

Sisters of Charity of St Paul the Apostle

St Paul's Convent

Inspection report

The Infirmary
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

St Pauls convent is a residential care home providing personal and nursing care and accommodation for up to 26 sisters. At the time of our inspection there were 18 sisters using the service. St Pauls is a unique service as it is for women who are referred to as sisters who are from a religious order of St Paul, the apostle. The sisters have spent their lives as nuns serving others and are part of the catholic religious community. The home is purpose built and based within the convent.

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

The provider needed to improve their understanding of their regulatory responsibilities to ensure incidents were reported to CQC without delay. Action was taken to address this when raised with the provider. Improvements were required to ensure care records completed for sisters fully reflected the support sisters received from staff to maintain their health and wellbeing and to reflect any changes in need.

Sisters were supported by staff that understood their individual needs and had been trained and understood how to protect sisters from abuse. Sisters received their medicines when they needed them and had access to healthcare professionals where required. Systems were in place to reduce the risk of infection, and to review any incident and accidents to see if there were any lessons to learn from these.

Sisters 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. Sisters enjoyed the food provided which met their preferences. Sisters were supported to fulfil their religious obligations and to access meaningful activities which they enjoyed. Sisters were supported to access the extensive grounds of the convent.

Sisters made positive comments about the staff that supported them. Staff were described as friendly, caring, and respectful. Sisters were treated with respect and dignity and their independence was promoted. Sisters were involved in the development of their care plans which reflected their needs and preferences. Sisters knew how to raise concerns and felt confident any issues would be addressed.

Sisters were supported to provide feedback about the way the service was managed. Systems were in place to monitor the delivery of the service and drive improvement.

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 10 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding, poor staff practices,

staffing, poor care, and poor management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Caring and Well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

St Paul'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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by an inspector, a specialist advisor and an Expert by experience. The specialist advisor was a nursing professional. 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 Paul's is a care home with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 03 May and concluded on 16 May when feedback was provided. We visited the service on 03 May 2022.

What we did before the inspection

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

During the inspection

We spoke with seven sisters who used the service about their experience of the care provided. We also spoke with 13 members of staff which included nursing, and care staff, activities, co-ordinator, and domestic, the deputy manager, and registered manager. We also spoke with two pastoral leads from the convent.

We reviewed a range of documents and records including the care records for five sisters, 16 medicine records, and three staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Manufactures instructions were not being followed for one sister who was prescribe pain relief patches. Records indicated two sites were being used as opposed to four. This was to avoid sensitivities. There was no evidence of harm to the person and the deputy manager amended the records to address this during the inspection.
- Sisters told us, and the records confirmed they received their medicines when they needed them. A sister said, "Staff give me my tablets and then ask me if I have taken them."
- Sisters were encouraged to administer their own medicines and the required risk assessments had been completed to ensure sisters had the support to enable them to maintain their independence.

Systems and processes to safeguard people from the risk of abuse

- Prior to the inspection CQC received concerns sisters were not supported safely and protected from abusive practices. We did not see any evidence to support these concerns.
- Sisters told us they felt safe when being supported by staff. One sister said, "Yes I do feel safe and have felt very safe here." Another sister told us, "I feel at ease with the staff."
- Sisters were supported by staff who had been trained in safeguarding. Staff we spoke with had a good understanding of what to do to make sure sisters were protected from harm or abuse. A staff member told us, "I would report any concerns straight away to the manager, and if needed to external agencies such as yourself (CQC)."
- Sisters were visited daily by pastoral leads from the convent who acted as their advocates where needed. We spoke with the pastoral leads, and one told us, "If we had any concerns, we would act straight away to protect sisters. I have no current concerns."
- The management team were clear about their responsibilities to safeguard sisters and report any safeguarding concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- Sisters told us staff supported them in accordance with their needs. One sister told us, "Staff know me well and what I need support with. They make sure I am safe when walking."
- Risk assessments were in place for sisters and covered a variety of areas including malnutrition, skin integrity, falls, and moving and handling. Where risks were identified there was a corresponding care plan to manage this. For example, sisters at risk of falling had a falls and mobility plan in place.
- Discussions with staff demonstrated their knowledge about the risks to sister's safety. A staff member said, "Communication here is very good and we have detailed handovers, so we are aware of any changes to people's risk assessments."

