

# The Dominican Sisters of Malta Maryfield Convent Residential Home

## Inspection report

London Road  
Hook  
Hampshire  
RG27 9LA

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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

### About the service:

Maryfield Convent Residential home is a 'care home' which can accommodate up to 18 older people in one adapted building. At the time of inspection, there were 18 people living at the service.

### People's experience of using this service:

People received care and support that was safe. The provider took steps to protect people from risks, including the risk of abuse or avoidable harm. Recruitment processes were in place to make sure when staff employed they were suitable to work with people in their homes. The provider actively promoted safety around medicines and infection control.

People received care and support that was effective and based on their assessments and care plans. Staff were trained and supported to deliver care according to people's needs; and worked with other agencies to deliver consistent and effective care. People 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.

People had caring and kind relationships with staff, the Sisters and the registered managers. The registered managers worked to respect and promote people's privacy, dignity and independence by encouraging people to be involved in their care.

People received care and support which met their needs and reflected their preferences. The provider complied with best practice guidance with respect to meeting people's communication needs.

The service was well led. There was focus on meeting people's individual needs, working in cooperation with others and continuous learning. This was supported by an effective management system appropriate for the size of the organisation.

The home has been rated Good overall as it met the characteristics for this rating in all five of the key questions. More information is in the full report, which is on the CQC website at: [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The service was rated good at our last inspection (published 25 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Maryfield Convent Residential Home

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by an 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.

#### Service and service type

Maryfield Convent Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some

key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people and two visitors about their experience of the care provided. We spoke with seven members of staff including the two registered managers, two Sisters and three members of care staff.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policy and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the registered managers to validate the evidence found. We looked at minutes of residents' and staff meetings; and quality assurance records. We also received feedback from a healthcare professional who regularly visited the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and neglect by staff who had received training and understood what actions to take to protect people.
- All the people we spoke with told us that they felt safe and visitors told us that they did not have any concerns regarding people's safety. One person said, "It's like coming home here. It's very safe."
- Staff were aware of the provider's whistleblowing policy and how to contact outside agencies if they needed to. One member of staff told us, "I would go to [a registered manager] or the sister if something happened or you can call CQC but nothing has happened." All of the healthcare professional we spoke with told us that people were safe.
- The registered manager told us they had not had any safeguarding concerns at the home but they were able to explain the action they would take if an incident occurred.

Assessing risk, safety monitoring and management

- Support was delivered in ways that supported people's safety, welfare and choice. Staff understood where people required support to reduce the risk of avoidable harm and were observed to support people to mobilise in line with their risk assessment and being verbally supportive.
- Care plans contained basic explanations of the control measures for staff to follow to keep people safe. For example, risk assessments were in place to manage potential risks, such as risks associated with falls, oral hygiene, moving and handling or the risks associated with the use of bedrails.
- Environmental risks were also managed effectively. For example, fire safety checks were completed appropriately; people had detailed personal evacuation plans in place; staff were clear about the action to take in the event of a fire and had been trained to administer first aid.
- Checks of the water quality and temperature were conducted regularly, which confirmed they were within acceptable safety limits. Lifting equipment, such as hoists, were maintained according to a strict schedule. In addition, gas and electrical appliances were checked and serviced regularly.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- People told us they felt that there were enough staff to meet their needs and visitors said they felt the level of staffing in the home was appropriate. One person said there was plenty of staff and added "Care is never rushed, they take time.". A visitor told us, "There's enough staff here, they're always on the go but I've never seen them rushing around because of a lack of staff."
- A health professional told us, "I would say that staffing levels are excellent which allows individual members of staff to spend time with and talking to residents in an unhurried fashion."

- One of the registered managers told us, "Staffing levels were based on people's needs but with the Sisters there is always more than enough."
- Staff rotas showed planned staffing levels were being achieved. Short term absences were covered by overtime, the Sisters and when necessary the deputy manager and the registered manager were also available to support.
- The provider's recruitment processes were safe and included the necessary checks to ensure candidates were safe to work with the people in the home. For example, checks had been made with the Disclosure and Barring Service (DBS) to ensure the new staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post.

#### Using medicines safely

- People received their medicines safely, according to their needs, choices and as prescribed from trained staff who had their competency checked annually.
- The provider had safe procedures in place for the management, administration and storage of medicines. Medicines were stored securely. Staff monitored the temperature of storage areas to ensure medicines were stored in line with manufacturer's guidelines
- Staff administering medicines were required to initial the medicine administration record (MAR) chart to confirm the person had received their medicine. All the MAR charts we looked at were accurate, complete and up to date.
- We observed staff supporting people to take their medicines in a way that met their individual needs. Staff explained what the medicine was before giving it to people and ensured it had been taken before leaving.
- There was guidance available to staff in respect of 'as required' (PRN) medicines, such as paracetamol for pain relief.
- A health professional told us, "Medicines management is done well. The Convent has a very good working relationship with one of the local pharmacies where individual relationships allow a good repeat medication system and prompt response to acute prescriptions."

