used it, but had very little contact with other organisations. They told us that they shared ideas with another local care home which was also predominantly Polish speaking and the manager told us that this helped them to keep abreast of developments within social care.

The manager had ensured that notifications in relation to accidents, incidents or death were sent to the CQC in a timely manner. Checks carried out prior to the inspection confirmed this.

We recommend that the registered manager takes steps to widen the scope and frequency of their contact with other organisations to ensure they develop their knowledge of best practices in adult social care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment was not provided in a safe way for people using the service.** **Regulation 12(2)(g)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Care and treatment was not provided with the consent of the relevant person.** **Regulation 11(1)(2)(3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **A service user was deprived of their liberty for the purpose of receiving care and treatment without lawful authority.** **Regulation 13(5)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Systems and processes were not established and operated effectively to assess, monitor and improve the quality of the service or mitigate against risks to people who use the service.** **Regulation 17(1)(2)(a)(b)**
	Staff employed did not receive appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. **Regulation 18(2)(a)**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.