

Chapter Of The Order Of The Holy Paraclete(The) Unlimited

The Infirmary

Inspection report

St Hildas Priory
Sneaton Castle
Whitby
North Yorkshire
YO21 3QN

Tel: 01947605707

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20 June 2017
27 June 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 June 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting the service. A second day of inspection took place on 27 June 2017 and this was announced.

The Infirmary is registered to provide residential care for up to ten older people. The service is provided for sisters of St Hilda's Priory. On the day of inspection there were five sisters living at the service. There is a passenger lift to assist sisters to the upper floors and the service is set in spacious and pleasant grounds.

During the inspection planning process we identified that there was two managers registered against this location. A registered manager is a person who has registered with the CQC 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. We discussed this with the provider during the inspection. One of the managers had retired in March 2011 and was no longer employed by the service. This manager was also the Nominated Individual (NI). A NI is a person who has the responsibility for supervising the management of the regulated activity. We have asked the provider to take action regarding this outside of the inspection process.

At the last comprehensive inspection in April 2015 we rated the service Good in all domains.

At this inspection, we found that some improvements were required. Quality assurance processes were not in place to monitor and improve the service. Records were not always kept to monitor positional changes or safety checks and staff did not record handover information at the end of their shift.

We judged this to be a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The Sisters told us they felt safe. We found that people were protected from the risk of avoidable harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Risk assessments had been developed and contained relevant information. We found that these were in place when required and had been regularly reviewed. Accidents and incidents had been thoroughly recorded and appropriate action had been taken to reduce the risk of reoccurrence although they were not analysed to identify trends.

Medicines were stored securely and assessments had been completed on staff that ensured they were

competent completing this activity. We found gaps in the recordings of medicines that should have been administered. As and when required medicines had not always been managed appropriately and there was no guidance in place for staff to identify when these medicines should be administered.

Safe recruitment processes were in place and had been followed. Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people from working with adults at risk. Records confirmed staff received induction training when they were new in post.

Training records confirmed staff had received a wide variety of training through practical face to face sessions as well as online. Staff told us they were happy with the training provided.

We checked and found the provider was working within the principles of the MCA. There was no one currently living at the service that required a DoLS authorisation. The manager was clear about the process they needed to follow if the need occurred.

The Sisters were supported to maintain a balanced diet. The Sisters spoke positively about the meals on offer and all staff were aware of the Sisters specific dietary needs.

Care records contained evidence of close working relationships with other professionals to maintain and promote the Sisters health. Sisters confirmed staff were proactive in seeking professional advice and had regular visits from the district nursing team and GP's.

Care plans were produced to meet the Sisters individual support needs and were reviewed on a regular basis. They focused on what was important to the Sisters and how they wished for support to be provided.

The Sisters were aware of how to make a complaint and told us staff listened to concerns raised. A copy of the registered provider's complaints policy was available.

There was information on advocacy services available and although none of the Sisters were using an advocate, staff were aware of how to make a referral should this be needed.

The Sisters lived a structured day to day life which was self-directed and in accordance with the Sisters religious beliefs. Staff supported the Sisters with religious activities and respected their wishes.

Staff told us they did not feel supported by the registered manager and that they didn't spend enough time at the service. They were not confident their opinions were valued or listened to. The Sisters told us they did not see the registered manager on a regular basis.

Satisfaction surveys had been distributed to the Sisters of the service to gain their views. Action had been taken when areas for improvement had been identified.

Notifications had been submitted to CQC as required by legislation.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines had not always been managed safely. There were several gaps in recordings and there were no protocols in place for as and when required medicines.

Personal emergency evacuation plans were not in place.

Sisters were protected from the risk of avoidable harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns.

Risk assessments had been developed and were in place when required.

Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people working with vulnerable adults.

Is the service effective?

Good ●

The service was effective.

The registered provider was working within the principles of the MCA. Staff supported Sisters to make decisions.

The Sisters were supported to maintain a balanced diet and spoke positively about the meals provided.

The Sisters had access to healthcare services when they needed them.

Staff had received training to ensure they had the skills and knowledge to carry out their roles and responsibilities.

Is the service caring?

Good ●

The service was caring.

The Sisters told us staff treated them with dignity and respect.

Interactions demonstrated positive relationships had been developed.

Care records detailed the Sisters wishes and preferences around the care and treatment that was provided.

Staff supported the sisters to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were produced to meet the Sisters individual support needs and were reviewed on a regular basis.

