Society of the Sacred Heart

Duchesne House

Inspection report

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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**

Overall summary

This inspection took place on 10 November 2015 and was unannounced. The provider knew we would be returning for a second day. At our previous inspection on 16 April 2014 we found the provider was meeting the requirements of the regulations we inspected.

Duchesne House is a Catholic care home, providing personal care to sisters of the Society of the Sacred Heart religious order. Some people who live at the home have dementia. The home has 22 beds, however at the time of or inspection there were 15 people using the service.

There was a registered manager 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.

People using the service told us that staff were caring towards them and treated them with respect. They were supported to maintain their independence and staff respected their privacy and maintained their dignity.

Summary of findings

There was a homely feel to the service and many of the people that lived there had developed close relationships with each other. They shared common interests and values based on their faith.

Care records included a pen profile which gave information on people's daily and night routine, how they liked to spend the day, their level of independence and what they preferred to eat. Staff completed daily reports recording how each person spent her day. Risk assessments, including those for safe moving and handling were carried out and reviewed regularly to ensure that people were supported with the appropriate level of care.

The provider had robust staff recruitment checks in place which helped to ensure staff were suitable to work with people using the service. Staff told us they worked well as a team and had access to regular training. They told us there was an open door policy at the home and the registered manager listened to their concerns.

People received ongoing health care support and referrals were made when people's needs changed and nursing or clinical care needed to be sought. A GP visited the home regularly to review people. People received their medicines safely and care workers had completed training in medicines administration.

Staff were aware of the importance of asking for people's consent when supporting them. There were no restrictions in place for people so no formal applications were needed to lawfully deprive people of their liberty to keep them safe.

People were satisfied with the food they were given. We reviewed the weekly menus which showed that people were given a varied diet. The kitchen was clean and well maintained. People with specific dietary requirements had their needs met.

Quality assurance audits such as care plans audits and medicines audits took place on a regular basis. Incident and accident monitoring was done and follow up action was recorded and trends identified and addressed.

Summary of findings

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. People did not raise any concerns about their safety. Care workers were able to identify the different types of abuse and what steps they would take if they suspected someone was at risk of harm.

Risk assessments, including moving and handling assessments were in place and reviewed regularly which helped to keep people safe.

Robust recruitment checks were in place which helped to ensure that staff were safe to work with people.

People received their medicines safely.

Is the service effective?

Good

The service was effective. Care workers received regular training and supervision and felt competent in carrying out their duties.

People were asked for their consent by staff before they supported them. The provider was meeting its requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People had their healthcare needs met by staff and referrals were made to professionals if needed.

People received good quality food at the home.

Is the service caring?

Good

The service was caring. People told us that staff were caring.

People had developed caring relationships amongst themselves.

Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive. People had access to activities of their choice.

Care plans were person centred and were reviewed regularly.

People were given information on how to raise concerns and told us they would speak to staff if they were not happy.

Is the service well-led?

Good

The service was well-led. People told us that the registered manager was approachable. She had an open door policy.

Quality assurance audits and safety checks around the home were carried out.

Duchesne House

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 November 2015 and was unannounced. This unannounced inspection was undertaken by one 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 services like this.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection, we spoke with seven people using the service and five care workers, the cook, the registered manager and the deputy manager. We looked at four care records, two staff files and other records related to the management of the service including training records, audits and quality assurance records.

Good

Is the service safe?

Our findings

People that we spoke with did not raise any concerns about their safety. One person said, "Staff are kind to me, they know how to help me."

Staff said, "Safeguarding is about protecting people's rights, making sure there is no neglect or abuse", "I would speak to my supervisor if I had concerns" and "All safeguarding needs reporting to the manager." Staff were able to identify tell-tale signs of abuse.

We spoke with the registered manager about staffing levels at the home. She told us, "We have bank staff that cover for vacancies. We try and avoid agency." There were four care workers on duty during the day plus the registered manager and other staff including a housekeeper, chef and cleaners. There were three waking staff at night. People did not raise any concerns about staffing levels at the service and we did not see any indication that staffing levels at the home were not enough to meet people's needs.

