

Chapter Of The Order Of The Holy Paraclete(The) Unlimited

The Aelred Wing at St Hilda's Priory

Inspection report

St. Hildas Priory
Castle Road
Whitby
YO21 3SL

Date of inspection visit:
10 May 2022
11 May 2022

Date of publication:
27 May 2022

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

The Aelred Wing at St Hilda's Priory is a residential care home providing accommodation and personal care to up to 12 Sisters of the Chapter of the Order of the Holy Paraclete living in one adapted building. At the time of this inspection, there were seven sisters living at the service.

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

Sisters told us they felt safe. Staff had received training in safeguarding and felt confident in reporting any concerns. Risks to people's health, safety and wellbeing had been assessed and staff understood how to help keep people safe.

Staff responded promptly and were attentive to Sister's needs. The registered manager monitored staff deployment and ensured enough staff were always on duty. Processes in place ensured staff recruitment was appropriate with a range of preemployment checks completed.

Medicines were managed and administered safely, with regular checks completed. We were assured by the measures taken to help ensure the prevention and control of infection.

Sisters needs, and choices were recorded following assessment. Care records included up to date information which showed the Sisters involvement with their development and review. Care provided was personalised and considered their preferences and wishes.

Sisters were supported by caring, friendly staff who knew their needs well. Staff received required training and felt supported in their roles. Sister's described care staff as knowledgeable and skilled and felt that their privacy and dignity was respected.

Sisters health needs were being met. The service worked closely with other health professionals and external agencies to support them with their health and wellbeing.

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.

Prayer and worship were central to Sisters lives and required adjustments were made to ensure they were supported to maintain and actively practice their faith.

Sisters and staff spoke positively about the management of the service and their openness to feedback. The registered manager was approachable, maintained regular communication and listened to the views of others.

A range of audits and checks were completed to maintain and where required, implement any required

improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 24 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Aelred Wing at St Hilda's Priory

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 completed by one inspector

Service and service type

The Aelred Wing at St Hilda's Priory is a 'care home'. 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. The Aelred Wing at St Hilda's Priory is a care home without nursing care. 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 10 May 2022 and ended on 17 May 2022. We visited the service on 10 and 11 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 Healthwatch. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. 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 three Sisters who used the service about their experience of the care provided.

We spoke with six members of staff including the registered manager, deputy manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two complete care records, three staff files and records relating to the management of the service. We observed the medicines administration and management process including associated record keeping.

Following the inspection

We reviewed completed and planned staff training, supervisions and appraisals.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lesson when things go wrong

- Sisters told us they felt safe and were seen to be relaxed and comfortable with staff present.
- Staff had received safeguarding training and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm. One staff member said, "We have good processes to follow. I wouldn't hesitate to speak with the manager to ensure any concerns are robustly investigated."
- All accidents and incidents were documented with systems to record outcomes and actions taken to help improve the service and prevent similar events as part of lessons learnt.

Assessing risk, safety monitoring and management

- Risk assessments included up to date information to explain the risks for people and the actions for staff to take to reduce these. One Sister said, "The staff are knowledgeable, and I feel very safe whilst they are supporting me."
- Care records included information about people's medical conditions and information was available for staff to ensure they could react quickly where any concerns were evident. One staff member said, "We have access to good information, records are kept up to date and reviewed regularly."

Staffing and recruitment

- The provider completed robust checks to ensure they recruited staff safely. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager had contingency plans to ensure there were enough staff available to provide care and support to meet people's assessed needs.
- Staff told us they benefitted from a small, committed team who worked closely together with senior carers and management support to ensure the needs of Sisters were met. One staff member said, "We could always do with more staff, we have a good team and have time to support Sisters with their everyday lives as well as delivering care."

Using medicines safely

- Where required, Sisters received support from suitably trained and competent staff to take their medicines as prescribed. A Sister said, "Staff prompt me to take some medicines, they keep me on track to ensure I don't forget to take everything I need at the right time."
- Some Sisters were prescribed creams and medicines to be taken on an 'as and when' basis. Information was in place to guide staff about how and when to administer these medicines following the provider's

medicines policy.

- Staff had a clear understanding of safe medicines administration processes.
- Checks were completed to ensure medicines were managed and administered following best practice guidance.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for Sisters 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.

Visiting in care homes

- The provider followed government guidance and health professional recommendations to support Sisters to enjoy receiving visitors and to visit others. A purpose-built summer house was in use in the garden areas which provided a welcome, safe alternative to visiting in people's own rooms.

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 good. The rating for 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

- Sisters of the Chapter of the Order of the Holy Paraclete were involved with the service before accessing the care and support it provided. Prior to moving into the service, the provider completed individual assessments with Sisters to determine and meet their individual level of need.
- Sisters had a key worker who helped to ensure all their needs were met as recorded. Sisters confirmed they were involved in all aspects of their care and support. A Sister said, "My key worker completes regular reviews with me, we discuss the service to make sure everything is okay."

Staff support: induction, training, skills and experience

- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have had.
- Staff had completed training relevant to their roles. The registered manager evidenced planned supervisions and appraisals in line with policy where staff could confidentially discuss their individual roles and responsibilities.
- Staff told us they felt supported in their roles. Staff told us they valued one to one support and supervisions. One staff said, "We have good communication. The manager's door is always open if I need to discuss anything. Our one to ones provide us with an opportunity to reflect. We can also discuss further training to progress our roles."
- The management team completed spot checks to record staff performance for example, in medicines management and administration. This was used to help develop staff and to identify any further training needs to improve the care provided.