- A fire risk assessment was in place and the registered manager confirmed all actions had been completed.
- Personal emergency evacuation plans (PEEPS) were also in place for sisters. We identified discrepancies with the risk levels for some of the sisters within the folders located on each floor. The registered manager confirmed these had been rectified the day after our inspection visit to improve safety.

Staffing and recruitment

- Sisters told us there were enough staff to meet their needs, and staff responded to calls bells in a timely manner. A sister told us, "Yes I have a call bell and the staff come quick." Another sister said, "Yes I have what I need, I couldn't be better off."
- We received mixed feedback from staff who told us how staff sickness sometimes impacted on staffing levels. A staff member said, "If we are fully staffed it is okay; every day is different. But if we are short, we pull together as a team and make sure everything is done and the sisters are able to attend mass and their other religious obligations."
- We observed sisters needs were met in a timely manner. A dependency tool was in place and the registered manager advised us staffing levels were reviewed regularly to ensure they met sister's daily needs.
- Recruitment checks were undertaken to ensure staff were suitable to work at the home. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Due to the service being for sisters from the catholic religious community only female staff were recruited and employed to support sisters.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Staff were observed wearing masks but at times these slipped down to below their nose, or occasionally below their mouths when staff spoke. This was discussed with the management team to address with staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was following the current government guidance and visiting was promoted. Systems were in place to support visiting through COVID-19 testing and providing PPE.

Learning lessons when things go wrong

- Systems were in place to record and learn from incidents or accidents. The records were reviewed by the registered manager to see if any immediate action was needed to mitigate the risk. They were then analysed monthly by both the registered manager and provider to identify patterns and trends and action recorded where needed, of how risks to sisters were to be mitigated. For example, sensor aids being implemented.
- Learning from incidents was shared with staff and this was confirmed by staff and the staff meeting records we reviewed.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our previous inspection we found one sister was received their medicine covertly. The required mental capacity assessment, best interest record and care plan were not in place to support the rationale for the decisions made. At this inspection improvements had been made and all of the required records had been implemented and reviews of this practice were undertaken with the GP.
- Sisters told us their consent was obtained before staff provided support with any tasks. A sister told us, "Staff ask me if I am ready for support and I say yes, if I am ready that is. If not, they come back."
- Staff had an understanding of the MCA and the impact this legislation had on their role. They confirmed they had received training in this area.
- Not all staff were aware of which sisters had a DoLS authorisation in place but told us this was recorded within their care plans which they could refer to.

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

- The management team received referrals from the convent when a sister from the religious community required support. An assessment was undertaken to ensure arrangements could be made to ensure the sisters needs could be met when they moved into the home.
- Sisters care plans and risk assessments were tailored to their individual needs and considered their protected characteristics, as identified in the Equality Act 2010. This included needs in relation to their gender, age, culture, religion, ethnicity and disability.

- Sisters care plans contained information about their preferences. Staff were knowledgeable about sisters likes and dislikes.

