The Dominican Sisters of Malta

Maryfield Convent Residential Home

Inspection report

London Road
Hook
Hampshire
RG27 9LA

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25 November 2016

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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 23 and 25 November 2016 and was unannounced.

Maryfield Convent Residential Home is registered to provide accommodation and personal care for up to 18 elderly people. The home provides both full-time residential and short-term respite care and accommodates people of all faiths. At the time of the inspection there were 18 people using the service.

There were two registered managers in post. 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 told us they felt safe and would feel at ease to raise any concerns with staff or the manager if they needed to. Staff knew how to protect people against the risk of abuse and had completed training in safeguarding people so they knew how to recognise abuse and poor practice. Risks to people's health and welfare had been assessed and support plans gave staff clear instructions on how to minimise the identified risks. As a result, staff knew how to ensure people's safety.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staffing levels were adjusted to the agenda of each day. Apart from the regular staff, there was always a number of suitably qualified nuns to help in case of staffing shortage. Staff numbers were increased when needed to ensure people were supported with appointments, care reviews and outings. Staff members confirmed there were always enough staff to meet people's needs and assist them in socialising.

Consent to care and support was routinely sought and staff acted in accordance with people's wishes. Staff had a good understanding of the Mental Capacity Act 2005. People were supported to make their own decisions wherever possible, and staff took steps to support people to do this.

Staff had access to induction and on-going training, supervision and appraisal. This ensured staff had the skills and knowledge to support people safely and effectively.

People were provided with nutritious meals which looked appetising and which people enjoyed. Arrangements were in place to facilitate assistance for people with special dietary and support needs.

People had access to healthcare when they needed it and recommendations from healthcare professionals were implemented.

We saw that people were treated with dignity and respect. We observed that staff knocked on people's doors and waited to be told they could enter before accessing people's rooms. People's requests for support or assistance were responded to promptly and with kindness.

The delivery of the end-of-life care involved promoting sensitivity, dignity and respect. People's wishes and expectations were taken into account, noted and acted upon.

Each person had a personalised care plan containing information about their life histories and support needs. The care plans had been updated in line with people's changing needs. People said they were involved in making decisions regarding their care.

People were provided with the opportunity to participate in the activities they found interesting. People and their relatives were aware of how to make a complaint. However, there had been no formal complaints recorded at the service.

There was clear leadership within the home. The provider carried out regular checks on the quality of care and services to identify any areas that required improvement. People were encouraged to participate in 'resident meetings' so they could be involved in discussions related to the running of the home.

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 were safeguarded from abuse. The registered managers and staff understood their responsibilities and knew how to report any concerns.

Risks were identified and appropriate steps taken by staff to keep people safe and mitigate the hazards they might face. The registered managers consistently monitored incidents and accidents to make sure people received safe care.

Staffing levels were appropriate to meet the needs of people who use the service and the service had an effective recruitment and selection procedure in place.

Medicines were administered as prescribed and were stored safely

Is the service effective?

Good

The service was effective.

Staff had access to ongoing training and people felt staff had the skills and knowledge required to meet their needs. Additional training was to be provided on the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were provided with a choice of drinks and meals that were nutritious and home-made.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People who use the service and their relatives said the staff were caring and treated them with dignity and respect.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

Documentation was personalised, up-to-date and included specific information about people's backgrounds, events and persons important to people.

People were involved in their assessments and in the development of their support plans. Staff had the necessary information to promote people's well-being.

The service had a complaints policy and procedure in place and people knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

There was an open and transparent culture and the manager and staff valued the views and opinions of people and their families.

People and staff told us the management team were approachable and supportive.

The quality of the service was monitored and there were systems in place to make improvements if necessary.

Policies, procedures and other documentation were reviewed regularly to ensure staff were provided with up-to-date information.

Maryfield Convent Residential 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 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 23 and 25 November 2016 and was unannounced. It was carried out by an adult social care inspector.

Prior to our visit, we reviewed the information we held about the service and the statutory notifications the registered manager had sent us. A statutory notification is information about important events such as accidents and incidents in the home which the provider is required to send to us by law.

We spoke with four people who used the service, three relatives and one visiting health care professional. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with one of the registered managers and three members of staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the home. One person assured us, "I feel 100% safe here". One person's relative said. "She is very safe here. She has got a health-related condition but there have never been any problems since has been here". The health care professional visiting the home told us, "People are very safe here. I'm always informed by the registered managers if somebody's health deteriorates".