The care that the Sisters received supported and respected their cultural and spiritual needs.

The Sisters were aware of how to make a complaint and told us staff listened to concerns raised.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Quality assurance processes were not in place to monitor and improve the service.

Staff did not always feel supported by the registered manager.

The registered provider sought the views of the Sisters and implemented actions where the service fell short of expectations.

The Infirmary

Detailed findings

Background to this inspection

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

This inspection took place on 20 June 2017 and was unannounced. A second day of inspection took place on 27 June 2017 and this was announced.

The inspection team on the first day of inspection consisted of two adult social care inspectors. The second day of inspection consisted of one adult social care inspector.

Before the inspection we spoke with the local authority safeguarding and commissioning teams to gain their views of the service. We reviewed all of the information we held about the service, including notifications sent to us by the provider. Notifications are when providers send us information about certain changes, events or incidents that occur within the service, which they are required to do by law.

The provider had been requested to complete a provider information return (PIR) and this had been returned within required timescales. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included three Sisters care records including care planning documentation, risk assessments and reviews. We looked at five of the Sister's medicines records.

We also looked at a selection of documentation created as part of the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for three members of staff, staff training records, policies and procedures and records of maintenance carried out on equipment.

During the inspection we spoke with eight members of staff including the registered manager. We also spoke

with five Sisters who used the service and one visiting professional.

We completed observations throughout the inspection. We looked at all the facilities provided including communal lounges and outdoor space, bathrooms and people's bedrooms.

Is the service safe?

Our findings

The Sisters we spoke with told us they felt safe. One Sister told us, "The staff know what they are doing. They take good care of us. I feel safe." Another sister told us, "The staff come if I ring my buzzer. There is always someone on hand to help. I certainly feel safe."

At the last inspection in April 2015, we judged that the service was safe and awarded a rating of Good. At this inspection we found that some areas of the service required improvements to become safe.

People's use of medicines was recorded using medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and the recording when they have been administered. A list of staff signatures for those staff administering medicines was stored in the front of the MARs. This helped create a clear record of who was administering medicines.

We reviewed the MARs for four Sisters and saw there were several gaps in recordings. We discussed this with the manager and asked how they monitored if the Sisters were getting their medicines as prescribed and how they identified any errors, such as staff not recording when medicines had been administered. They told us they did not complete any audits of MARs and were unaware of the gaps in recordings. We asked the Sisters if they received their medicines on time each day. All the Sisters told us their medicines were given regularly each day and they could not recall any missed doses.

Where topical medicines, such as creams were prescribed a body map had been completed to show staff the area the cream needed to be applied. When we checked the MAR in relation to the administration of cream we saw gaps in recordings. There was not a clear record of when creams had been administered. We discussed this with the manager who had already recognised this as an issue. They planned to discuss this with the pharmacy when they visit the service which was scheduled for the week of our inspection.

Some people were prescribed 'as and when required' (PRN) medicines but these had not always been managed appropriately. Two of the sisters were prescribed PRN pain relief medicine but this was being administered routinely. Staff had not considered discussing the regularity of this pain relief with the person's GP to enable them to adjust their treatment regime to a more regular dose. Protocols were not in place for PRN medicines which meant there was no clear guidance on when the medicine should be given for staff to follow.

We recommended that the service consider current NICE guidance on the management of medicines and take action to improve their practice accordingly.

Medicines were stored securely, safely and at the correct temperatures. Stock checks of medicines were carried out every month to ensure people always had access to the medicines that they needed. Some people were prescribed controlled drugs. These are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. We could see these were stored and administered correctly.

All staff had received training in administering medicines and observation of staff administering medicines had been completed by the manager to ensure staff were competent.

Staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. Staff told us the manager would respond appropriately to any concerns. We looked at training records in relation to safeguarding and could see that staff had received training. The manager told us they had not recently had safeguarding concerns but was able to explain what action they would take if a concern was raised.

The Sister's had risk assessments in place, which detailed how to keep them safe from identified risks. The risk assessments detailed what action should be taken by staff to reduce risks. For example, one Sister was at risk of falls during the night. The risk assessment stated the bed was to be lowered to the floor and a crash mat put in place. The care plan also detailed why the use of a bed rail was not suitable for this Sister. This reduced the risk of injury occurring.