Staff support: induction, training, skills and experience

- Sisters told us the staff had the skills for their role. One sister said, "Yes I would say they are knowledgeable."
- Staff confirmed they had received the training they needed for their role which included an induction. A staff member said, "I had an induction when I first started which included meeting the sisters, reading their support plans, and I shadowed experienced staff." Another staff member told us, "I have received all the core training for my role and refresher training. I can ask for specific training I am interested in."
- A training programme was in place to ensure staff had the required skills and refresher training for their role, and which was specific to the needs of the sisters they supported. This included awareness of the way sisters lived their daily lives and their religious observance and obligations.
- New staff where applicable were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Sisters told us they enjoyed the food provided and they had choices at mealtimes. One sister said, "I've enjoyed the meals, they are excellent." Another sister told us, "Even if I tried, I couldn't find any faults."
- Sisters who required a soft diet had their meals presented in a respectful way where each food group was separated on the plate.
- Sisters who required support to eat their meal had this provided in a respectful and dignified manner.
- It is routine for sisters to eat with other sisters from their community. It is a time to socialise. We observed nearly all of the sisters were supported to be in the dining room together at lunchtime.
- The atmosphere was calm, and the meals were provided at sister's pace, and no-one was rushed. Classical music was played in the background low enough to be heard as to not hinder conversation and reflection.

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

- Sisters told us they enjoyed their living space. Rooms were furnished to reflect the sister's individual characters and religious items.
- Communal areas were homely and comfortable reflecting the religious preferences of the sisters.
- The environment was spacious and enabled sisters to move around freely.
- Sisters had access to the chapel and attended religious services alongside the sisters from the convent
- Sisters had access to the enclosed garden area and to the extensive grounds of the convent. Areas were landscaped and well-maintained with religious statues in many parts. We observed some sisters enjoying the gardens areas.

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

- Sisters told us their healthcare needs were met and routine health appointments were arranged on their behalf. One sister said, "Yes all of the appointments are arranged." Another sister told us, "Chiropodist was in last week, and cut my nails, and I have seen the dentist."
- Records we reviewed confirmed sister's healthcare needs were supported. The appointed GP visited the home on a weekly basis to support sisters' medical needs.

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 our last inspection we rated this key question good. At this inspection the rating 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

- Prior to this inspection CQC received concerns sisters were not being supported with respect. We did not observe any evidence to support these concerns.
- Sisters told us the staff treated them with respect. One sister said, "Staff, they do a good job there is something about the way they do it, so caring really remarkable." Another sister told us, "I couldn't say anything against anyone here, caring staff fantastic."
- The pastoral leads we spoke with also told us staff supported the sisters with the 'utmost respect' and anything less would be escalated to the management team.
- We observed staff addressed sisters by their religious names in accordance with their preferences.
- Staff we spoke with shared their commitment, passion and respect for the sisters and their religious observance. Staff understood and respected how important it was to each sister to attend mass, and other services.

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

- Sisters were supported to be involved in all aspects of their care. One sister told us, "The staff help me to be where I need to be such as mass." Another sister told us, "The staff are kind and I make decisions daily about if I want a shower, or if I want to go outside, or what I want to do, there are no restrictions."
- Records demonstrated sisters were involved in the reviews of their care.
- Sisters who were not able to be fully involved in making decisions about their care were supported by the pastoral leads who advocated on their behalf. Records we reviewed confirmed this.

Respecting and promoting people's privacy, dignity and independence

- Sisters told us the staff maintained their dignity and promoted their independence. One sister said, "The staff knock the door and are sensitive to my needs. They take me where I need to go such as mass so I can continue to do the things I love."
- We observed staff encouraged sisters to be independent and provided choices throughout the day.
- Staff provided sisters with napkins, and where needed supported them if they had spilt any food or fluid onto their clothes in order maintain their dignity.
- Staff during discussions demonstrated their knowledge of how important it was to sisters for their dignity and privacy to be maintained. A staff member told us, "We try and be quiet in the corridors as to not disturb the sisters. If a sister is in their room during reflection or listening to a service, I make sure their door is pulled to and I do not disturb them until I am needed."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- Sisters told us staff met their needs and they were able to live the life they chose within the home, which met their preferences and religious obligations. A sister said, "I am perfectly happy and honestly you couldn't say anything else; I have no problems; I think they (staff) are marvellous and help me fulfil my duties."
- Sisters care records were individualised and contained information about each sister's journey in life and what they had achieved prior to moving into the home. They reflected what was important to each sister, their interests and preferences.
- For sisters that lived with dementia their care records contained information to guide staff on what actions to take if a sister was to become emotionally distressed.
- Care records were electronic, and staff had access to electronic devices to complete daily records and refer to care plans if needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Observations confirmed staff communicated with sisters to promote their understanding. Staff had a good knowledge of the communication needs of the sisters they supported. A staff member said, "If a sister cannot verbally tell me what they want, then it is important to look at their facial gestures like if they are smiling then the sister is happy to do what I am asking."
- Information about how sisters communicated was included in the initial assessment to ensure arrangements could be made to meet any identified needs. Information was then used to develop the sisters care plan.
- The registered manager told us one sister preferred to write things down to communicate and to respond to staff.
- The registered manager understood their responsibility to comply with the AIS and the importance of communication. The Registered manager told us information could be made available in alternative languages or easy read if required.

