

The Order of the Good and Perpetual Succour St Mary's 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

About the service

St Mary's Convent is a residential care home which provides older people with personal care. The home can accommodate up to 18 people. On the day of our inspection visit, 18 people were using the service.

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

People and their relatives told us the care was safe and they were happy at St Mary's Convent. Medicines were managed safely, there were enough staff on duty and staff were recruited safely. Many staff had worked at the service for several years. People were protected from abuse by staff who understood how to identify and report any concerns. People were protected from harm as risks had been assessed and plans put in place to mitigate these.

Senior staff carried out detailed assessments of need to ensure the home could effectively support any new admissions. People were supported to have enough to eat and drink and staff were trained to support people who had different dietary needs. Staff told us they were well trained and they were well supported and supervised by the management team. The service worked well with community healthcare partners to ensure people received healthcare support where needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Interactions between people and the staff team were very positive and relatives also said they were made very welcome at the home. We spoke with relatives visiting their loved one close to the end of their life, they told us they were very supported and thankful to the staff team. People were treated with kindness, dignity and respect.

People received personalised care that was responsive to their needs and preferences. People were supported to engage in activities to reduce their risk of social isolation. People were supported to express their spirituality, with whatever religion they chose to follow. The home held regular Catholic mass and services in their peaceful chapel which was open to the community. People and their relatives knew how to make a complaint, although nobody we spoke with had any.

There was a clear management structure and staff were supported by the registered manager. People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed. Quality assurance systems were completed.

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 05 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Mary's Convent on our website at www.cqc.org.uk.

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 ●

St Mary's Convent

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 was undertaken by one 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.

Service and service type

St Mary's Convent is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with five members of staff including; the registered manager, a senior carer, two care workers, and the cook.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Safeguarding systems and processes, including recruitment

- People we spoke with said they felt safe.
- All relatives we spoke with said they were kept informed in relation to any concerns regarding safety.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. These included environmental and individual risk assessments and provided staff with guidance on actions to take to reduce the risk.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The home was safe and adequately maintained. Regular checks on the home's environment and the fire, gas and electrical systems were undertaken and all were satisfactory. The service was waiting for a new passenger lift to be installed and had put interim measures in place such as additional staffing at mealtimes to ensure people in their own rooms got their meals quickly.

Staffing and recruitment

- There were enough staff to meet people's needs. Many staff had worked at the service for several years so support was consistent for people.
- Our observations during the inspection indicated that staff were prompt to respond to people's needs.
- The service was having some management changes so that a senior manager would always be available in the building seven days a week. The registered manager told us they felt this would assure people could always raise an issue or concern.
- The provider had arrangements in place to carry out checks on staff to assess their suitability before they were employed in the service.

Using medicines safely

- Arrangements were in place for the safe receipt, storage, administration and disposal of people's medicines.
- Medicines administration records showed people received their medicines regularly.
- Records showed, and staff confirmed they had received training in medicines management and they had been assessed as competent in this area.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection. There was plenty of equipment in place such as gloves and aprons.
- The home was clean and there were no unpleasant smells.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their admission by senior care staff. Their needs and choices were documented.
- People and their relatives told us staff provided them with choices and respected their wishes. One person told us, "I fancied beans on toast with fried eggs last night and that's what the cook made me, you don't need to be afraid to ask for anything."

Staff support: induction, training, skills and experience

- New staff were supported through a period of induction and training. We met with one new senior staff member who said, "It feels lovely, it feels like a home, I knew as soon as I walked in. They have listened to my ideas and taken them on board."
- Staff confirmed they were supported using training and supervision. The registered manager had recently changed training provider and so the training matrix was currently being updated with new information.
- The service had regular meetings to ensure staff were kept informed about developments at the service.

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

- People told us they enjoyed their meals and relatives were complimentary about what was on offer. One person told us, "The food is excellent, the cook makes lovely scones as well."
- When required, staff assisted people to eat and drink. Staff had included dietary information from other professionals into people's care plans. This included information on when people needed soft or pureed diets. We spoke with the cook who was able to confirm the specific needs people at the service had.