#### Preventing and controlling infection

- People were supported in a clean and hygienic environment. Staff were designated cleaning duties as part of their role.
- Staff had received infection control training and had access to personal protective equipment, such as disposable gloves and aprons when supporting people with their personal care.

#### Learning lessons when things go wrong

- Accidents and incidents were overseen by the management team, who carried out an investigation and analysis to identify trends and any lessons learnt to prevent reoccurrence. Health professionals were contacted when appropriate.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's needs were assessed prior to them moving into the home. This ensured that the home was able to meet their needs and provided staff with the information necessary to understand the people they were supporting.
- The information gathered included people's health care needs, preferences, backgrounds and personal histories.
- Staff made appropriate use of technology to support people, such as an electronic call bell system allowed people to call for assistance when needed. One person told us, "I have a bell by my bed; there's no delay at all, they come quickly, they're so friendly."
- A healthcare professional told us, "[The registered managers] and their staff know residents well, their likes and dislikes and their medical needs."

Staff support: induction, training, skills and experience

- People received care and support from staff who were well trained, knew them well and understood how to support them. A visitor said, "I think they're well trained." A healthcare professional told us, "From what I can see and understand, the levels of training are good." They added "The level of care is excellent."
- Staff received the provider's mandatory training relevant to their roles, such as, safeguarding, moving and handling, medicines management, fire safety and infection control. Staff had additional training around people's specific conditions if needed, for example, supporting people who were living with dementia, diabetes and receiving end of life care. Staff were also supported to obtain a vocational qualification in health and social care.
- New staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. One of the registered managers consulted best practice guidance to ensure that staff received appropriate training updates. A member of staff told us, "The training is good training".
- The management team regularly met with staff in one to one supervisions, which provided the opportunity to review their working performance and set objectives for their professional development. One member of staff told us, "I have [an appraisal] once a year. Then every month I have a chat with [a registered manager]. I find them really useful. I like someone giving me advice or suggesting how to do things better."

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

- People's dietary needs were assessed and met effectively. A health professional told us, "Levels of nutrition and hydration are very good. Some years ago we discussed new research about how ensuring good hydration could lead to reduced falls and infections in frail elderly and this has become almost a



mantra in day to day care."

- Staff prepared people's food and were aware of their dietary needs and preferences. The dining tables were neatly set with cutlery and there were placemats, linen napkins and a decorative floral centre piece, which had been made by a volunteer at the home.
- Meal times were a social occasion in a pleasant and calm environment, with lots of interaction between different people eating their meal and with staff.
- During the lunchtime we observed staff supporting people, when needed, with dignity and in a positive way, providing support in line with their care plans.
- People were offered a choice of options for their main meal, which were individualised in respect of portion size and dietary needs. One resident was seated and eating lunch at 11.30am, they told us this was at their request as they were "a very slow eater."
- People and visitors were complimentary about the food. One person said, "I had some visitors this morning, so I'll eat properly later. Sister brought me this ice cream, it's just what I felt like." Other comments included, "I enjoyed lunch immensely" and "The food is outstanding, nothing is ever too much trouble."

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

- The home forms part of a convent and there is a religious theme throughout; the corridors were adorned with religious pictures and artefacts.
- People's bedrooms were personalised with items they had brought with them and pictures they had chosen. One person told us, "My room is brand new I have my own bathroom and toilet. It allows me to be independent."
- There were attractive grounds for people to enjoy adding to the tranquillity and spirituality of the environment.

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

- People were supported by staff who knew them well and understood their healthcare needs.
- The provider had effective policies in place to work with other agencies. When completing assessments of people's needs, the registered managers referred people appropriately to professionals.
- The provider had worked with other professionals to deliver effective care. For example, they had worked with a mobile dentist to make sure people's oral needs were met. A healthcare professional told us, "We have a symbiotic relationship [with the registered managers]. They take on board things when we give them advice."
- Healthcare professionals told us they had no concerns regarding how the home responded to people's health care needs. A healthcare professional told us, "The managers have a good working relationship with the community nurses ensuring prompt nursing advice is both sought and delivered in a timely fashion. Other [healthcare] providers such as visiting audiology, optician and podiatry all contribute to a high level of care and quality of life for residents."

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 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that nobody living at the service met the threshold where these safeguards would be appropriate. The registered manager understood their responsibilities in this area and told us they would make the appropriate referrals should they be needed.