We reviewed the accident and incident records held within the service. There was evidence to show that the manager reviewed the initial information before completing an internal investigation when required. Following the investigation, appropriate action was taken to reduce the possibility of future occurrence. An analysis of accidents and incidents was not completed so trends had not been identified.

Risk assessments were in place associated with the day to day running of the service. Regular checks were made by the maintenance staff in areas such as water temperature, emergency lighting and fire alarms. Required test certificates in areas such as electrical testing, controlled waste and firefighting equipment were in place. Records showed that regular fire drills were taking place for both day staff and night staff. We did identify that a fire drill that had taken place in March 2017 had identified not all staff responded appropriately to the drill. An action plan had been developed which stated a further drill needed to take place but this action had not been completed at the time of our inspection.

Personal emergency evacuation plans (PEEPS) were in place. PEEPs are documents, which advise of the support people need to leave the service in the event of an evacuation taking place. This meant there was information available for staff and emergency services to follow in the event of an emergency.

During the inspection, we looked at three staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults at risk.

Is the service effective?

Our findings

The Sisters told us they thought staff had received sufficient training to provide the support they needed. One Sister told us, "The staff are wonderful. There is nothing they do not know. They are all trained to a very high standard in my opinion." Another Sister told us, "I feel incredibly safe around the staff and I would not feel like that if they were not trained as they should be."

Staff told us they completed an induction when they joined the service. The induction included an introduction to the service and the provider's policies and procedures. New staff were also able to shadow a more experienced member of staff to allow them time to build relationships with the Sisters and learn what was required of them within their role. Records we looked at confirm staff had received an induction. An induction checklist was in place which showed dates inductions had been completed.

Staff spoke positively about the training on offer. One member of staff told us, "The training is really good." Another told us, "I cannot fault the training at all. We do some face to face and some online so it is a variety. We can request any additional training that we need."

Training records confirmed staff had received a wide variety of training. Mandatory training included safeguarding, medicines, moving and handling, fire safety, infection control and equality and diversity. Mandatory training is training the provider deems essential for all staff to complete in order to provide safe care. Additional training in areas such as catheter care, wound care and palliative care had also been provided to some staff.

Records we looked at confirmed that staff were supported in their role through supervision sessions. Supervisions were usually a one to one discussion between the manager and member of staff to discuss how things were going and any areas of concern. Staff were asked prior to the meeting to complete a supervision preparation sheet, which asked them to include any areas they wished to discuss. The manager told us, "Staff are always given a preparation sheet before the scheduled supervision date. I try and encourage staff to complete them but they don't always and usually staff will say there isn't anything they wish to discuss so we just have a general chat about all aspects of the role."

Annual appraisals had also been completed. A discussion took place around the staff member's performance and further developments that were needed. Following this meeting a personal development plan was produced. The personal development plans detailed any identified training needs as well as particular interests the member of staff had and wished to develop their knowledge. For example, one member of staff had expressed an interest in end of life care. As a result the manager had requested training from St Catherine Hospice. All personal development plans were reviewed annually to assess the progress that had been made.

However, the staff that we spoke with all told us they did not feel they had enough support from the manager. Comments included, "Our manager is quite often not here and if there's ever a problem I get support from [deputy manager]. I feel that I am able to go to the [manager] but nothing would ever come of

it so I tend not to bother" and "the [manager] is not very good with the staff, you don't feel at ease with her. I tend to discuss things with [deputy manager]. I don't go to [manager] for support. I don't feel I would get any."

We discussed this with the manager who told us, "I always try to support staff in any way I can. If I am not at the service they have my number which they can contact me on day and night. They are asked during supervisions and staff meetings if they have any areas which they would like to discuss or where improvements can be made." The manager told us they would look at areas where they could make improvements.

People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. We found people had been involved in their care plans and this was evidenced in signed care documentation.

Staff had received training and understood the requirements of The Mental Capacity Act 2005. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the provider was working within the principles of the MCA. There was no one currently living at the service that required a DoLS authorisation. The manager was clear about the process they should follow if the need occurred.

The Infirmary is joined to St Hilda's Priory and most meals were provided by staff in The Priory kitchen. Staff told us that hot trolleys were available to transport meals if the Sisters choose to remain in The Infirmary at meal times. The sisters we spoke with told us the importance of being part of the Sister community which included joining them for meals in The Priory. One Sister told us, "I have no complaints at all. I eat what I am provided with. I don't believe in choice although it is provided. I made a vow of poverty when I joined the Chapter of the Order of the Holy Paraclete and the staff here respect that." All Sisters told us they had no concerns over the meals provided.