The registered manager told us she had never employed agency staff and this meant there was staff continuity for people using the service. Staff were familiar with their responsibilities people's needs and they had time to sit and engage with people and were not task focussed.

We looked at staff files and saw that appropriate checks were carried out which helped to ensure staff were safe to work with people. There was evidence that staff had submitted an application form, completed criminal records checks, provided written references and evidence of identity prior to starting work at the service.

Risk assessments covered nine areas which were mobility, bed, getting in/out of a chair, self-care, bathing, dressing, feeding, handling money and use of a phone. Each individual risk assessment identified people's level of independence in relation to that area and people were assessed as being either 'manages alone', 'manages but needs supervision', 'needs help occasionally', or 'always needs help'. Risk assessments were reviewed every six months to ensure that any changes in people's needs were reflected.

There was a specific moving and handling risk assessment which was colour coded based on people's mobility. This allowed staff to easily identify people that needed support with mobilising. This risk assessment contained information about any hoisting equipment used, any pressure areas, and the level of support needed.

One person told us, "Staff know what I need and I have my own medication. I keep it in this box so I remember what to take." Only the senior staff were trained in medicines administration. We observed a staff member administering medicines in the afternoon. Medicines were all stored in a movable trolley that was secured to a wall. Medicine records included a front page with people's names, their picture, allergies and date of birth. A staff member said, "We check the name always." The staff member offered people their medicines and observed them while they took it. Accurate medicine administration records (MAR) were kept. We counted medicines and they tallied with the amounts recorded in the MAR charts.

A pharmacist had carried out an audit in June 2015 and looked at storage, storage of controlled drugs, medicines administration, and record keeping. These were all found to be satisfactory.

Good

Is the service effective?

Our findings

One person told us that "The staff are wonderful." Staff told us they received training and comments included, "We have access to training courses. Much of it is done here but there are also courses online", "We can all access the training and if we forget something, we can always ask. We can learn from each other if we need to" and "We recently had training in mental health awareness, dementia training and fire safety." We were shown the training room, "Here is our designated training room and training is supplied by external trainers. We always have external trainers."

The registered manager said, "People are always shadowed when they first start and we do elements of the Care Certificate." Training was a mixture of e-learning and classroom based training. We also saw training certificates for staff which showed they had received training in a number of areas relevant to meet the support needs of people using the service. For example, dementia training, the Mental Capacity Act 2005, fire safety and moving and handling. Some staff had completed nationally recognised vocational qualifications in health and social care.

Although we saw evidence of individual training certificates in the files that we looked at, there was a lack of management oversight of the training that had been delivered to staff. The registered manager recognised this shortfall and had created a training matrix to track the training delivered to staff.

Staff comments included, "We get time to sit and talk with people", "My role as a key worker means I have more responsibility, make any appointments for them, help them as much as possible", "Its enjoyable working here", "Its completely different, it feels like a family."

There was evidence that staff supervision sessions took place on a regular basis, every 2-3 months. These sessions were documented. Staff told us, "We all have a supervisor; we meet them every few months", "It's nice, I like working here", "We support each other", [the registered manager] is very approachable."

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.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff were aware of the importance of asking people for their consent and of offering them choices. Staff said, "We offer them choices, ask them what they want to wear or eat. If someone refuses, we respect their wishes", "Mental capacity act is about providing people with choices and protecting their rights."

There were no restrictions in place for people using the service and therefore no applications for DoLS authorisations had been submitted to the local authority.

One person told us, "I know I have a care plan. Staff are here every day and I can tell them if something has changed or they explain what they need to do if they see something is different."

Another said, "I must have one [a care pan] because the staff look after me and help me when I have a bath. They always ask if there is anything I need.'"

People's support needs in relation to their health were being met by the provider. People we spoke with said they had access to health professionals. Staff recorded any non-urgent issues that needed to be reviewed by a visiting GP in the GP contact book. A staff member said, "We have a doctors book in which we record any concerns for the GP to review." Another said, "The GP visits every 2 weeks but if there is a need, she visits."

