

The Daughters of Charity of St Vincent de Paul St Vincent's

Inspection report

33-35 Leicester Street
Southport
Merseyside
PR9 0EX

Tel: 01704546386
Website: www.daughtersofcharity.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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

St Vincent's is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides support for retired daughters from the Community of St Vincent de Paul and sisters from other religious communities. The home is situated in Southport town centre. The accommodation is single bedrooms with many of them having en-suite facilities. The home also has its own chapel. The home can accommodate up to eleven people. There were ten people accommodated at the time of the inspection.

This was an unannounced inspection which took place on 7 January 2019. 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.

We have, however, rated the 'Responsive' domain in the report as 'Outstanding', an improvement from our last inspection, and have provided additional evidence to support this rating.

The service had a registered manager in post. 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.

What was particularly noticeable about St Vincent's was the sense of 'family' atmosphere in the way people interacted with each other and the freedom that people had within a shared culture and philosophy. The home had a very strong culture based around daily religious activity and strong attachments to the local catholic church community. This was supported by staff working in the home.

We were given excellent feedback from the people we spoke with who were living at St Vincent's. They told us they enjoyed living at the home and their quality of life was considerably enhanced by the sense of community involvement and how they were included in all aspects of their care and running of the home.

People said they were well cared for. People were listened to. People had the support they needed to express their needs and wishes. People could make decisions and choices. We found examples where people had improved their quality of life since they had been living at St Vincent's and had been able to access the local community where as previously they had lacked confidence and had been anxious.

The assessment and planning of people's care was highly individualised. We found care records that supported people were always completed and reviewed with the person's input and included a very high

level of detail regarding people's wishes and choices. This was particularly the case with wishes around people's end of life care where documentation and care planning had been further enhanced for our last inspection.

A visitor told us, "As soon as you come through the front door you can feel the love. The way staff cared for [person] who was dying was quite wonderful!" This was reinforced by a visiting professional who told us, "Staff always put in the extra effort to care for people. They are like a family."

The home was well staffed and we found staff communicated and supported people with dignity and respect. Staff could explain each person's care needs and how they communicated these needs. People living at St Vincent's told us that staff had the skills and approach needed to ensure people were receiving the right care.

We saw there were systems in place to monitor medication so that people received their medicines safely.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training and this was ongoing. All the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. We found the environment safe and well maintained.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and decisions made in the person's best interest. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

We saw people's dietary needs were managed with reference to individual needs and choice. Meal times were a main feature of life in the home and provided an excellent social occasion.

The manager could evidence a series of quality assurance processes and audits carried out internally and externally by staff and from visiting senior managers for the provider. These were effective in managing the home and were based on getting feedback from the people living there.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People received highly individualised care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People could undertake daily activities that they had chosen and wanted to participate in. There was a powerful feeling of belonging and community within St Vincent's. This gave people the confidence to visit and experience the local community.

Staff instilled confidence and trust in people so they had become more confident and were able to try new experiences and increase their independence and sense of freedom.

The assessment and planning of people's care was highly individualised; this was particularly the case with respect end of life wishes and care.

Is the service well-led?

Good ●

The service remains good.

St Vincent's

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 was an unannounced inspection which took place on 7 January 2019. The inspection was undertaken by an adult social care 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 service had not been asked for a Provider Information Return (PIR) but the registered manager updated and completed this during the inspection. The PIR 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.

During the visit we were able to meet and speak with four of the people who were living at the home. We spoke with eight of the staff working at St Vincent's including care staff, ancillary staff and the registered manager and Director of Services who supports the management processes in the home.

We looked at the care records for four of the people staying at the home as well as medication records and other records relevant to the quality monitoring of the service. These included safety and quality audits which included feedback from people living at the home.

We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

During and after the visit we spoke with three health and social care professionals who had regular input into the home. Both gave very positive feedback regarding the high level of care at St Vincent's.

Is the service safe?

Our findings

People told us they felt safe as they had good support from the staff. One person said, " Oh yes I feel very safe, everybody is very helpful. We are very well looked after, and I'm not among strangers here."

Risks to people's safety were assessed and plans were put in place to minimise risk of harm and provide safe support. This included risks associated with people's health, such as their mobility or diet as well as risks associated with going out into the community. For a person who had specific equipment to support them with their skin integrity and comfort, we saw the risk assessment had been tailored to meet their individual requirements. The risk assessments clearly identified the potential risks to people and gave clear guidance to staff about the measures needed to reduce the risk and keep people safe.