- None of the people in the home lacked capacity to make decisions for themselves or were deprived of their liberty. Nevertheless, people were supported by a management team and staff who had received MCA training and were able to explain the action they would take if someone lacked capacity or were deprived of their liberty.
- We observed staff seeking consent before providing care and support, and records showed consent for day to day care was in place.

# 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 the last inspection this key question was rated Good. At this inspection this key question has remained the same. 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

- People told us they had good relationships with the registered managers and staff. One person said staff were, "so kind and good to me. We're so lucky here. The staff are marvellous, they wash our clothes, they're so helpful." Another person told us about a traumatic event that had affected them. They said, "I haven't been too well lately probably because of [the traumatic event]. It's alright, they [staff] come and chat to me, they're all very helpful and they know what's happened to me."
- These positive comments were echoed by the healthcare professionals we spoke with. One healthcare professional said, "Staff really care [for the people they support]. They are really good nothing seems too much trouble for them". Another healthcare professional told us, "The caring nature of the home is driven by the Dominican Sisters, there is a sense of pervading love and care in the Convent. Relationships with relatives is very good which helps deliver appropriate care and these relationships enable expectations to be understood and managed when appropriate and necessary."
- We observed people were treated with kindness and compassion. Staff spent time chatting with people in the communal areas of the home. They knelt down to eye level when engaging with people and always spoke with them in a friendly, kind and relaxed way.
- Where people had a preference as to the gender of the person supporting them, this was respected. The registered managers were aware of equality and diversity issues. Staff training included equality and diversity.
- Although the home is a convent and part of the catholic church, the registered managers told us and were able to demonstrate that the home welcomed people from all religious denominations. One person said, "We have Mass every day but you don't have to go if you don't want to." A visitor told us, "They don't just necessarily take Catholics here. People need care, so it doesn't matter what religion they are. [My friend] is very well cared for."

Supporting people to express their views and be involved in making decisions about their care

- The provider encouraged people to express their views and take part in decisions with regard to the care and support they received. One person said, "They [management team] always come and chat and ask you about your care and what you want."
- A healthcare professional told us people were engaged and involved in planning and decision making about their care. They told us, "There is an openness and mutual respect [with people] which helps deliver the level of care that is expected in a way people like and helps manage expectations and thorough planning."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with patience and respect. People were called by their preferred name and staff spoke about people in a respectful and compassionate way. A visitor told us, "I was actually a resident here for four weeks, recuperating after an operation and I recovered very well. That's when I saw the extent of their respect, care and the love actually. It's very peaceful."
- People were encouraged to maintain friendships and contact with their families. Family members and friends were able to visit whenever they wanted. One person said, "I had some visitors this morning." A visitor told us, "Relatives come and visit, they are treated very well."
- People were given choices about their care and encouraged to be as independent as possible. One person told us staff had encouraged them to be independent and walk as much as possible following major surgery. The person was later seen gently walking in the grounds as a form of exercise. On their return, we observed one of the registered managers talking with the person, praising their efforts and congratulating on their progress. Another person said, "I'm as independent as I can be."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. One person said, "They know me well. It's excellent treatment. There's no room for improvement, not in my opinion, it excels itself every time."
- Care plans were developed with people and when appropriate their families. The care plans informed staff how they should support people in a way that met their likes, dislikes and preferences and of the things that were important to them. A healthcare professional told us, "Health and social care is planned and delivered in an open and compassionate way with on-going dialogue and involvement of the individual resident and their families. This openness and mutual respect helped deliver the level of care that is expected, helps manage expectations and through planning, reduces crises."
- People's daily care records were in a tick box format and confirmed that care and support had been delivered in line with people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One of the registered managers told us that none of the people they supported needed support with their communication needs at the time of the inspection. They explained the action they would take if someone needed support, such as providing documents in large print and the use of alternative non-verbal communication support.

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

- People living at the home were independent and were supported to engage in social events and a range of activities to meet their individual preferences and needs. One of the registered managers told us, "People here are independent and can access the community whenever they want. However, they really want the quiet life. We offer activities such as singing, keep fit and storytelling. We also have a choir, a film night and parish events."
- One person said, "There's singing this afternoon and exercises yesterday, there's various things they do here." Another person told us, "The Hairdresser did my hair last week, she's quite happy to come here. I like a lot of things, I read a lot, there's always something to do and I've got friends downstairs." A visitor said, "I visit five times a week as a volunteer because I love them [the people] so much. We play Scrabble or do a puzzle or we just go for a little walk and I take people to Mass. It's a wonderful place."

- People were offered a choice of what they wanted to do and whether they wanted to join in with the activities. People told us they enjoyed the Spirituality and tranquillity within the home.