Staff had received training in safeguarding adults from abuse. Staff understood their roles and responsibilities concerning safeguarding people. Staff members knew how to raise safeguarding concerns to the local authority who are responsible for investigating concerns of abuse. A member of staff told us, "If I suspected any abuse, I would go to the manager. If they didn't act on it, I would go higher according to our whistleblowing procedure".

Risks to people's safety were assessed with regard to people's health needs, environment and equipment before people received care and were regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs and helped identify risk factors specific to each person, such as manual handling, falls or use of specialist equipment. The assessments were reviewed to ensure the information was up-to-date and reflected people's current needs. For example, there were additional 'individual care sheets' in place to give instructions to staff if a person's health deteriorated.

A thorough recruitment policy and procedure were in place. We looked at the recruitment records and saw that staff had been recruited safely. The records included application forms (containing employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

The registered manager also informed us that staffing levels were adjusted to what was going on each day. They said they increased the staffing numbers to account for supporting people with appointments, care reviews and outings. In case of staff sickness or unexpected absence, staff shortages could be covered by one of the six nuns staying at the convent. Each one of them passed the DBS check and was subject to the same training as regular members of staff. Staff confirmed there were adequate levels of staff to meet people's needs and help people socialise. A member of staff told us, "There are always plenty of staff on shift. Additionally, we are helped by sisters from the convent and the registered managers who also works shifts from time to time".

People's medicines were safely administered by staff who had received specific training and supervision to carry out the task. Staff told us and records confirmed they were able to observe other staff members administering medicines and only carried out this task if they were confident to do so and had their competency assessed by the registered managers. Medicines were stored securely and in accordance with manufacturer's instructions so that they remained effective. People's medicine administration records

(MARs) were clearly organised and clearly stated people's allergies and possible side effects of their medicines. There were no signature gaps in any of the charts we looked at.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT), checks of electrical equipment, fire alarm testing and water temperature checks. This showed that the provider had appropriate maintenance systems in place to protect staff and people who used the service against the risks of unsafe or unsuitable premises or equipment.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of their re-occurrence. The registered manager showed us this system and explained the levels of scrutiny that all incidents and accidents were subjected to within the home. They showed us what actions had been taken to ensure people were safe after an incident had taken place. For example, people were referred to appropriate health care professionals which helped to reduce the number of falls.

There were robust contingency plans in place in case of an untoward event. The business continuity plan assessed the risk of such events as fire or bad weather conditions.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet people's needs. Staff had undergone a thorough induction programme which had given them the basic skills to care for people safely. In addition to completing the induction training, new staff were provided with opportunities to shadow more experienced staff. This enabled them to get to know people and learn how they liked to be cared for. A member of staff told us, "The induction is very good. I'm still shadowing another carer".

After staff had completed their induction training, they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. We saw the staff training files and the training matrix. The documentation reflected the wide range of training taken up by the staff team to meet the needs of the people using the service. The courses included: manual handling, infection control, safeguarding of vulnerable adults, medication awareness, and food safety.

Individual staff supervisions were planned in advance and the registered managers had a reminder system in place and clear record of who had received their supervision. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. A member of staff told us, "Supervision meetings are very important to us. They highlight our training needs but also areas in which we are performing really good".

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. We checked whether the service was working within the principles of the MCA. Staff had been trained in the Mental Capacity Act (MCA) 2005 and received updated training. The provider and staff had a clear understanding of the MCA. They knew how to make sure people who did not have capacity to make certain decisions were protected to ensure any decisions made were in their best interests. A member of staff told us, "I had recent training in Mental Capacity Act. This legislation tells you that everyone has got capacity to make a decision, even unwise decision until it's proved otherwise through mental capacity assessment". Staff's thorough knowledge of the subject helped ensure people's rights and interests were protected.

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). At the time of our inspection, there were no applications in place to deprive people of their liberty.

A nutrition screening chart was in place, completed and up-to-date. This meant that people's nutritional needs were monitored. We saw that people's weight was managed. It was recorded regularly where people were at risk of malnutrition. There were people receiving fortified food which was clearly recorded in their

care plans. As a result, after a short period of time people regained their proper weight. Staff had a good understanding of each person's nutritional needs and how these were supposed to be met. A member of staff told us, "We assist people with food in a personalised way. For example, one person due to their condition requires food to be chopped into small pieces while another person is unable to see their food so we have to explain them what food it is and where it is positioned on the plate".

People were very complimentary about the food served at the home and said there was a satisfying variety. One person told us, "I like my food and they know it. It's the beauty of it. People know exactly what I like and what quantity I like. The service is really individualised". Another person told us, "The food is excellent and always freshly prepared". One person's relative told us, "The meals offered and extra snacks all appear of good quality, home cooked with fresh ingredients".