Environmental risks were also assessed and health and safety checks undertaken to ensure the environment was safely maintained. Accidents and incidents affecting people's safety were recorded and monitored to identify trends or patterns. Care documents were updated to reflect any required changes.

Safeguarding policies and procedures, along with the local authority's statutory safeguarding protocols were in place to help keep people safe. Staff demonstrated a good awareness of potential abuse that vulnerable people may encounter and the required actions to keep people safe.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. The recruitment policies were clear and included input from people living at St Vincent's to help ensure staff were of the right calibre. The registered manager said that these procedures were in place as people's opinions were important. This provided good evidence of people having an influence on the outcome of staff recruited and their inclusion in the service policies and procedures.

Our observations helped to confirm there were sufficient numbers of staff available to meet people's needs. Rotas showed that staffing levels were consistent and staff informed us that staffing levels were maintained. Extra staff were put on duty if people's care needs required this; for example, recently caring for a person at the end of their life.

Medicines were administered safely to people by staff who were trained and deemed competent. Medication policies included all areas of safe practice and were reviewed. There were regular medication audits carried out to help ensure consistent standards. None of the people living in the home were having medications administered covertly [without their knowledge but in their best interests] but staff spoken with were not fully aware of the policy and procedure if needed. The registered manager told us this would be revised at the next staff meeting.

Staff had the use of personal protective equipment (PPE) such as, disposable aprons and gloves to promote good standards of hygiene. The areas of the home we viewed were clean.

Is the service effective?

Our findings

People told us they received very good support. Two people told us how much they had improved their overall sense of wellbeing since moving to St Vincent's. One person commented, "The staff cope so well, they appear to know what to do. They seek advice when necessary. They are fulfilling all my needs."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any decisions 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 with appropriate legal authority. 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.

The registered manager had made one application to the local authority under the DoLS process and was considering another. The registered manager clearly understood the criteria for applying for an authorisation. People's care records contained details of their mental capacity and where required a capacity assessment had been completed.

Staff sought people's consent around day-to-day decisions and empowered people to make their own choices. For example, how people wished to spend their day, social activities and supporting people who wished to administer their own medicines as well as key health care issues including end of life care.

Staff understood the principles of making decisions in people's 'best interest' if they lacked capacity to make decisions for themselves.

Staff received training, support and an annual appraisal to carry out their role effectively. Training was tailored to meet people's individual needs and included courses such as, infection control, mental capacity, food hygiene and moving and handling. There was an induction for new staff and this included a period of 'shadowing' a more experienced member of the staff team. This helped staff to help them familiarise themselves with the service and to get to know people's support needs. Staff were not left unsupervised until they and the registered manager were confident to do so. New staff were required to complete the Care Certificate. This is a national qualification in health and social care which staff are required to obtain. A staff member said their induction and training had been very thorough. All care staff had a recognised qualification at NVQ or Diploma level.

People were supported to stay healthy. People's care records showed individual health appointments with doctors and others such as, social workers, dietician and learning disability team. A person said, "The

medical connections are good, I can get to see a good doctor, optician, and dentist. Also, chiropodist and someone comes in to take blood tests."

A health professional told us, "This is one of the nicest care homes I visit. I have no worry's here. Staff communicate no problem – they are knowledgeable regarding [people's] care and mental state. Staff are very open and helpful."

People's nutritional needs were assessed and monitored. People's preferred choices were respected and the meal times in the home were a highlight. Meals were described as 'Excellent'. People told us, "I think they have good kitchen staff. We get good meals, there's plenty to eat and meal time is pleasurable. The food is good quality. You can have a drink at any time" and "You wouldn't get better in a restaurant. You never get meat that's tough. They always take the trouble to ask you what you want."

Is the service caring?

Our findings

We received very positive feedback from people being supported at St Vincent's. We found a caring and supportive culture throughout the home. One person said, "It's the little things I like to see. At Christmas the staff put on a party for the sisters. You feel cared for, staff say they love working here, there's a really good spirit." Another person commented, "They are very considerate, they always ask permission before rendering assistance. They do very well, I'm constantly amazed. They often go the extra mile for you, going shopping with you and making you comfortable in bed."