#### Improving care quality in response to complaints or concerns

- There were systems and processes in place to ensure that complaints about the home and the quality of the support provided was managed effectively. The provider had systems in place to log, respond to, follow up and close complaints. Although there had been no complaints since the last inspection the registered managers was able to explain the action they would take if one was received.
- One of the registered managers said, "We operate an open-door policy. People can come in and raise concerns [at any time]. They are dealt with straight away."

#### End of life care and support

- Although at the time of the inspection, the service was not supporting anyone who needed care at the end of their life, we saw people had detailed end of life care plans. These including where they would like to end their life, their spiritual needs and funeral arrangements. One of the registered managers told us they developed these plans in consultation with people, their families and other stakeholders.
- A healthcare professional told us, "Their spiritual belief naturally delivers extraordinary palliative and terminal care which I would only compare to that achieved in a formal hospice. When residents die, they pass on in a calm, spiritual and loving environment surrounded always by Sisters and usually by relatives."

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- There was a management structure in place, consisting of the two registered managers, who were supported by senior care staff and other Sisters. Each had clear roles and responsibilities. Staff were organised and carried out their duties in a calm, professional manner. They communicated well between themselves to help ensure people's needs were met, including during handover meetings at the start of each shift. A member of staff told us, "We always talk to each other about everything, we support each other, it's not just a handover, we do more. At the moment we have a really nice strong team."
- There were systems and processes in place across the home to assess, monitor and improve the quality of the service provided. These included informal walks around the home by the two registered managers and formal reviews and audits, such as medicines management, care plans, accidents and incidents, fire safety and the environment. Where concern or areas for improvement were identified, these were managed in an effective way.
- The provider was actively engaged in the quality assurance process through the senior Sister, who was one of the registered managers.
- There was a focus on continuous improvement and learning. This was based on reflection in response to accidents and incidents, comments made in surveys and complaints with a view to identifying lessons which could apply to other people's care and support. Regular and frequent contact with people and their families led to continuous learning about their needs and preferences, and how these could best be met. The registered managers updated people's care plans to reflect this.
- The registered managers kept up to date with changes in legislation and best practice. For example, one of the registered managers was a dementia and diabetes champion, which meant they were able to support staff with advice and training. A member of staff told us the registered managers were, "really good. They tell you when something has changed or will be changing." Another member of staff said, "The Manager is really helpful, if you have any trouble she's always ready to help. You just go to her and she helps."

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

- The home was well led and promoted person-centred care, with the underlying principle of "Providing a home where people are safe and there is a family feel where people are loved and cared for." The basis of this was the spiritual ethos of the home and the policies and procedures which promoted compliance with relevant standards and legislation. Staff were encouraged to become familiar with these, and the registered managers communicated the ethos of the service through induction, supervision, and regular informal

contact with staff.

- The service achieved good outcomes for people. The registered managers discussed people's care plan with the person and staff who would be supporting them. Where appropriate, these discussions involved the person's social worker and family.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Processes were in place to engage people and their families by means of regular reviews and surveys. We looked at the latest survey; comments from people and their families included, "100% quality of care", "Very friendly and caring", "Maryfield Convent Residential Home offers excellent care and service to the residents. I would recommend it to anyone" and "It feels homely, we feel like [the staff and Sisters] are friends to us and [our relative]."
- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. The management team had an open-door policy for staff to go and raise any concerns they may have. One staff member told us, "We have staff meetings every month. We usually talk about how we can improve. We are very happy to talk together and [the registered managers] always listen if I have got an idea."
- The registered managers engaged proactively with other healthcare professionals such as GPs and mobile dentists. They had received positive feedback from them. One healthcare professional fed back to us, "The Convent is led by [the two registered managers] this is a team that has worked together, on one role or other, for over 20 years. They are both always there, visible, audible and involved. One gets a sense that because both senior managers are involved in caring, that nothing goes on in the Convent that they are unaware of, down to the most minute detail. This happens in a transparent and supportive fashion and creates the ethos for care. Apart from fulfilling regulatory and statutory requirements, they are held responsible by governance to the Sister Superior in Malta and to the Catholic Church, an unusual and extraordinary governance arrangement that underpins care delivery.

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

- The registered managers were aware of their responsibilities under the duty of candour. Records showed the service was managed in an open, transparent way with honest communication with people and their families.

Working in partnership with others

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs. We received positive feedback from healthcare professionals about their working relationship with the provider and registered manager. One healthcare professional concluded their feedback with, "It is clear from my response that my surgery and I hold Maryfield Convent very high in our esteem. It is an understatement to say that the level of care they deliver is extraordinarily high and this is delivered in a loving, compassionate and caring fashion in a family environment.