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.

- Sisters were supported to meet their religious obligations and to participate in meaningful activities of their choice. One sister told us, "I don't think they could do anything better; they take me to mass and out into the grounds, I'm well kept, spoilt actually."
- Sisters were supported to access the chapel to attend mass, and any other services daily. If a sister was unable to attend services were streamed into their bedrooms.
- An activities staff member was employed and supported the sisters to access a variety of other activities. This included walks, bingo, singing, films and OOMPH exercises. This is a specific exercise programme that has been introduced to sisters who wish to participate.
- The activities staff member also took a confectionary trolley to each sister where they chose complimentary snacks of their choice. Sisters told us this was 'lovely'.
- Sisters were supported with their passion to help others and regularly raised funds for several charities of their choice.
- Sisters maintained their connections with the local community and local schools, and groups visited the home and entertained the sisters. The sisters told us they were looking forward to the Queens Platinum Jubilee party that was being arranged.

Improving care quality in response to complaints or concerns

- Sisters knew how to raise concerns. A sister told us, "I thank them (staff) very much, they are remarkable, I have no complaints."
- A complaints procedure was in place and we saw where issues had been raised these had been reviewed and responded to appropriately. Learning from concerns were shared with the staff team so where needed improvements could be made.
- We saw the home had also received many compliments from a variety of sources and positive comments had been made. For example, "I will never be able to put into words what it meant to me to know that my beloved (relative) was being cared for so attentively by you."

End of life care and support

- Detailed information was included in sisters care records about the support sisters required when they were near the end of their life. It was important to sisters to have a respectful and dignified end to their life.
- Sisters would not be left alone during this time and staff or a pastoral lead would remain with the sister.
- Arrangements would be made for the priest to visit the sister and an anointed set is available in each of the sister's rooms to be used.
- Sisters had been supported to complete advance directives and sisters had advance care plans in place with clear and detailed procedures to be followed.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Following our inspection, we were informed by an anonymous source of an incident relating to a theft and data protection issue which the provider had not notified CQC about as required by the regulations. All required actions have now been taken including reporting this incident to the police and submitting the required notification. The registered manager told us a lesson learnt exercise will be undertaken in response to this.
- We found improvements were required with the completion of monitoring records which included fluid, food and repositioning as the records provided to us contained gaps and did not fully reflect the support the sisters had received. Observations supported there was no impact to sisters as we saw sisters being supported in these areas and no sisters were reported to have sore skin or not receiving the required food and fluid to maintain their health.
- Prior to our inspection there has been issues with staff accessing the electronic care records for one day. Alternative records had not been completed to record the support some sisters had received with their food, fluid and care of their skin. This was raised with the management team who confirmed alternative systems would be implemented.
- Audits of care records were undertaken, and we saw gaps in the records had been identified and actions plans were in place for these to be improved. In addition to this we saw some discrepancies within the information contained in sisters care records due to the large amount of information these contained. Where updates had been made this information had not always been cross referenced to other areas of the care plan to ensure they were accurate. The registered manager advised action would be taken to address this.
- Although staff visually checked sisters who were prescribed transdermal patches remained in place on their skin, records to support these daily checks were not completed. Once we shared this, action was taken to address this.
- The registered manager and provider completed several audits and had systems in place to maintain the oversight of the home. Where shortfalls were identified actions were in place to address and monitor these.