Our general observations included positive care interventions. The people involved in our observations all received support and positive interaction from staff. Staff were seen to be caring and courteous in their interactions with people. Staff often considered people's individual wellbeing. An example of this was from a person who told us how staff had adapted a piece of equipment to aid their comfort; "It really made a difference and was appreciated."

Visitors, including healthcare professionals, also confirmed that staff were always kind and supportive in their approach to care.

People told us their privacy and dignity was respected. Care files contained information and assessments to show people's personal preferences were respected such as times they liked to get up and go to bed. The registered manager told us that staffing levels had been reviewed so people could get up when they wished in the mornings. People had been included when devising care plans and care plan reviews had been held with all the people living at St Vincent's so they could be included in their care and support.

The registered manager told us about 'resident meetings' that had been arranged. We saw the notes from a recent meeting which had been well attended and it was clear that people living at St Vincent's were listened to and involved in the running of the home.

Is the service responsive?

Our findings

Everyone who lived at St Vincent's received care and support that was extremely personalised to their individual needs, wishes and aspirations. This was within a very strong religious culture that all the people living in the home shared. The strong religious values formed the base of care and daily life at St Vincent's. This was reinforced by the daily routine of social activity which also included time in prayer and attending Mass. There were links with the local church and priests attended daily. One person said, "I consider myself very lucky to live here. I would recommend this place to others."

All the people living at St Vincent's received care which was in line with their individual needs and preferences. Care plans we reviewed had an exceptional level of detail within them, including what activities people enjoyed, sleep patterns, foods they liked to eat, medical condition action plans, and daily records which included monitoring of people's wellbeing. Care plans were reviewed monthly with the person directly; both the key worker and the Director of Care sitting down with the person and discussing any changes, wishes or concerns. This meant that care was adjusted to meet people's changing needs, in a timely and responsive manner. The Director of Care role had been developed to offer as strong advocacy role for people who wished this.

Care staff fully supported the home's philosophy and were also very involved in the development of highly individualised care planning which involved people directly. What stood out on this inspection were the examples of how people's quality of life had improved due to the highly individualised care and support offered by staff. For example, one person previously lived in community accommodation where they had no access to care and support and had become increasingly constrained and isolated resulting in anxiety and stress which had adversely affected their physical and mental wellbeing. The person experienced feelings of panic and the care team were specific in spending time to sit with and reassure by talking them through the symptoms and supporting the person to rationalise their causes. The frequency of the episodes had markedly decreased as had their severity resulting in a much-improved quality of life. This had meant the person could go out more often, initially with staff support, working through agreed aims and objectives. This person's level of independence had increased and the person now went out alone and did their own shopping and socialised with other community houses. The person stated their daily life now exceeded their expectations.

In another example a person's reduced mobility restricted their opportunities to socialise as well as to visit family members who lived at some distance. A key aim was to visit family members and this was arranged with staff facilitating transport and supporting the person to achieve the visit. These were now established and ongoing occasions. In addition, an agreed programme of preferred social activities including visits to the theatre, the cinema and garden centres, shopping and visiting friends locally has been facilitated directly improving the person's quality of life. The person commented, "What more could I ask for."

We found other activities and pastimes were encouraged and these were based around people's individual preferences and interests. The 'Heaven and Earth' assessment document, completed by each person living at St Vincent's was an extremely detailed history of each person which included a full life history from

childhood and included personal interests and pastimes. The ones we saw were written in people's own hand. Staff ensured these were supported daily. A newer development had been the introduction of diaries for each person which were completed daily and provided for a reflection of the day's activities. We heard about people learning computer skills [weekly sessions] and it was noted that in some instances, when people were unable to attend Mass due to infirmity, this had been provided by CCTV coverage.

Information was provided in several ways to make sure it was easily accessible. This included notice boards which displayed local information as well as a 'St Vincent's newsletter' which had recently been developed and contained details and celebrations of daily activities and events. An upgraded loop system was being installed in the next three months to aid communication and would now include all communal areas; this had been the result of a concern raised by one person at a community meeting and quickly actioned by the registered manager.

The home had two community cars and several staff who drove them. This promoted opportunity to attend appointments, get out and about, visits to family and friends and shopping. Communal activities were arranged to meet people's requests including external events. One person commented, "We play lots of games together. They take us to shows, cinema, we go to the pantomime. A man comes in and plays the organ. They keep us going. During the summer we had a trip to Lytham." Keep fit, hand and feet therapy and monthly craft classes were also very popular. One person commented that family and friends could visit at any time and were always made to feel very welcome by staff.

