The Order of the Good and Perpetual Succour

St Mary's Convent

Inspection report

Ebchester
Consett
County Durham
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We last inspected the service on 4 May 2015 and rated the service as Good. At this inspection we found the service remained Good and met all the fundamental standards we inspected against.

The service provides accommodation and personal care for up to 18 older people. Nursing care is not provided. St Mary's Convent is located in the village of Ebchester in County Durham. At the time of our inspection there were 15 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were safeguarding procedures in place. Staff were knowledgeable about what action they should take if abuse was suspected and people told us they felt very safe living at St Mary's Convent.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe.

We found that recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Sufficient staffing levels were provided to meet the needs of people using the service. We observed staff carry out their duties in a calm, unhurried manner and people were supported to access the local community. Records confirmed that training was available to ensure staff were suitably skilled. Staff were supported though an appraisal and supervision system.

Risk assessments were in place when required and accidents and incidents were appropriately recorded and analysed.

Appropriate arrangements were in place for the administration and storage of medicines.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who lived at the service. People and visitors we spoke with told us the staff team were very caring. Staff promoted people's privacy and dignity.

Care plans were in place which detailed the care and support to be provided for people. These were

regularly reviewed and updated where necessary.

People were supported to maintain their links with families and local community. There were a range of activities which people enjoyed and activity staff supported people to access the local community on a regular basis. There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

The provider was meeting the conditions of their registration. They were submitting notifications in line with legal requirements. They were displaying their previous CQC performance ratings at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

St Mary's 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.

The inspection took place on the 12 June 2017. The inspection was unannounced and was carried out by one adult social care inspector and an expert by experience. The expert by experience had experience of supporting older people living with dementia.

Prior to our inspection we checked all the information which we had received about the service including any notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted Durham local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. We used their feedback to inform the planning of this inspection. We also obtained feedback from one of the local GP's who visited the service regularly.

The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

On the day of our inspection, we spoke with seven people currently using the service and six visitors. We also talked with the registered manager, the deputy manager, three care staff, one activity co-ordinator and the chef. We examined three people's care plans. We also checked records relating to staff and the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Two people said that once they stepped inside the door of the home they knew that being safe was no longer an issue, they had come home. People's comments included; "In all aspects of that word and everything it entails, yes, we are all safe" and "Oh my I feel safe and cared for and no worries at all." One visitor we spoke with said, "My relative was a worry to all the family so the fact that they are here is a relief. The kindness and compassion is there for all to see - nothing hidden makes us realise just how unsafe our relative was before."

Staff members we spoke with said, "We have a duty of care and we all take that very seriously, when I say that I want to come here when I get older I hope that makes you realise just how safe and good this home is."

There were safeguarding procedures in place and staff were knowledgeable about what action they should take if abuse was suspected. The local authority safeguarding team informed us that there were no organisational safeguarding concerns with the service.

The building was well maintained. Electrical testing, gas servicing and portable appliance testing (PAT) records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date, and fire drills took place regularly. People who used the service had Personal Emergency Evacuation Plans (PEEPs) which were personalised, which meant appropriate checks and records were in place to protect people in the event of a fire. We also saw there were regular checks on equipment such as hoists and passenger lifts, wheelchairs and water temperatures.

There were safe systems in place for the management of medicines. We saw medicines were stored safely and people were supported by trained staff to receive their medicines on time. We observed a senior staff member administering medicines in a caring manner ensuring people had enough time to take their tablets and people were always asked for their consent. We spoke with a care staff member who explained to us how they followed the service's policies in relation to medicines and could explain to us what they would do if someone refused their medicines or they were dropped by accident.

There were sufficient numbers of staff on duty to keep people safe. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs and numbers of people using the service. Staff and people who used the service did not raise any concerns regarding staffing levels during the course of our visit. We saw that staff carried out their duties in a calm unhurried manner. Call buzzers were answered promptly. We did not observe any instances where people's needs were not met by the number of staff on duty on the day of the inspection.

The registered manager told us that the correct recruitment procedures were carried out before they started work. We saw that Disclosure and Barring Service (DBS) checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help

providers make safer recruitment decisions. We saw that interview records, application forms and proof of identity had been sought from applicants. Two written references had also been received.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service via their care plans. These described potential risks and the safeguards in place to reduce the risk. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Good

Is the service effective?

Our findings

People told us that staff effectively met their needs. People and relatives all commented on how professional the staff were but also how kind and compassionate. There were no negative comments about training and capability.

