The English Province of The Congregation of Our Lady of Charity of the Good Shepherd CIO

St. Euphrasia's Care Home

Inspection report

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09 May 2017

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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

The inspection took place on 09 May 2017 and was unannounced. This was the first inspection for this service under their new registration.

St Euphrasia's Care Home provides care and accommodation to Sisters of the 'Good Shepherd', a religious order of women in the Roman Catholic Church. The care home is linked to the Good Shepherd convent which is situated next door. It is a single storey building with 14 single rooms, three of which provide en-suite facilities. At the time of the inspection there were 12 sisters living at the home. Building work was being carried out to extend two of the bedrooms to add en-suite facilities.

There was a registered manager in place at the service. 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.

Staffing levels were flexible and were sufficient on the day of the inspection to meet the needs of the sisters residing at the home. Staff were recruited safely, all relevant checks were undertaken to help ensure employees were suitable to work with vulnerable people.

Appropriate safeguarding adults policies and procedures were in place and staff were able to demonstrate a good understanding of safeguarding issues. There was also a whistle blowing policy in place and staff were confident to report any poor practice they may witness.

Medicines systems were in place to help ensure all medicines were ordered, stored, administered and disposed of safely. General and individual risk assessments were in place and accidents and incidents were recorded and followed up appropriately.

Health and safety measures were in place and documentation was up to date. All staff undertook training in infection prevention and control, regular audits were undertaken and there was an infection control champion amongst the staff.

Staff demonstrated a clear understanding of their roles and responsibilities. The induction programme was thorough, mandatory training was regularly refreshed and further training courses undertaken to help ensure staff skills and knowledge remained current.

There was a choice of meals and plenty of food and drink offered throughout the day. Special diets and nutritional requirements were catered for and people's nutritional and hydration intake was monitored if required.

The service was working within the legal requirements of the Mental Health Act (2005) (MCA) and Deprivation

of Liberty Safeguards (DoLS). Staff had undertaken training and could demonstrate an understanding of the principles of the MHA, making decisions in people's best interests and when a DoLS authorisation may be necessary.

The sisters we spoke with and observed at the home were happy and contented. We saw that interactions between staff and the sisters were kind and courteous at all times. Dignity and privacy were respected.

Staff had undertaken end of life training and the service endeavoured to ensure that the sisters could continue to be cared for at the home, if this was their wish, once they were nearing the end of their lives.

Care records were person-centred and included appropriate health and personal information. These records were regularly reviewed and updated.

There were many spiritual and religious activities which took place on a daily basis. Other activities and outings were also on offer and there were regular visitors to the service from both the convent and the outside community.

There was an appropriate complaints procedure, but there had been no recent complaints. Concerns were dealt with promptly to help ensure they did not escalate.

The registered manager was described as approachable and had an 'open door' policy so that people could speak with her when they wished to.

Staff supervisions and appraisals were undertaken regularly to help provide support for their training and development. Staff meetings were held on a regular basis.

A number of audits and checks were undertaken by the service. This helped ensure the continued quality of the care provision.

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.

Staffing levels were flexible and were sufficient on the day of the inspection to meet the needs of the sisters residing at the home. Staff were recruited safely, all relevant checks were undertaken to help ensure employees were suitable to work with vulnerable people.

Appropriate safeguarding adults policies and procedures were in place and staff were able to demonstrate a good understanding of safeguarding issues.

Medicines systems were in place to help ensure all medicines were ordered, stored, administered and disposed of safely.

Is the service effective?

Good

The service was effective.

Staff demonstrated a clear understanding of their roles and responsibilities. The induction programme was thorough and training was on-going.

There was a choice of meals and plenty of food and drink offered throughout the day. Special diets and nutritional requirements were catered for and people's nutritional and hydration intake was monitored if required.

The service was working within the legal requirements of the Mental Health Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

We saw that interactions between staff and the sisters were kind and courteous at all times and dignity and privacy were respected.

Staff had undertaken end of life training and the service endeavoured to ensure that the sisters could continue to be cared for at the home, if this was their wish, once they were nearing the end of their lives.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and included appropriate health and personal information. These records were regularly reviewed and updated.

There were many spiritual and religious activities which took place on a daily basis. Other activities and outings were also on offer and there were regular visitors to the service from both the convent and the outside community.

There was an appropriate complaints procedure, but there had been no recent complaints. Concerns were dealt with promptly to help ensure they did not escalate.