We saw a complaints procedure was in place and people we spoke with were aware of how they could complain. People told us they had regular meetings with the Director of Services who would represent any concerns if needed. We saw there was a record of complaints made and these were audited and discussed at senior management level if needed. All concerns had been investigated and responded to by the registered manager of the home. A recent concern regarding laundry management for one person had been dealt with promptly and resolved to the full satisfaction of the person concerned which included changes to the way the person's laundry was managed by staff.

Care records clearly evidenced input from external health and social care professionals to help oversee people's health and wellbeing. We saw care plans for areas of care which included mobility, nutrition, personal hygiene, falls, people's routine and medicines. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance.

This was particularly evidenced with respect to care at the end of people's lives where staff were particularly skilled at supporting people to explore and record their wishes. The 'Heaven and Earth' document included a large section on people's end of life wishes. We saw these included much discussion and detail including specific wishes around funeral arrangements, for example. Decisions around resuscitation in the event of cardiac arrest [DNARCPR] were clearly highlighted and arrangements put in place following careful discussion and consent. All the people we spoke with felt that the strong Christian culture embedded at St Vincent's helped them to express their needs and feel reassured about their care at the end of their lives.

Staff spoken with told us they felt confident about delivering good end of life care. One staff commented, "It's absolutely first class. We have regular updates and attend the hospice for training. Our knowledge of [people] is very high; we really get to know them." The registered manager advised us that the 'Heaven and Earth' document had been developed as part of staff members' level 5 Diploma course and involved reference to best practice guidance such as Kings Fund and NICE guidance.

We reviewed the care for one person who had recently passed away. The level of recorded care was very detailed and it was easy to follow the person's pathway of care which included attention being paid to physical comfort and care, such as pain control, as well as spiritual comfort and wellbeing. A health care professional involved in the person's care told us, "They are like a family. Staff will go above and beyond to make sure [people] are at ease and comfortable. They will provide extra staff and sit with [people] to ensure this."

Is the service well-led?

Our findings

There was a registered manager who was supported by the Director of Care. Both were present throughout the inspection and attend the home daily. There was a clear management structure supporting the home with all levels of management and supervision having active input into the home.

We were told by both registered manager and Director of Care that the Daughters of Charity (registered provider) had very clear systems in place to monitor standards and these included a strong emphasis on feedback from people living in the home. The Christian values give a strong focus to the running of the home and were central to the culture of the life at St Vincent's. The values are evident throughout the literature produced including the home's Statement of Purpose which we saw. There was evidence of ongoing work involving the people living at St Vincent's into further developing the values of the 'community'. For example, we saw an ongoing project involving a mural based on the key values [Vincentian values] of the home which had involved all the people living there. The PIR explained; "This is an ongoing project that brings everyone together; it promotes the values, encourages inclusion and demonstrates the things we do and how we respect and care for one another."

From the interviews and feedback, we received, both registered manager and Director of Care were open and receptive. One person said, "The home is well managed, we belong to a community and we know how to look after ourselves. I'm quite content here." Another person commented, " [The registered manager] is one in a million, we are very lucky; you can talk to her."

Staff felt equally supported and one staff told us, "I feel part of the home and culture. I enjoy coming into work; It feels like a family."

The registered manager could evidence a series of quality assurance processes and audits carried out internally and externally from the Board of Trustees. For example, the regular medication audit, care plan audits and various health and safety and environmental audits. This had helped to ensure the home was being monitored in key areas. A quality audit was carried out three monthly by a member of the 'leadership team'. The same person also was responsible for providing supervision for the registered manager.

Working with external professionals was also important to the registered manager so that current best practice with respect to care could be continually updated. This was evidenced by audits carried out by external professionals including environmental health, health and safety experts and an external quality audit commissioned by the home. All the audit reports we saw were positive regarding the standards at St Vincent's.

A recent proposed development was being carried out involving the development of a web site for the home [currently no website available] which would include a display of the CQC quality rating.

The registered manager was aware of incidents in the home that required the Care Quality Commission to be notified of. Notifications have been received to meet this requirement.

These systems had assisted the registered manager and Director of Care to have clear priorities for the home.