

Sisters of Charity of St Paul the Apostle

St Paul's Convent

Inspection report

The Infirmary
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Birmingham
West Midlands
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Tel: 01214156107

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- St Paul's Convent is a care home that provides nursing and personal care for up to 26 'sisters', some of whom require nursing care. People living at this service are referred to as 'Sister's' as they have all previously lived at the convent and are part of a community of Catholic religious women who endeavour to live the Gospel way of life.

There were 14 Sister's living at the home at the time of the inspection, as the registered provider was refurbishing some parts of the home, and had reduced the number of Sister's it would care for.

People's experience of using this service:

- The sisters continued to receive safe care and staff knew how to keep them safe from harm. The provider had a recruitment process to ensure they had enough staff to support the sisters safely. The sisters received their medicines as it was prescribed. Staff followed infection control guidance and had access to personal protective equipment. Staff noted accidents and incidents and monitored trends to reduce the amount of accidents.
- The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent as the provider had not always followed the principles of the Mental Capacity Act (2005). The sisters' nutritional needs were met and they accessed health care when needed. Staff were supported and had the skills and knowledge to meet the sister's needs.
- The sisters continued to receive care from staff who were kind and caring. Staff supported and encouraged them to be involved in how decisions were made about their support. Staff were caring, compassionate and kind. Staff respected the sister's privacy, dignity and independence.
- The sisters continued to receive responsive care. Their support needs were assessed and planned with their involvement to ensure they received the support they needed. The sisters support was individualised and reviewed. The sisters were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaints process which the sisters were aware of to share any concerns.
- The service continued to be well managed. The environment was welcoming, warm, comfortable and clean. There were some areas with temporary restricted access due to on-going refurbishment of the service. The registered manager was known and made themselves available. Spot checks and audits were taking place to ensure the quality of the service was maintained.

Rating at last inspection:

- Rated Good (Report published July 2016).

Why we inspected:

- This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

- We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Responsive findings below.

Good ●

St Paul's Convent

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out 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 this type of care service.

Service and service type

St Pauls Convent is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager 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

The inspection was unannounced.

What we did

Prior to the inspection we reviewed information we had received about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used 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 also contacted the local authority who commissioned services from this provider. They raised no concerns about the service.

During the inspection we spoke with seven people (sisters) about the support they received, two visitors and

a healthcare professional. We spoke with four staff members, the administrator and the registered manager who was available throughout the inspection. We carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service to include a sample of audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Using medicines safely

- Medicines were stored and administered safely. We saw one nurse administering medicines safely.
- Where medicines were prescribed to be given 'as and when required' there was guidance in place so staff would administer these consistently.
- We saw staff recording in a Medicines Administration Record once they had given people their medicines. This showed that the medicine was given as required.

Staffing levels

- People told us there were enough staff to provide assistance when they needed it. One person told us, "If I need help I ring my bell and people come."
- The majority of staff told us there was always enough staff to support people. Our observations throughout the day found enough staff available to meet people's needs in a prompt way.
- Recruitment processes were in place. We saw the provider sought Disclosure and Barring Service (DBS) checks and two references before staff were appointed. This ensured suitable staff were appointed to support people.

Learning lessons when things go wrong

- We found where incidents and accidents happened these were being noted appropriately in people's care records and trends monitored to prevent reoccurrences.

Assessing risk, safety monitoring and management

- We found where risks were identified these were being reduced. Risk assessment documentation were in place which showed the actions taken to manage/reduce risks to people. One person told us, "I'm very safe. The people are good; they look after me. I can walk myself down to the chapel but they always make sure that a carer comes with me. They're concerned in case I fall."
- Staff could describe people's risks and what they did to support people safely.
- We saw evidence of risks being reviewed and changes made where people's support needs changed.
- Where records were required to be kept, such as fluid intake records or weight recordings these had been completed. Body maps to record any skin marks were completed where required.
- Checks were made on fire safety and the environment and any issues were dealt with as required.

Systems and processes

- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Preventing and controlling infection

- We saw staff using personal protective equipment.
- Staff supporting people followed good standards to ensure they could protect against the spread of infection.
- We found all areas of the home clean and tidy.
- We saw staff serving and helping with meals following appropriate standards to ensure any risks to food being contaminated was limited.

Is the service effective?

Our findings

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

- One person was receiving their medicine covertly and this had been agreed with the relevant health care professional. However, their care plan needed to be improved to ensure staff knew how to administer the medicine as this was not specific in their care plan. There was no mental capacity assessment or best interest's documentation in place for this decision. This placed people at risk of not their people's rights under the MCA protected. Following our inspection visit the registered manager sent us information to show they were addressing this.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- We found where people lacked mental capacity and were being deprived of their human rights that the appropriate authorisations were in place and were being reviewed by the local authority. Decision made were clear and staff acted in people's best interest.
- Staff confirmed they had received training and understood both the principles of the MCA and were able to say whether people had a DoLS authorisation and the reason why.
- We saw staff asked for people's consent prior to assisting them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out a pre-admission assessment so they could be sure they could support people how they wanted.