Is the service well-led?

Good

The service was well-led.

The registered manager was described as approachable and had an 'open door' policy.

Staff supervisions and appraisals were undertaken regularly and staff meetings were held on a regular basis.

A number of audits and checks were undertaken by the service. This helped ensure the continued quality of the care provision.

St. Euphrasia's Care Home

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 09 May 2017 and was unannounced. The inspection was undertaken by one adult social care inspector from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we had about the service in the form of notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

During the inspection we spoke with seven of the sisters who used the service, four visitors to the service. We spoke with two health and social care professionals who were visiting the service to gain their views of the care provided. We observed care throughout the day and looked documentation at the service, including two care records, two staff personnel files, health and safety records, training records, meeting minutes and audits.

Good

Is the service safe?

Our findings

Staffing levels at the home were sufficient to meet the needs of the sisters who used the service. The registered manager explained that the rotas were completed based on the sisters' care needs and they were flexible. There were staff who could be called on at short notice and a number of bank staff available. The registered manager told us she would be interviewing at the end of the week for a new staff member to work in the middle of the day. This would be purely to talk to the sisters who used the service, help them with interests and take them out for walks or accompany them around the building if required.

We looked at two staff personnel files to see how staff members were recruited. The recruitment procedure was robust and each file included an application form, job description, proof of identity, proof of qualifications, at least two references, interview notes and a letter of appointment. Unexplained gaps in CVs were investigated and all employees had Disclosure and Barring Service (DBS) checks. These checks help services ensure that potential workers are suitable to work with vulnerable people. We saw that disciplinary issues had been followed up as per the policy and procedure.

There were appropriate safeguarding vulnerable adults policies and procedures in place. Staff we spoke with demonstrated an understanding of the issues and were able to tell us how they would report any issues. There was also a safeguarding log, but no recent safeguarding issues had occurred. The service had a whistle blowing policy in place, so that staff could report any poor practice they may witness. Staff told us they would be confident to report any issues.

There was building work taking place at the time of our inspection, to extend two bedrooms and add en-suites. We saw that this was being undertaken sensitively to help ensure minimal disruption and maintain the sisters' safety within the premises. The building contractors regularly liaised with the registered manager to ensure they were working as required. The laundry was also being extended and we saw that a temporary laundry had been set up in a portakabin in the grounds of the home. This was working very well as a temporary measure.

There was a policy in place referring to all aspects of medicines administration, including guidance on dealing with and reporting medicines errors. The service used blister packs which made it easier to administer medicines safely. There was a photograph on each of the medicines administration records (MAR) to help minimise the risk of mistakes. Staff had received the correct level of training prior to being deemed competent to administer medicines and watched each person take their medicines prior to signing for it. Refusals were recorded and arrangements in place to try at a different time if this occurred. There was a dedicated medication room in which we saw medicines including controlled drugs were securely stored. Controlled drugs were recorded in the controlled drugs register and these had been signed and countersigned when administered, as required. There was a medicines fridge with temperatures taken and recorded daily, records were up to date and temperatures were within the manufacturers' recommended levels. Internal checks were carried out and any issues addressed and the pharmacist also undertook regular medicines audits.

General risk assessments were in place to help ensure the sisters' continued safety. Accidents and incidents were recorded and followed up appropriately.

The premises were clean, tidy and uncluttered and there were no malodours anywhere within the home. The service employed staff to undertake domestic duties and cleaning schedules were in place to ensure all tasks were undertaken regularly. We saw weekly cleaning audits which were up to date as well as regular mattress checks. All staff undertook training in infection prevention and control and there was an infection control champion amongst the staff who took on the responsibility of ensuring all information was up to date and guidance followed. The local infection prevention and control team visited regularly and regular audits were carried out. The most recent audit had resulted in a high score. The service had contacted the local infection control lead, who was visiting on the day of the inspection, to give them advice on how to maintain high levels of cleanliness and hygiene during the building works, which demonstrated a commitment to ensuring high standards were maintained.

We saw health and safety documentation, such as the gas and electrical safety certificates, portable appliance testing (PAT), legionella certificate, emergency evacuation plans and business continuity plan. There was a personal emergency evacuation plan (PEEP) for each individual, setting out the level of assistance they would require in the event of an emergency. These were kept in a fire box in the reception area, along with a plan of the building, for easy access.

