

Grace and Compassion Benedictines More Hall Convent

Inspection report

Randwick
Stroud
Gloucestershire
GL6 6EP

Tel: 01453764486

Website: www.graceandcompassionbenedictines.org.uk

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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

More Hall Convent is a residential care home for 12 people. There were eight people living at the home at the time of our inspection. More Hall Convent is run by sisters from the religious congregation of Grace and Compassion Benedictines. The home is set in tranquil gardens on the outskirts of Stroud.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place 25 July 2018 and was unannounced. At this inspection we found the service remained Good.

People enjoyed living at More Hall Convent and praised the caring nature of the sisters and staff who supported them. People's care records reflected their preferences and support requirements and provided staff with the information they needed to support people. People's risks had been assessed and were being managed by staff who knew how to support them to manage their risks.

Relatives were confident that staff supported people well and had no concerns about the quality of care people received. They told us there was good communication between the relatives/staff which ensured all parties were kept up to date of any changes in people's well-being. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. They told us they enjoyed the meals and activities provided.

There were enough staff to keep people safe. People were supported by an established staff team who had been trained and supported to carry out their role. Staff were safely recruited to ensure people were supported by staff of good character.

Effective monitoring systems were in place to ensure the safe management of people's care and medicines. Staff understood their responsibilities to protect people from harm and report any concerns. Staff benefitted from good management and leadership. People and staff praised the registered manager and provider.

Quality assurance systems were in place to monitor the service and drive improvements, however records relating to the management of the service were not always detailed or reflected the actions taken to drive improvements across the service. This meant there were not always an audit trail and assurances that actions had been taken. We have made a recommendation that the services seeks additional support and advice in the record the monitoring and governance processes of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service has deteriorated to Requires Improvement.</p> <p>The registered manager had been responsive and effective in managing the service and drive improvements. However, records were not always available to evidence the actions that had been taken to demonstrate how the service had responded to concerns and made improvements.</p> <p>The registered manager was fully involved in the management of the service and people's lives. People, relatives and staff all praised that registered manager.</p>	<p>Requires Improvement ●</p>

More Hall Convent

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 25 July 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service and provider as well as previous inspection reports.

We spoke with five people using the service and three relatives and observed how staff interacted with the other people who were staying at the home. We talked with three staff members, the chef and the deputy manager and administration secretary. After the inspection we spoke with registered manager by telephone.

We looked at the care records of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the home including quality assurance reports.

Is the service safe?

Our findings

People told us they felt safe living at More Hall Convent. One person said, "Oh yes, dear I feel very safe here. That is one of the reasons I like it so much." People were kept safe from risk of abuse or harm as staff were able to recognise signs of abuse. Staff were aware of their responsibilities to report any suspicions of abuse and whistle blow is they had any concerns about quality of care. Staff had received safeguarding training and were aware of the different types of abuse. They were clear of the provider's safeguarding policies and procedures and where to report any concerns.

People's risks had been assessed and were regularly reviewed including risks in relation to people's mobility, falls and nutritional intake. Arrangements were in place to manage people's risks appropriately and were known by staff. People's care records provided staff with the information they required to support people to remain safe. For example, people's care plans provided staff with information about their mobility and risks of falling. Staff had a clear understanding of people's personal risks but also allowed them to have the freedom to make decisions about their daily activities and promote their independence.

Accidents and incidents were reported and recorded and reviewed by the registered manager. Actions were taken and communicated to staff help mitigate the risk of any further incidents. The deputy manager explained that they always investigated into accidents and incidents and used the findings of their investigations as a tool to improve their practices and drive improvements.

People were supported by staff who had been vetted to work. The sisters were appointed from their congregation and selected to work in More Hall Convent. Staff recruitment records showed that relevant checks had been completed before staff worked unsupervised. The administration secretary who assisted with the recruitment of staff explained that they aimed to recruit staff who have the approach and standards which reflect the values of the provider. The service had retained an established staff team and were not currently recruiting staff.

Suitable arrangements were in place to make sure people received their medicines appropriately and safely. People received their medicines on time and as prescribed. Medicines Administration Records (MAR) charts had been completed appropriately with no gaps in the recording of administration on the MAR charts. Individual detailed protocols were in place for medicines prescribed to be given 'as required'. The ordering, storing and disposal of medicines were well managed. A system to check the temperature of the medicine's room was being implemented. Staff had received training and were competent in the safe management of medicines.

People lived in a safe and clean home. Infection control and standards of cleanliness were checked regularly and maintained. We observed staff wearing disposable gloves and aprons when providing personal care and handling food. People complimented the cleanliness of the home. One person said, "The hygiene standards here are very good. I have seen nothing that would make me worry. The sisters always ensure the home is very clean." Food and meals were prepared in a clean environment and stored appropriately.