Staff skills, knowledge and experience

- Staff were trained, skilled, knowledgeable, and supported by the provider to deliver effective care and support. One person told us, "The staff know what they are doing. They all make sure that I'm OK. I have a good quality of life here".
- Staff were provided with a thorough induction, regular supervision, and appraisals.

Supporting people to eat and drink enough with choice in a balanced diet

- We saw that people's nutritional needs were catered for and staff ensured people could make choices as to

the meals they had to eat. One person told us, "I like the food. They (the cooks) should have a gold star."

- Where people had specific dietary requirements, staff knew these and could support people accordingly. Where it was required, food and fluid intake was recorded and monitored. People's weight was taken regularly if there were concerns and actions taken such as a referral to a GP if needed.

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

- The environment where people lived was undergoing refurbishment. This had reduced some of the communal space in the home but it was anticipated that the newly refurbished lounge would be completed within a few weeks of our visit.
- We saw that people's bedrooms were decorated how they wanted and were personalised.
- The home was welcoming, warm and comfortable.

Supporting people to live healthier lives, access healthcare services and support

- People's health care was a significant part of how they were supported by staff.
- We found that wellbeing checks were carried out to ensure people were healthy and where there maybe concerns they could be acted upon. One person told us, "They will always call the doctor if I need to see him."
- Care records showed where health care professionals visited the home to support people. A health care professional told us that staff quickly picked up on any health issues and always acted on advice given.

Is the service caring?

Our findings

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us how caring and friendly staff were. One person told us, "The staff are very kind to me. They are thoughtful and considerate."
- We saw that staff knew people well. Staff knew when people were anxious and needed reassurance. Staff knew the things people liked and disliked.
- Staff knew people's gestures, body language and facial expressions so they knew how people were feeling and the choices they wanted to make.

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

- People were involved in the care planning process so they were supported how they wanted.
- Staff respected what people wanted, responded accordingly in order that people received the right support.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff respected their privacy and dignity.
- Staff showed they understood the importance of respecting people's privacy, dignity and independence.
- People were assured that information about them was treated in a confidential way.

Is the service responsive?

Our findings

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

How people's needs are met.

Personalised care

- People's needs were met and staff showed they understood how to support people. Handover meetings helped discussions between staff which focused on how best to respond to people's changing needs.
- A care plan and assessment was in place to show the support people needed. One person's care plan needed further detail about the support they needed with their personal care as this often made them feel anxious. The registered manager told they would ensure this was actioned.
- Reviews took place to ensure where people's needs changed, the support they received would reflect this.
- Staff understood and knew people's interests and preferences to support them to take part in activities that were important to them.
- People were supported to fulfil their religious and cultural needs. One person told us, "It's expected that we will have privacy for our religion – mass and prayers." Where people were unable to access the chapel, we saw that facilities were in place to screen a live feed of mass to televisions in people's bedroom.
- The registered manager knew about the Accessible Information Standard but told us that currently, the people at the home did not require any alternative formats regarding information.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and a log was kept where a complaint was made. While there were no recent formal complaints and only one recent concern raised the registered manager knew the importance of monitoring for trends. One person told us, "They do ask me if I'm OK. I wanted something once and I complained. I got what I wanted."

End of life care and support

- People's end of life wishes were noted and staff received training and had sufficient time to be able to support people at this sensitive time.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders, and the culture they created, promoted high-quality, person-centred care.

Leadership and management

The provider planned and promoted person-centred, high-quality care and support, and understood and acted when things went wrong

- People and staff spoke positively about the registered manager.
- The registered manager had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we gave feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was aware of this requirement.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager carried out spot checks on staff and audits on the service.
- We saw that checks and reviews on the service took place and ensured the service people received was of the highest quality.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- The provider had a whistle blowing policy and staff explained when they would use it.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service. We saw that the rating was displayed within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

Engaging and involving people using the service, the public and staff

- The provider involved people as part of the review process to gather information as to whether people's preferences or support needs had changed. One person told us, "We do have a meeting. They are always glad if you pipe up with something and ask for things. Sometimes, at the meetings, they explain the reason for something."
- The accessible information standard was known by the registered manager,

Continuous learning and improving care

- When improvement had been identified, action was taken to ensure that the quality of the service people received had improved.
- The registered manager used complaints, incidents and accidents and spot checks as a way of improving the service. They monitored trends and used information gathered to benefit how people were supported. Audits had not discovered some recent gaps in checking of the medicine fridge and emergency equipment. However the registered manager showed us that new monthly manager audits were being introduced and said these areas would be added to this.
- Staff told us that meetings gave them the opportunity to voice their opinions on the care of people and that management listened to them.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers and health professionals to ensure people received a person centred service.