There was a fire risk assessment in place, fire drills were undertaken regularly and fire equipment and emergency lighting was regularly tested. All equipment, such as slings and hoists, was checked regularly and serviced when required. Monthly health and safety audits were undertaken and any issues identified were followed up in a timely manner.

Good

Is the service effective?

Our findings

Staff we spoke with demonstrated a clear understanding of their roles and responsibilities. There was evidence that staff had a thorough induction programme, including mandatory training, orientation around the home and being familiarised with essential policies and procedures. New staff shadowed more experienced staff members until they were deemed competent to work without supervision. There was an employee handbook for staff to refer to if needed.

We looked at training records and saw that mandatory training was refreshed on an annual basis to ensure all staff's knowledge and skills were kept up to date. Extra training, such as dementia care, was offered regularly and the registered manager was proactive in seeking out further training courses. Staff we spoke with told us they felt there were good opportunities for development via regular training as well as encouragement to become champions in areas such as infection control, dementia care and nutrition.

There was a supervision programme and we looked at some individual supervision records. These demonstrated that staff's training and development needs were regularly discussed. There were also regular annual appraisals for all staff members.

We spoke with a visiting health professional about whether communication was positive between their service and the home. They told us, "The staff are really good at following recommendations about equipment and care. We see good results. They refer appropriately and in a timely manner and communication is good between us". Another health professional we spoke with said, "The staff are very open and always participate in training".

We looked around the premises which had a board in the main area displaying the date, weather and season to help the sisters' orientation to time. There were wide doorways and corridors which helped the sisters with limited mobility to walk around the building freely. The building was linked via a corridor to the convent and the sisters from both the home and the convent visited each other frequently throughout the day.

The food was prepared in the convent and served within the home. We saw that the tables were set nicely with cloths and condiments and those sisters who required assistance were helped by staff. A visitor to the service told us, "The food is gorgeous and they are asked what they would like for each meal". Another visitor said, "Yes, the food is good". The sisters could have tea and toast on rising, breakfast at 9.30, lunch at 12.30, tea and cakes shared with sisters from the convent and other visitors at 2.30, supper in the dining room and a late supper in their rooms if they wished to have this. There was a choice of meals and the sisters were given the options the day before. Special diets were catered for, such as diabetic diets, and food was fortified with extra calories for those who required this. Where people had issues with nutrition and hydration, regular weights were taken and nutritional and fluid intake monitored. The staff worked with other agencies, such as dieticians and Speech and Language Therapy (SALT) to help ensure the sisters' nutritional and hydration needs were addressed.

We joined the sisters for afternoon tea, which was a very social occasion. The sisters sat in the lounge in easy chairs with side tables and were served tea and a variety of cakes. Many of the sisters from the convent attended and we were told that the afternoon tea each day was seen as a very relaxed part of the day when sisters from the home and the convent and other visitors could get together informally. Staff also sat down and participated in the gathering and this made for a very happy and relaxed atmosphere where we witnessed a great deal of friendly chat and laughter.

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 so that they can 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 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 were being met. Staff had undertaken training in MCA and DoLS and those we spoke with were able to explain the principles of MCA and DoLS and demonstrated an understanding of best interests decision making processes. None of the sisters was currently subject to a DoLS authorisation as they were free to come and go as they pleased between the convent and the home and those who wanted to go out were accompanied, if necessary, whenever they wanted to leave the premises.

Good

Is the service caring?

Our findings

One of the sisters who lived at the home told us, "People here are lovely. The staff are wonderful, wonderful, wonderful". Another said, "I'm very happy, everyone is kind and friendly". Other comments included "My room is lovely, I have a great view"; "The staff are lovely people, they are so good. They are wonderful".

A staff member we spoke with said, "I love it here. I've come a long way. I love my job and want to go out of my way to help". A health and social care professional we spoke with told us, "All the sisters seem to be happy with the staff and they interact in a nice and friendly way." Another said, "The home has a very good atmosphere and the staff are really nice".

There was a statement of purpose in place which set out the aims of the service. There was also a service user guide which included useful information. We saw within the care records we looked at that the sisters were fully involved in their care planning and delivery if this was possible. The staff supported the sisters to be as independent as possible, accessing the convent whenever they wished and moving around the premises as freely as they were able to, whilst offering assistance where required.