Care records showed that people had access to a wide range of health and social care professionals. For example, we saw that people had access to GPs, a tissue viability nurse and a physiotherapist. We spoke with the visiting health professional during our inspection and they were very complimentary about the care provided at Maryfield Convent Residential Home. The professional told us, "I'm always consulted about people's health. The care delivered in this care home is outstanding by any means".

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring. One person told us, "I wouldn't like to be anywhere else. There are things that money can't buy you. I found them here". One person's relative told us, "You can find more hotel-like accommodation but you cannot find a place filled with such gentle, genuine love". Another person's relative told us, "I have found the atmosphere both kind and caring and always enjoy visiting myself".

We saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support delivery within the service and saw that people were respected by staff and treated with kindness.

Throughout the inspection, we observed that staff were courteous, polite and consistently promoted people's rights by listening carefully, offering choices and respecting people's decisions. Staff explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. A member of staff told us, "We always knock at the people's door before we enter. We also make sure no one is entering their rooms while we assist them with personal care". All staff consistently showed they understood the importance of ensuring people's dignity in care.

We saw people were offered choices in their daily routines and that staff encouraged independence. For example, people could make decisions on how to spend their free time, eating meals, participating in activities, times of rising and retiring and clothing choices. Relatives confirmed people were offered choices and said staff communication was good and enabled people to choose. Staff were able to describe how they offered choices to people, for example, regarding what to wear and how they would like to spend their day. A member of staff told us, "Some of the residents have hearing impairment so we use pictures, we write on a piece of paper or we show them the objects in order to help them with their choices".

People and their relatives were involved in their care planning. One person said, "I'm involved in my care plan". Another person told us, "I know my care plan, I have a copy of it somewhere in my room".

During our inspection we saw that people's bedrooms were personalised, and contained their personal effects such as photos and pieces of furniture. One person said, "To me it's my home. I feel comfortable in my own setting and I have this here".

People's records included their decisions about their end of life care. The end of life care plans recorded people's wishes and choices as to what was to be done after their demise. For example, the plans contained details of people's wishes regarding funeral arrangements and the service followed this as far as possible. This showed that the service had a caring approach and respected people's end of life wishes. One person told us, "I know I'm going to die with dignity according to the ethos of my religion". The health care professional visiting Maryfield Convent Residential Home told us they witnessed the end of life care provided by the service to a terminally ill person. The health care professional told us, "At the beginning the person was agitated and unsettled. Then the person calmed down as one of the sisters was with her holding their

hand all the time. The person was immaculate when they passed away. Their hair was combed, clothes and bedding clean. It was a great privilege to witness such an outstanding level of the end of life care. The level of care and compassion is fantastic".

Staff were discreet and respected people's confidentiality. We saw that records containing people's personal information were kept in the main office which was locked so that only authorised persons could enter the room. People knew where their information was and they were able to access it with the assistance of staff. Some personal information was stored within a password protected computer. These precautions ensured confidentiality and security of sensitive information were maintained.

Good

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. The aim was to make sure the home was appropriate to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met.

Care plans were person-centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to support people in their preferred way. The plans included contact details of other professionals involved in the person's care and a record of any contact with these professionals. We cross-referenced a sample of information in some people's care records with the information on their MAR charts and what was recorded in the daily communication logs. We found that all these pieces of information correlated, for example we saw that allergies to a certain type of medicines on people's MAR chart were the same as those referenced in their care record. Where a person had suffered a fall, this was recorded in their care record, the daily communication logs, and the accident and incident book. This meant care records were an accurate up-to-date reflection of the person's current needs.

People told us that there were social events that they could participate in, both individually and in group activities. One person emphasized the fact that people were free to join in activities, but they also could stay in their bedroom if they preferred to do so. One person told us, "I can do what I want and as much as I want". Another person said, "I'm a bit lazy. I like to spend time on my own". We asked people how they spend their time. They told us that they enjoyed their time playing games, spending time in the garden or going out or being. People were also provided with opportunities to get involved in their local community, especially through a 'coffee club' held following a church service each morning. People were welcome to come up with ideas of spending their time. For example, one person told us how they were planning to take some IT lessons as their friend had agreed to teach them. One person's relative told us, "I am particularly pleased with the fact the convent is part of a greater community and [the relative] has the stimulus of chatting to people outside who come in for chapel in the morning and tea and coffee after".