One person said, "We have a lovely doctor who comes every week. If you want to see the Doctor you ask to have your name put on the Surgery list. You get called when it's your turn. If I wanted to see a Chiropodist, the staff would get one." Another said, "The nurse comes to see me regularly" and "I'm not afraid to ask if I need someone or something."

We saw that the provider was responsive to incidents in the home, for example when people had a fall a referral was made to the GP who had reviewed their medicines. In other cases, people had been referred to the falls clinic.

We saw evidence of health correspondence in care records, indicating that peoples' healthcare needs were being met by the provider. A health action sheet was used to record

Good

Is the service effective?

any contact with health professionals or upcoming appointments. People had a separate health file which contained information related to their health support needs and MAR charts.

Care records contained people's medical details including their previous medical history, the medicines they were taking, and contact details of their GP, dentist, chiropodist and other relevant healthcare professionals.

People told us they were satisfied with the quality of food available at the home. They said, "The food in a sense is too much. You get what you want", "Staff bring breakfast to our room and, if we wake early, we are offered a cup of tea and a biscuit. We also have a drink and biscuit before we go to Mass" and "If you want it, you can have supper in your room." Breakfast was served at around 08:00, lunch 12:30, afternoon tea at 15:30 and supper at 18:30.

A nutritional assessment was carried out every year looking to see if there were any changes to people's appetite, allergies, preferences, special diet, dietary plans, dietary assessment, and weight. We saw that people's specific nutritional needs were recorded and adhered to by kitchen staff, for example one person was lactose intolerant, another needed their food fortified to help them put on some weight and kitchen staff were aware of this. Dietary instructions were displayed in the kitchen to remind staff.

We spoke with the cook on duty and checked the kitchen. There was a three week rolling menu at the home and the menu was planned with the registered manager and the sisters. The cook told us that if people did not like anything on the menu, "They can always request something else, there is plenty here so we can make something that they like." They also told us there was always a vegetarian option available and people could request a cooked breakfast if they felt like it. The larder was stocked with fresh fruit, vegetables and other food of good quality. Fresh meat was delivered to the home. We reviewed the three week menu and saw that people were provided with a varied menu, including soups, pasta, pies, casseroles, and roasts for lunch with lighter meals for their supper.

Good

Is the service caring?

Our findings

People told us the staff were caring and looked after them. Some of the comments included, “Staff sit and talk with us. If we need something, we ask the Manager and she’ll make it happen if she can. If I am cold in the night and ask for a cup of soup they give it to me”, “The Staff are wonderful here. It’s open and I am one with them”, “We have all had a personal call and conviction and this is what the Lord is asking of me. Staff are kind and I work with them” and “Everyone’s been very kind.”

Staff said, “They have a close relationship, very family orientated”, “I believe people are living a full life here, there are a lot of things for them to do.” Another said, “This place feels like home, all the sisters know each other.”

There were a number of break out areas in the home, creating a calm environment which had a homely feel. The House was light and spacious with many rooms and areas for sitting alone in privacy or taking visitors for private conversations or family gatherings, such as a community room, a conservatory and a relative’s room. There were also some specific rooms utilised for activities including three libraries, a flower room and a work room. There was a chapel at the home. People were content with what they had and many enjoyed the garden that had two raised flower beds, some had been active in cultivating the land as part of their working life.

Staff were aware of the need to respect people’s privacy and maintain their dignity when carrying out personal care. They said, “We always ask them if they are ready for personal care.” People we spoke with confirmed this, one person said, “Staff respect our privacy and we’re looked after very well.’ We saw staff always knocking before going into people’s rooms. The telephone had been placed in a separate space that could be shut off. This showed that effort was made to ensure privacy was respected.