Is the service effective?

Our findings

The register manager and provider ensured they kept up to date with current legislation and standards of care. Staff used nationally recognised tools and current practices were embedded in their care planning to ensure they delivered good quality of care based on evidence based practices.

People were confident in skills and knowledge of staff at More Hall Convent. One person said, "I am sure staff are well trained and know what they are doing. I have never had an issue with the sisters or carers. They are very good as far as I am concerned." New staff were supported to carry out an induction programme including training and shadowing experienced colleagues. New staff also spent time with people and read their care plans to understand their support needs. All staff had received a basic level of training within their induction period and then went on to receive regular refresher training in the subjects deemed as mandatory by the provider and registered manager. Plans were in place for staff to receive additional training in subjects such as end of life and dementia awareness. Staff told us they felt supported by the sisters and received regular formal and informal support from the registered manager.

People were supported to have enough to eat and drink. Most people chose to eat in the home's dining room at lunch time. The kitchen staff were knowledgeable about people's likes, dislikes and nutritional requirements and ensured people's dietary needs were being met. The chef informed us that they provided a seasonal menu which was frequently reviewed and changed according to the weather and people's requests. People were offered a two-course hot lunch and a lighter meal in the evening. Alternative options were available on the day if requested. People complemented the meals and told us they enjoyed the meals which were provided. One person said, "The food is marvellous, it's like what I would cook at home." We observed staff offering people hot and cold drinks and snacks throughout the day to ensure they maintained a balanced diet and had sufficient fluid.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Staff told us they had good connections with the local GP practice. People's care records showed relevant health and social care professionals had been contacted in a timely manner and their recommendations had been implemented.

The home's environment had been well maintained and had been designed to meet people's needs. People had access to a safe outside garden space. People's bedrooms reflected their individual preferences, hobbies and beliefs.

People were involved in decisions about the care they received from the service as most people who used the service had the mental capacity to make decisions and choices about their care and support. Where there were concerns about people's mental capacity, staff had completed a mental capacity assessment to determine their capacity to make decisions about their care. Staff had a good understanding of supporting people within the principles of the Mental Capacity Act 2005 (MCA) The 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.

Nobody at the time of our inspection was being deprived of their liberty. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in DoLS and the registered manager was aware of their responsibilities to apply for authorisation to the local authority if they were restricting people of their liberty.

Is the service caring?

Our findings

More Hall Convent had a homely and friendly feel about it. People told us they had been actively involved in making decisions about their care and support and felt in control of the well-being. We observed many warm and caring exchanges between staff and people throughout our inspection. People looked relaxed and happy amongst staff. Staff chatted to people and approached them in a sensitive and compassionate manner. They provided people with reassurance and answered people's questions politely and respectfully. Staff respected people's need to live as independent and freely as possible but told us they also monitored people from a distance to ensure their safety. For example, one person told us they had recently moved into the home and they loved to garden. The sisters had provided them with a large garden patch to maintain and grow plants and vegetables. The sisters told us the garden was a big part of the person's life and they checked on them regularly to ensure they remained safe.

The kindness and care offered by the sisters and staff of More Hall Convent was overwhelmingly praised by people and relatives. Relatives said comments such as "The staff and sisters are so nice. They truly care and always so very gentle and caring." One relative told us they felt that staff were outstanding in every way and said, "I can't praise them enough." People said comments such as "The staff are exceptional" and "They (staff) are very caring and very well meaning. Nothing is too much trouble for them" They also told us they enjoyed the home's tranquil environment and gardens.

People explained that staff always made time to sit and chat with them. One person said, "The sisters here always make time to come and talk with me. They are like friends to me." Staff knew people well and respected their personal histories, experiences and religious beliefs. People had the option to join the sisters in prayer and use the chapel as they wished. We were told that people from all religious domains were welcomed at the home and staff would support them in their spiritual practices.

Staff told us they enjoyed working at More Hall Convent and they would be happy for one of their relatives to live at the home. They knew people well and understood people's needs and personalities. People were encouraged to spend time in the lounge, library and garden area, however staff understood people's personal preferences and respected people's choices. For example, one person had chosen to rest and enjoy their craft hobby in their bedroom which was respected by staff. People's dignity and privacy were respected. Staff talked to people discreetly if they were in a communal area. Staff knocked on people's bedroom doors before they entered and helped people with their personal care behind closed curtains and doors.

Is the service responsive?