People's religious needs were catered for through involvement with the convent and regular services at the nearby chapel. When people were unable to attend services, a priest visited them in their own rooms. We also saw that people's choice not to participate in religious services was also respected.

The registered managers sought people's feedback and took action to address issues raised. Some people had stated in satisfaction surveys that they would like the tall hedge outside the home to be cut down. This had been done immediately which showed that people's suggestions were listened to and acted upon. For example, a few residents had rated the food offered by the service as 'good'. The registered managers had approached people and asked how they could improve the quality of food to be rated as 'excellent'. As a result, the service began to offer a more individualised menu in line with people tastes and preferences.

People were able to express their opinions on matters important to them, such as activities, food menu or

Christmas parties at regular residents meetings organised by the service. One person's relative told us, "Residents are made to feel that the Home is theirs and it's run for their benefit".

People had been provided with all the information they required to be able to make a complaint. None of the people had made any complaints but they all said they would feel comfortable to talk with any of the registered managers if they were unhappy about any aspect of their care. One person said, "I have no reason to complain, however, I'm aware of the complaint procedure". Another person told us, "I have never complained, the place is really well-managed".

Good

Is the service well-led?

Our findings

There were two registered managers in post and people and their relatives spoke positively about both of them. One person told us, "The managers are really good. If you tell them something, you can be sure this will be passed on and resolved". One person's relative complimented the service saying, "The management is very efficient. They got a really good grip on it". Another person's relative told us, "[The registered manager] has been wonderful to deal with and has always taken great pains to put any worries to rest and I cannot speak too highly of her and her capabilities".

Staff told us they felt supported by all of the management team and the provider. The registered manager told us they promoted an open and transparent culture by providing staff with encouragement, advice, training and supervision. The manager was very that staff put people first at all times. A member of staff told us, "Our manager promotes an open and honest culture. If anyone makes a mistake, then we discuss this and we try to learn from it". One of the registered managers told us that they work with the care team. If they see any practice which could be done a different way, they will discuss this with the member of staff.

All the staff from the service spoke enthusiastically about their roles and the people who they supported . They showed genuine affection for people and wanted the best for them. Staff felt they were doing a good job and wanted to find ways of providing the best care for people. There was a positive culture at the service which encouraged staff and people to express their opinions, which were acted upon. Staff were calm and professional and they fully understood their roles and the ethos of the organisation.

People benefited from a stable regular staff team who were well-motivated. One person's relative told us, "The other carers again are fantastic and consistent, I would worry if [the relative] was exposed to new carers all the time and am happy to know the names of most of them." The morale of staff was very high and all staff members said they felt extremely well supported in their roles. Staff told us there was good teamwork and the registered managers always set an example by working alongside them.

The registered managers had a good knowledge of all people living at the home. They were familiar with each person's individual needs. They were also very knowledgeable about the staff team they supported and had a clear understanding of their roles. Staff told us the managers had clearly defined roles and responsibilities and worked as part of the team.

The staff members we met spoke very highly of the registered managers and said the managers kept them informed about matters that affected the service. Staff members told us that staff meetings took place on a regular basis and that they were encouraged by the registered managers to share their views. They felt the registered managers valued and respected their opinions and felt the meetings were valuable as they enhanced the communication throughout the service. We saw records which confirmed this. The recent meetings included topics such as meeting people's nutritional needs, asking people for feedback on their likes and dislikes, changes in procedures and maintenance issues. A member of staff told us, "Staff meetings help us a lot. Everyone has got opportunity to raise their opinion about our job, needs and expectations in order to improve the service".

Staff told us that they felt supported and listened to. A member of staff told us, "The managers are excellent and easy to approach. For example, I mentioned to her a piece of equipment that could help one of the residents with their personal care. She bought this immediately".

Due to the size of the home, the registered managers were able to monitor practice by on-going observation and seeking people's views on a daily basis. There were also more formal quality assurance systems in place to monitor care and plan improvements. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. There was a quality assurance process in place and regular audits were carried out by the manager to identify and action improvements to the quality of service. For example, as a result of one of the audits flooring had been changed in one of the resident's bedrooms. The records we examined showed that there were processes in place to monitor and evaluate the quality of service provided.

We reviewed the service's policy and procedure file which was available to staff in the office. The file contained a wide range of policies and procedures covering all areas of service provision, with both people and staff taken into account. We saw the policies and procedures were up-to-date and regularly reviewed. This meant they reflected the current legislation and good practice guidance.

The provider had a robust disciplinary policy. Records showed the service had dealt appropriately with matters according to the provider's policies using wide range of formal and informal disciplinary actions.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.