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

- Since our last inspection there has been three changes to the manager for the service. The current registered manager has been in place since May 2021.
- The current management team were implementing changes to some systems within the home in the best

interests of the sisters which have impacted on staff roles and the culture within the home. Staff were being supported to adapt working practices to ensure these aligned with the core values of the home. These included compassion, respect, trust, justice, and hospitality to ensure everyone worked together in a kind and respectful way.

- Staff feedback was varied in response to some of the management changes and this feedback was shared with the management team. In response to this the provider has agreed to arrange for a staff survey to be undertaken to enable staff to share their views confidentially.
- We observed no impact to sisters who consistently told us their needs were met in a kind and respectful manner and which ensured they were supported to fulfil their religious observance which was of great importance to them. One sister said, "The atmosphere is always very pleasant and happy."
- Sisters knew who the registered manager was, and we observed positive interactions between them. One sister said, "she (registered manager) is lovely and kind."

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 understood their responsibilities in relation to the duty of candour regulation and was able to demonstrate how they would respond to meet the requirements of this regulation.
- In response to the data security incident the registered manager advised they would be holding a meeting to discuss this, and actions taken with the sisters.
- Systems were in place to ensure lessons were learnt from incidents and these were reflected upon for improvements to be made.

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

- Sisters were involved in the way the service was provided. Regular meetings were arranged, and one was held on the day of our inspection visit which we joined. The meeting was facilitated by the activities staff member and the pastoral leads supported. The registered manager attended the meeting, but no other staff were in attendance. Sisters were encouraged to raise any issues they had and to discuss areas of their choice.
- We heard discussions in relation to the safeguarding concerns that had been shared with CQC and sisters were reminded about how to raise or share anything of concern. Other topics included food, activities, religious arrangements, announcements, COVID-19, and money raised from recent raffles.
- Surveys about the service were sent to sisters and staff to complete but the results were combined with feedback from the providers other services and therefore were not specific to this home. This was the same for the staff surveys. This was something the provider was reviewing.
- Staff confirmed and records showed regularly meetings were held to discuss all aspects of the service. This included recent concerns shared by CQC, lessons learned, recent incidents, culture and values, safeguarding and whistle blowing procedures.
- Most of the staff felt supported in their role and told us they felt valued, and able to share any ideas. CQC received a feedback letter after our visit from a group of staff telling us, 'The management team are professional at all times and respect our equality and diverse needs'.
- All staff told us they enjoyed supporting the sisters. A staff member said, "I think it's a beautiful place to work. It's calm and peaceful and I have time to reflect." Another staff member told us, "The atmosphere is lovely. The Sisters are so happy. I'm always smiling. If I have a couple of days off, I miss them (the Sisters) it is a family."

Continuous learning and improving care

- The management team were receptive to our feedback, and action was taken to address the areas

requiring improvement that we highlighted.

- Systems were in place to continually review the service to develop and drive improvements. This included analysis and learning from complaints, incidents, accidents and safeguarding.
- The registered manager told us they had applied to complete the gold standard framework to further support sisters end of life care.
- The registered manager told us they were implementing care champions within the staff team. Dementia and end of life champions were already in place. This is to support and enhance staff knowledge and practice in these areas to benefit sisters.

Working in partnership with others

- The registered manager and staff worked in partnership with all health colleagues, hospice and palliative care teams to ensure sisters received a personalised service.
- The management team has worked with all partner agencies including the local Public Health England office to ensure feedback and recommendations in relation to preventing COVID-19 outbreaks had been implemented in a timely manner.