Our findings

People's received personalised care and support according to their needs, levels of independence and wishes. People and some relatives had been involved in the assessment and planning of their care and support needs. Their views and assessment of needs were reflected in their care plans such as their physical, emotional and social support requirements and the management of their personal risks. Care records about people's personal and medical history, preferences and how people liked to be supported gave staff the information they needed to provide person centred care. Staff confirmed that they had access to the information they required to support people safely and they clearly understood each person's levels of independence and support requirements. Staff responded to changes in people's wellbeing and updated their care records to reflect their current support needs.

People told us staff were very caring and responsive if they became unwell. One person said, "I am very content here, When I was ill not so long ago, the staff were marvellous. I love all the sisters and care staff here." Another person said, "Nobody wants to live in a care home but this is the next best thing. The sisters are very nice." Systems were in place to inform and share information about people's well-being and appointments between the staff, for example staff recorded detailed daily notes about people's health, personal care and wellbeing. People were supported to engage in personal hobbies and group activities such as music groups, outings and art and craft activities.

The registered manager valued the opinions of people who used the service and those who visited the home such as people's relatives and health care professionals. They spoke to people daily and in resident meetings to capture their views, experiences and enquire about their well-being and act on people's concerns. There had been no complaints since our last inspection, however a clear process was in place for the registered manager to follow to ensure people's complaints would be effectively handled. People told us their day to day views of the service and concerns were always acted on and resolved in a timely manner.

No one was receiving end of life care at the time of our inspection. However, people had advance care plans in place which included their wishes and care preferences about their end of life care and support. One of the sisters told us that they had good connections with the local GP and health care professionals and would seek advice when supporting people in the end stages of their life. Plans were in place for staff to receive further training in end of life care. Staff provided examples of how they had sensitively and compassionately supported people who had received end of life care in the past. Two relatives who still visited the home after their relative had passed away complimented the staff about their care and approach. They said, "It was the caring nature of the sisters and staff here that shone through. They have so much patience and kindness. We are very grateful to them, they have become an extension of family."

Is the service well-led?

Our findings

Staff at More Hall Convent had a clear vision to provide good quality care to people. The provider's website states that they are a religious congregation which runs several national and internationally schemes to support 'the old, the sick and the poor' with the aim to provide 'a balanced life of serenity and wholeness'. These principles were seen to be embedded in the caring practices of the staff and recognised by people who lived at the home. One person complimented staff and the management of the home and said, "I would give them full marks in every area."

There was an established registered manager in post, however they were on leave at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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 deputy manager managed the service in the absence of the registered manager and assisted us during the inspection. We spoke with the registered manager by telephone after the inspection.

The registered manager recognised that they had not always been stringent in recording relevant conversation which would evidence their practices and action that they taken to drive improvement across the service. For example, records had not always been kept of conversations with new staff about any discrepancies or gaps in their employment history or ongoing supervision meetings in line with provider's staff related policies. Records of staff annual competency assessments in managing people's medicines had not always been kept in line with national guidance. Systems were in place to monitor the quality of service being provided, however detailed records of their assessment and action taken when shortfalls were found were not always comprehensively recorded. This meant there was not a comprehensive audit trail of the actions that had been taken which would provide assurances in the absence of the registered manager.

We discussed with the administration secretary the benefits of new staff undertaking the Care Certificate and attending probation meetings as part of their induction period. This would ensure that new staff were of good character and had the expected knowledge, skills and behaviours that is required within the health and social care sector. Registered manager assured us that they would review the induction programme of new staff to include the Care Certificate.

Regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced. Fire safety equipment and systems were serviced and maintained and staff had been trained to identify and respond to fire incidents. Regular fire drills were carried out; however staff would benefit from fire drills being carried out at varied times to evidence that their fire training had been effective. The service was reviewing its processes and communication formats to ensure they met the accessible information standards.

We recommend that the provider seeks guidance from reputable sources around effective systems to record the monitoring and governance processes of the service.

The registered manager and sisters of the service lived on site which enabled them all to have a good understanding of the running of service. The approach, leadership and management skills of the registered manager was complimented by people and staff. Records showed that they had carried out mandatory and additional management training to enhance and develop their skills as a manager. The registered manager received support from a representative of the provider as well as regularly meeting with the provider's other registered managers to share information and standardise practices across the organisation.

The registered manager was fully involved in people's lives and knew people well. Each morning that spoke to each person and staff member and enquired about their well-being and recorded a summary of their conversation in a log book.

From our inspection we found no negative impact on people and the registered manager provided immediate reassurances that they had and would be reviewing their systems to record and evidence their practices.

Records showed audits of systems associated with the management of people's care were carried out such as medicines and infection control audits. The provider's director of social care visited the home monthly and checked on the service being delivered and provided a visit report and action plan for the registered manager to act on. The ratings awarded from the previous inspection was being displayed in line with legislation.