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

- The service worked with other professionals to provide good coordinated care.
- Records showed people had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns.

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.

- An assessment of capacity took place prior to a DoLS application being made. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.
- Staff had completed MCA training and ensured people had choices and could make decisions.

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 good. 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 who used the service were complimentary about the staff. Comments included "Where I was before the staff had different attitudes to the residents that wasn't always good, they weren't a patch on here." And, "I'm so happy living here, it's made my life so much better."
- Staff were observed to be kind, patient, respectful and considerate. They understood every person and knew what was important to them. They knew people's preferences and how they preferred to spend their days.
- One person had a particularly difficult night and we observed staff encouraging them to rest throughout the course of our visit.
- Staff had received training on equality and diversity. The service was run by a Catholic Order but we saw that everyone whatever their religious or spiritual background was welcomed. The service had its own Catholic chapel which held regular masses, several people told us they enjoyed this space to sit and think and pray. The chapel was a beautiful, peaceful space which was open to anyone in the home.

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

- People were involved in decisions, whether it was to do with their own personal needs or the needs of the home. One person said, "I can go out when I want, and they are very accommodating to any request I have."
- Both formal and informal meetings for people who used the service took place and people were asked for their views and to share ideas.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "At first I found having someone their whilst I bathe was embarrassing, but I know it's for my safety and they always make sure I have my privacy and independence in the bathroom."
- Staff encouraged people to maintain their independence where possible. One staff member said, "We have one person who forgets to use their walker, so we do have to remind and prompt them. We want them to stay active as long as they are able."

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.
- Care plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs could be met to ensure people received the care and support they wanted and needed.
- Care plans were reviewed regularly and reflected people's current needs.

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

- Staff respected people's right to family life and avoid social isolation. Relatives were welcomed into the service.
- The service employed an activity co-ordinator. We saw they were always looking at new opportunities to develop the activities at the home. One [person told us, "Yesterday we had a session playing records and doing armchair exercises, there is always loads going on."
- People were supported to spend their time as they wished. Several people were retired members of the Catholic clergy and the service ensured their time in prayer or contemplative activities was respected.

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.

- Staff understood people's communication needs.
- Information around the home provided people with knowledge about events and activities scheduled to take place.

Improving care quality in response to complaints or concerns

- There had been no recent complaints. Information relating to how to make a complaint was readily available to people.

End of life care and support

- Staff respected people's wishes. They had involved people and their relatives in discussion about end of life care. People's preferences were detailed in their care plans.

- At the time of our visit, someone was close to the end of their life. We witnessed staff caring for visiting relatives and ensuring their privacy and dignity was maintained. Relatives we spoke with said, "The care and support here has been superb."
- Staff carried out observations to ensure people were not suffering from pain and accessed healthcare services out of hours when required.

Is the service well-led?

Our findings

Well-Led – this means 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership by the provider of person centred, high quality care; Engaging and involving people using the service, the public and staff

- One relative told us, "My relation is close to the end of their life and the care here has been superb."
- The service involved people and their families in day-to-day discussions about their care and support. Family members told us that they felt reassured and very comfortable with the management at team at the service. One person told us, "No-one has any airs or graces, nothing phases them."
- Regular staff meetings occurred; staff said they felt listened to and able to contribute. Staff told us, "It's a lovely place to work, it feels homely and we all support each other."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a positive culture in the home. Staff provided a happy yet calm atmosphere where people were empowered to participate in their care and make their own decisions.
- Our observations during our visit were that the service was well run and people were treated with respect and in a professional manner.
- The registered manager had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had good links with the local community.
- The service worked in partnership with health and social care professionals who were involved in people's care.

Continuous learning and improving care

- The management team were committed to continuously improve the service. They had made some changes and improvements since our last inspection such as large changes to the heating system and access around the home.