People were encouraged to maintain their independence. People said, “We have a room for cooking. I’ve never liked cooking but facilities are there for those that do. If it is a festival, the Sisters join together.” One staff member said, “If they are able to do them (tasks), then we take a step back.” All Staff and people observed were shown respect and those who needed support were given it, such as help to walk with a walking frame, or to move a chair. One person told us, “I have showers, three a week, but I could have more if I asked.”

Many of the people were mindful of each other’s needs. Some sisters from outside the service, part of the provincial, advocated for people at the home. They helped to facilitate and help with any decisions.

Good

Is the service responsive?

Our findings

People told us they were able to take part in activities they enjoyed and they lived a fulfilling life. Some of their comments included, “It’s very much left to us to do things but staff will help us if we need it. I have my own library in the room where we are”, “I join in some things, especially in the afternoons. We have a very kind Chaplain and we can talk about anything. He had a good idea about what was bothering me and he makes me laugh” and “I enjoy books very much. Besides the library we have the Mobile Library and you can make requests and the Librarians are very helpful. You have to take the initiative yourself.” They were able to communicate with friends and family both in England and abroad, and enjoy as much family life with whom they wanted to engage.

We reviewed meeting minutes which showed that if something was asked for that would be difficult to action, it was discussed. People were free to ask and requests were respected. Staff did not appear rushed, even if they were busy, they had time for people.

Care plans were arranged in an orderly fashion which meant that the information was easy to find. A front sheet containing basic information about the person was followed by a residents profile which contained information about people’s social history, occupation, recreation/activities, dietary needs and likes/dislikes.

A pen profile for each person had also been created which gave information on people’s daily and night routine, how they liked to spend the day, their level of independence and what they preferred to eat. Staff completed daily reports recording how each person spent her day.

There were a number of care plans for each person, including social, physical and psychological. Within these were specific areas that were looked at including activities, special interests, lifestyle, washing, dressing, feeding, medicines, emotional state, spiritual needs and relationships. Care plans were reviewed every month.

A yearly service user needs assessment was carried out for each person, which was a comprehensive review including current medicines, physical needs, mental health needs, personal care needs, social needs and going over previous history, medical history, next of kin details to help ensure information about people was up to date.

People told us they would tell someone if they were not happy. One person said, “I know how to complain. So far I don’t have any complaints but if I did I would ask to see the Manager, or I might tell my brother.” The complaints procedure was on display in the hallway explaining how people could raise concerns if they wanted to. There had been no recorded complaints in the past year.

Good

Is the service well-led?

Our findings

The registered manager had been managing the service for approximately 20 years which meant that she was familiar with all aspects of the home. She had an open door policy and was always walking around, visible to everyone. She said, "I keep the office door open all the time, the Sisters do come." One person said, "She's forthright, gentle, and she does get things done." Another said, "I like to praise the staff. I don't know what we would do without them."

The manager was aware of her responsibility as a registered manager and of the requirement to submit notifications to the CQC following any notifiable incidents. Accurate incident and accident reporting was documented and actions were identified to try and prevent these from reoccurring. Where there had been themes identified, for example a number of falls for some people, we saw that the provider took appropriate action and made referrals to the falls clinic.

Staff told us they felt supported and could approach the registered manager if they needed to discuss anything.

Comments included, "It's lovely, it's a nice atmosphere here", "We have an excellent Manager. She's very good at choosing staff and we have a very happy staff" and "The manager's good with people."

Monthly meeting minutes for people using the service showed what requests people had made and we saw that staff had taken action and listened to people's suggestions. There was openness around issues, they were discussed and questions could be asked. Two sets of minutes showed an almost 100% attendance. People could ask questions at any time and difficulties that arose were attended to.

Audits, for example medicines audits and care plan audits took place. These were effective in picking up areas of improvements and sections of care plans that needed updating. We also saw environmental checks that showed the home was well maintained. We saw current copies of the gas safety certificate and electrical safety certificate. The fire extinguishers had been checked in January 2015 and a fire incident management plan from 2014 was available. Daily records were kept of food temperature and fridge temperatures. The home had received a 5* food hygiene rating from the local authority inspection team.