Visitors were made extremely welcome at the home and refreshments offered as a matter of course. Some of the sisters had relatives who visited them, or they went to visit. However, they saw each other as family, having lived in the convent together for many years. We observed interactions between staff and the sisters throughout the day and it was clear that the staff fully understood the sisters' needs, wishes and way of life. All staff were respectful and kind and ensured they treated the sisters with dignity. Privacy was given to all sisters when personal care was being given. Staff we spoke with were able to explain exactly what was important to the sisters and how they delivered care and support in a way that ensured the sisters' way of life was respected.

We saw some recent surveys that had been undertaken with visitors and professionals. Comments included; "A very happy place"; "The quality of care and respect for all the sisters in residence at St Euphrasia's is second to none"; "Superb, friendly environment, all staff demonstrate compassion and dignity in their approach".

The registered manager told us they endeavoured to care for the sisters right to the end of their lives, assisted with the medical requirements by the district nurses. Advanced care plans, with the sisters' wishes, were completed and put into the care records. Staff had undertaken Six Steps training, which is an end of life training programme. When a sister died, the staff at the home undertook the laying out and then all the sisters participated in a ceremony called a Levee to say goodbye to their sister. This was very important to the sisters and helped them feel involved to the end of the sister's life.

Good

Is the service responsive?

Our findings

We looked at two care records and saw that they were person centred. There was a range of health and personal information within each file and these had been reviewed regularly and changes made as required. There was a section entitled, 'Things you should know about me' which included background history, things that the sister liked to do, the most important things in their life and physical health information. There were appropriate risk assessments in place with regard to issues such as mobility, falls, nutrition and pressure areas. Weights, nutritional intake, fluids taken and blood pressure were recorded as required and professional visits documented. Each file included a hospital passport, which contained information to help health staff understand how to support each individual.

The sisters were used to a particular way of life at the convent and their spiritual needs remained extremely important to them. These requirements were catered for via a number of religious activities that took place at the home. There was a chapel where mass was held every day and an oratory where prayers and contemplation could take place, both in an organised and a private way. The local priest attended the home each day with communion for any of the sisters that was unable to attend mass, and he spent time chatting with the sisters. Religious festivals and holy days were celebrated within the home.

Other activities that the sisters enjoyed included jigsaws, crosswords, trips out to the local garden centre, movies, entertainment and crafts. Some of the sisters attended the convent on a weekly basis to participate in a 'knit and natter' group, at which they were knitting items for premature babies and other good causes.

We were told that sisters from abroad, who belonged to the same order that the sisters at the convent and the home belonged to, visited and stayed at the convent at times. These sisters came to the home and talked to the sisters there about their lives, work and activities in their missionary work, which the sisters at the home found most enjoyable.

There was a complaints procedure which was prominently displayed in each bedroom at the home and a complaints log. There had been no recent complaints. The registered manager told us they tried to address any concerns before they reached the stage of becoming a complaint.

We saw the service had received thank you messages. Comments included, "Thank you very much for the lovely party you organised for [name]. You made it a really special occasion".

Good

Is the service well-led?

Our findings

There was a registered manager in place at the home. 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 registered manager's office opened on to the main lounge and she told us she always had her door open, unless speaking confidentially to someone. This made her extremely accessible to both staff and the sisters. A visiting health professional told us, "The staff and registered manager are always very approachable".

One staff member we spoke with said, "The management are very supportive. I have a personal development plan with the registered manager, I have regular supervisions and am encouraged with training". Another told us, "We are well supported and the sisters from the convent also support the sisters here with outings and company".

We saw evidence that staff supervisions and appraisals were undertaken on a regular basis and staff signed a supervision agreement. Staff meeting minutes were available and these took place regularly. Issues discussed included training, audits, key workers, health and safety, days out, food, fire evacuation and inspections, The care of the sisters was also discussed.

Policies and procedures were in place for all relevant areas. These had been reviewed and were up to date and included guidance and contact numbers where relevant.

We saw a number of audits that took place to help ensure the continued quality of care delivery. These included care plan audits, cleaning audits, medicines audits, infection control audits, equipment, fire and health and safety checks. Any issues identified were addressed with actions as soon as possible.

We saw evidence that the home worked in partnership with other agencies. For example, they had proactively invited a representative of the local infection prevention and control team to attend the home to help ensure they were doing everything possible to keep the sisters safe during the building works. The registered manager attended the local care home meetings. This helped her keep updated with changes and current good practice guidance.