One person we spoke with told us, "My relatives love coming here and they like to see me as well!" Relatives we spoke with said, "Every time I visit there is always someone who will give me an update and I never make it out without having had at least one cuppa," and, "My relative loves it here and the staff are trained to look after her but no amount of training makes them look after the residents the way they do, it's because they care."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. The registered manager and staff we spoke with had all been trained in the MCA and four people who used the service were currently subject to DoLS authorisations. Staff we spoke with were able to identify the people who were subject to DoLS because they were unable to keep themselves safe if they left the home, and their care records included information for staff about how to distract people if they tried to leave. People who were not subject to a DoLS told us they were able to leave the home whenever they wished/we observed people who were not subject to a DoLS left the home during our inspection on trips to the local shop

Staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. One staff member told us, "I have just completed my Level 5 National Vocational Qualification and have also undertaken a counselling course that I found really helpful." Records showed staff members had completed training in health and safety and other key topics related to the needs of people who used the service, such as dementia. Staff received support to understand their roles and responsibilities through supervision sessions. Many of the staff had worked at the service for a considerable number of years. This experience contributed to the skill with which they carried out their duties.

Food was a great talking point with no one having a bad word to say. People told us the food was great as were the options for choice.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary

needs was included in people's care plans and we spoke with the chef who was knowledgeable about people's nutritional support and likes and dislikes and had been trained in providing good nutrition for older people. We observed the lunchtime meal, where people were well supported and offered choices in a calm and sociable atmosphere.

People told us and records confirmed that staff supported them to access healthcare services. We were told that people were supported by staff to attend hospital. We met with a visiting GP to the service who was very positive in their view of the care at St Mary's Convent. They told us, "It's very well organised here, they are good at contacting us at the appropriate time. They are proactive and responsive to the advice we give."

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were very caring. Comments included, "The staff are wonderful and have all the time in the world to chat with me," and, "I couldn't fault anything. I have been here so long it really is my home and the lovely staff are my family." Visitors we spoke with said, "The staff here have a 'can do ' attitude which is so refreshing" and "If my relative wakes at night, and gets upset then its tea and biscuits until they feel ready to go back to sleep."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member told us, "We offer choice by giving options and not making decisions for others. Sometimes it's not the best but that's why we are there to guide and support even when things don't work out."

We saw positive interactions between staff and people throughout our inspection. We witnessed staff supporting people in a positive, gentle and caring manner.

People's independence was promoted. People were encouraged to carry out light housekeeping to maintain their skills and to make choices in relation to activities; one person told us how they enjoyed helping fold the laundry. One staff member told us, "We have a 'use it or lose it' approach because it's about guiding and choices all the time and trying to get as much out of every day for each resident."

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed staff supported people when required and asked permission to sit and talk with people as well as knocking on people's doors and waiting for permission before entering. Staff members told us, "Dignity and respect is paramount and it should be that we treat residents as though they were our own and we would want them to be respected at all times," and "We deliver a 'do as you would be done by' service because one day we could be a resident somewhere needing care."

People were involved in the care planning process. Meetings and reviews were carried out to involve people in all aspects of their care and support. One relative we spoke with said, "I am involved in the care plan and the reviews and am happy to be guided and helped to reach the right care plan outcomes for my relative."

Relatives we spoke with told us they were given regular updates about their relative and said they could visit and ring at any time and that visiting times were clearly explained to them. This showed the service supported people to maintain key relationships.

Although the service was part of a Roman Catholic order with nuns and a retired priest using the service , the home welcomed people of any faith and the service worked closely with other community and religious denominations. Regular mass events were held in the home's beautiful chapel. One person told us, "I consider all the staff from Sister down to be my friends and in times of need my confidantes; I know I am lucky and all homes should be like this." One staff member we spoke with said, "I have recently been

through a traumatic time and the nuns have been there for me and have been my safety net. Nowhere else could I imagine such compassion and support." This showed the care and compassion embedded at this service.

At the time of our inspection no one accessed the services of an advocate, but we saw more informal means of advocacy through regular contact with families. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The management team were aware of how to contact advocates if they were required to support people.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "Sitting and talking and drinking tea is very important here; we like our chats." A staff member nearby replied, "We love to sit and chat and hear about the old days but this is true, there is never any gossip about each other which says a lot for the people who live and work here."

There were robust systems to ensure the staff team shared information about people's welfare. A staff handover procedure was in place as well as a management handover so that issues and details about appointments were carried forward between shifts. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. This procedure meant that staff were kept up-to-date with people's changing needs.