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

- Sisters were supported to eat and drink healthily throughout the day. Menus were reflective of the vows taken by Sisters in recognition of their faith.
- Assessment of people's dietary needs was recorded, and staff confirmed they worked with other health professionals for example, dieticians where this was required.
- Care plans included provision to record any allergies and staff confirmed they would have access to information to support people with any dietary requirements where required.

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

- Sisters told us, and records confirmed they had good support to access other health professionals where

required.

- Staff clearly understood the required processes to ensure Sisters received timely access to health professionals.
- The provider ensured that any external health advice was recorded as guidance for staff to follow.
- Sisters discussed how they were supported by staff to access and enjoy the local gardens and wider outdoors the area had to offer. One staff member said, "We have time to help Sisters live healthier lives; to enjoy their outdoor surroundings. For example, to have an ice cream at the seaside or just to have a walk in the gardens outside here."

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

- Sisters had good, safe access in and around their purpose-built homes.
- Rooms were spacious with adaptations to assist mobility and support their independence.

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.

- The registered manager and staff were aware of their responsibilities under the MCA.
- Where assessments recorded Sisters did not have capacity under the MCA, required assessments, decision making, authorisation and reviews were in place.
- Sisters told us staff discussed their needs all the time and always asked if they were happy to proceed prior to providing care and support.
- Staff understood the importance of offering Sisters choice and to promote their independence.

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. The rating for 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

- Sisters told us staff were kind and caring. A Sister said, "We are blessed, nothing is too much trouble for them [staff]. I make my own bed; staff always offer to help me make it. They always offer support and assistance, they don't take over, my only restrictions are my ability, but they are always there when you do need them."
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that met their needs. One staff said, "The Sisters live within, and are supported by a much wider community. They have taken their vows and strictly follow their faith. It's so nice to be able to support the Sisters to continue to live their lives as they have chosen to."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Sisters told us they were actively involved in the planning of their care and were supported to express their views. One Sister said, "Staff are very willing, very responsive to suggestions. We have occasional meetings with the key worker, I can make suggestions and they are acted on."
- Staff understood the importance of maintaining dignity, privacy and providing compassionate care and support. A staff member said, "All private rooms at the service have showers. Sisters also like to have a bath. We have a bathroom shared by the sisters, they have their individual lotions, towels and we had another shower curtain fitted to provide them with additional privacy whilst bathing."
- People told us staff encouraged and supported them to be as independent as possible.
- People received consistent care from regular staff who they knew.
- Sisters attended resident meetings where they were able to contribute their feedback and receive updates on any changes at the service. Consultations recorded discussions with Sisters to determine a diverse workforce in line with their preferences and beliefs.

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. The rating for this key question 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

- People received personalised care that reflected their needs and preferences. Care plans provided staff with personal background information. For example, their likes and dislikes, health and care needs and how they would like to be supported.
- Sisters were routinely involved in planning and reviewing their care. Where Sisters were not able to plan areas of their own care, decisions were made in their best interest by people who understood their needs.
- Individual key workers ensured information from reviews of care with Sisters was updated in the care records for staff to follow.

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.

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how Sisters communicated their needs and wishes. This included records of their needs with regards to hearing, sight and speech.
- The registered manager confirmed that information was made available in various formats to allow it to be accessible to Sisters, if this was needed.

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

- Care and support was sensitively planned with Sisters and had been developed with close recognition of the spiritual prayer and worship which Sisters practised together.
- Information was available on the religious services and activities which were on offer through the week for the Sisters to access.
- Sisters were supported to access the main chapel; a separate area of the building where services were held. A smaller chapel in the service was always electronically linked to the main chapel enabling Sister's full engagement with the community.
- There were two activities coordinators employed by the service who supported the Sisters in areas such as accessing the grounds of the service, playing board games and participating in baking. Their main role was to support the Sisters who had reduced mobility and required additional support.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system in place.
- Sisters told us they understood how to raise any complaints. They told us they rarely had cause to complain but that any concerns were appropriately responded to.
- Feedback, including concerns and complaints was welcomed and where appropriate outcomes were used to help improve the service for people.

End of life care and support

- Records included detailed information to ensure Sisters received end of life care and support according to their wishes and preferences.
- Advanced care and support decisions made by the Sisters was recorded. This included information for staff to follow to ensure Sisters received their chosen level of medical support at the right time, to remain pain free during end stages of life.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way.

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

- Sisters told us the service was managed well with caring staff. One Sister said, "Yes, it is well managed, it does what it says on the tin, I like the level of independence it provides."
- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people receiving a service.
- Regular staff and resident meetings provided individuals with the opportunity to contribute their views to help the service improve.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- Sisters and staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were given the opportunity to feed back on the service they received and told us the senior staff including the registered manager were approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted Sisters independent living arrangements. One staff member

said, "There's a real focus on promoting Sisters independence. One Sister wanted to go into the town on their own. We reviewed the risks and provided supportive measures to help them remain safe and go on their own."

- Thorough pre-assessments of Sisters need ensured care was planned to meet any personal characteristics and preferences. Sisters views were recorded and where required adjustments made to ensure care was tailored to meet their needs.

Continuous learning and improving care; Working in partnership with others

- People told us they felt confident that the service would act if they suggested an area for improving care.
- The manager was passionate about enabling Sisters to live their best lives. They spoke with enthusiasm about the service model, supporting people holistically with their faith, social care and where required personal cares, in a communal environment with a dedicated staff team.
- The service had good partnership links with stakeholders including other health professionals. For example, the clinical lead provided regular weekly input, providing guidance and support to maintain Sisters health and wellbeing where required.