Staff recorded any changes in people's conditions, professional visits and social activities on a twice daily basis.

We looked at four care plans belonging to people who used the service. These records showed that people had their needs assessed before they moved into St Mary's Convent. This ensured the service was able to meet the needs of people they were planning to admit to the service.

We found that risk assessments were in place, as identified through the assessment and care planning process, which meant that risks had been identified and minimised to keep people safe. These included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently, measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. Standard supporting tools such as the Waterlow Pressure UIcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments.

A personal care plan for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs was written using the results of the risk assessment; which detailed the care needs, support, actions and responsibilities staff were to take to reduce the possibility of harm. We saw that these were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans.

People's care records were personalised to reflect their individual preferences, support and what they could manage for themselves. The care planning system was easy to follow, with risk assessments, care plans and evaluations in place. There was information about people's life history, such as key events in their life, work history, spirituality, hobbies and interests.

We saw care plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' decisions and we saw that the correct form had been used. This was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. We saw end of life care plans for people where a person had clearly

detailed their wishes and requests. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met and staff were supported with the process.

We found the registered provider protected people from social isolation. There were two activity co-ordinators employed by the service who provided support seven days a week. There was a variety of well supported activities that took place and the service also supported people to access the local community. The service also ran a weekly afternoon tea that was proving very popular in the local area. We observed activities taking place and we saw lots of fun in a quiz afternoon with staff and visitors joining in with lots of laughter. One person we spoke with told us they went out at least three times a week and had stop-overs with their family. They told us they looked forward to the welcome they got when they returned to St Mary's.

There was a complaints procedure in place. None of the people or relatives with whom we spoke said they had any complaints or concerns. One relative said, "I truly have never had a problem but if I did I know I can speak to anyone and it would be taken seriously and resolved at once." We saw there had been one complaint in the previous 12 months that the service had responded to according to its own complaint policy. There were opportunities for people and staff to raise any concerns through meetings and a suggestion box.

We observed a team meeting where staff were able to voice any concerns and we saw that these were recorded and action plans created so that all staff knew what had been discussed and how any changes or improvements would be implemented. For example, staff and the chef discussed knowing people's dietary needs as there were several people on respite at the home. The staff team agreed that the person carrying out the initial assessment would provide a record direct to the chef about people's nutritional requirements, so that everyone knew this information had been shared to avoid confusion.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person centred, open and inclusive. One person told us, "You feel the love when you walk in this place it is amazing!" One visitor we spoke with said, "The staff are open and honest and this is because the whole team follow the example of Sister who only wants to deliver the best care every day for the residents."

At the time of our inspection visit, the service had a registered manager in place. We saw during the course of our visit the registered manager had a positive and encouraging manner towards staff and people using the service.

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them; ensuring people's personal information could only be viewed by those who were authorised to look at records.

Staff we spoke with told us they were very happy in their role and felt supported by the management team. Comments included, "I was going to ask if I could change my shifts because I had someone to care for at home and the strain was making me depressed. Before I could even broach the subject Sister called me into the office and asked if I would be interested in a new position with regular daytime hours. Wow!"

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly and we joined a meeting that had been scheduled to take place on the day of our visit. We saw staff were given updates about the service and were encouraged to share their views. Minutes of meetings were then made available for all staff members who could not attend.

We looked at what the registered provider did to check the quality of the service, and to seek people's views about it. The registered provider carried out twice yearly questionnaires as we saw the results were analysed and actioned. For example, we saw that one person's family had stated they were unsure about the complaints procedure. We saw the registered manager had given the family a copy of this and had discussed the process at the next resident and relatives meeting. This showed the service listened and acted on feedback.

The provider carried out a range of audits within the service to check the quality and safety of the environment. This included audits of health and safety within the service, the kitchen and records relating to people and staff members.

Meetings took place regularly for people who used the service and relatives and we saw people were able to contribute about the running of the home and make choices regarding menus and activities. There was no one who could suggest any improvements to us because they said they 'just loved things the way they were'.

This demonstrated that the provider gathered information about the quality of their service from a variety of sources.

The service had good links with the local community. People who used the service accessed local shops and leisure facilities. The service held a weekly afternoon tea session that was proving popular with the local community and we saw that there were many visitors to the home during the day who told us they felt welcomed by the service.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about deaths and other important events or incidents, which the service is required to send to the Commission by law. The provider was also displaying their previous CQC performance ratings at the service.