Staff demonstrated a clear understanding of the vows the Sisters had made and the importance of this within their daily lives. One member of staff told us, "We have 'eat up Sunday' which is a day that any leftover food from the week is used to make meals. This is extremely important to the Sisters and something they have always done and we respect that. They made a vow of poverty so to the Sisters, wasting food is not acceptable." This demonstrated staff respected and had an understanding of the Sisters cultural beliefs.

The Sisters were supported to maintain good health. We could see that the Sisters were monitored to ensure they were not at risk of malnutrition which included weighing the sisters monthly. Refreshments were served throughout the day and we saw staff regularly asked the Sisters if they would like drinks or snacks. Staff were clear in the action they would take if they suspect a sister was at risk which included making referrals to a GP.

Sisters at the service were regularly visited by other professionals such as district nurses, GP's, dentists and

opticians. Notes were made in the sisters care records to detail the outcome of any professional visits.

Is the service caring?

Our findings

The Sisters we spoke with told us staff were caring and respectful in every way. One Sister told us, "The staff are wonderful. I don't know how they manage to do such a brilliant job. They are certainly caring." Another Sister commented, "It is wonderful. I am given great care. The staff are very understanding."

During the inspection we spent time in communal areas observing interactions between staff and the Sisters. We saw staff helping the Sisters to mobilise and answering general queries the Sisters had. Some of the Sisters choose to spend time in their rooms and we saw staff often went to visit them to check they were ok and ask if they required any assistance with anything.

We observed there was a relaxed atmosphere throughout the service and the sisters were comfortable and happy around staff. There was open discussions between staff and the Sisters and it was clear that positive relationships had been built. Staff spent time with the Sisters, allowing them to chat and have meaningful one to one conversations. We observed one member of staff chatting to a Sister about her love of hedgehogs and if they would like to go and spend some time in the rockery garden. The Sister declined and the member of staff responded with a reassuring touch of their arm and said, "Not a problem. Let me know if you change your mind as it is a beautiful day."

Staff were skilled in communicating with the Sisters and made the Sisters aware of their choices. For example, at lunch time we saw a member of staff approach the Sisters and ask them where they would like to have their lunch. One Sister chose to eat in the Priory. We saw staff assisted the Sister to get ready, in an unhurried manner and then escort them to the Priory. Another Sister was asked if they were attending the Chapel for service that day or if they wished to remain at The Infirmary chapel.

We saw that some staff were caring and this was demonstrated through positive interaction with the Sisters. During the inspection we informed staff we would like to speak to the Sisters to ask them their views of the service. We saw that staff explained to the Sisters who the inspectors were, why we were visiting and if they were happy to speak with us.

Staff explained to us how they respected a person's privacy and dignity, by keeping curtains and doors closed when assisting people with personal care and by respecting people's choices and decisions. Staff demonstrated that they promoted dignity and respect. We saw staff knocking on the Sisters doors and waited for permission to enter before opening the door.

The Sisters told us they were treated with dignity and respect. One Sister told us, "They are really good. I never feel uncomfortable and that is because of the way they manage situations. They knock on my door which I can close if I wish and they ask me if I would like help – they don't just rush in." Another Sister told us, "They respect who we are as people and our beliefs."

Some of the sisters had 'do not attempt cardiopulmonary resuscitation' (DNACPR) in place and these were contained within the care files. It was evident that the sisters had been fully consulted about this, and we

saw that their ability to make this decision about their end of life care had been considered as part of the recording process. At the time of this inspection no one was being supported with end of life care.

Is the service responsive?

Our findings

We saw that the sisters were cared for in a person-centred way. Their personal needs and preferences were supported in a way that respected their choices. The sisters were able to discuss their care needs with the staff and they were able to determine the times and levels of support that they received. It was clear throughout the inspection that the Sisters choose when they wanted to wash or dress or when they required assistance from staff with other aspects of daily living.

The Sisters were supported by staff to maintain their independence. Staff were available to offer support and guidance where required. One sister told us "They [the staff] know all of our likes and dislikes, and they generally pander to them." Another Sister said, "I like the freedom, generally speaking, I'm happy."

The Sisters were supported to make choices on matters which affected them. For example, choices of activity, menu's, whether to spend time in their room or join others in the communal areas and choice of going to eat in the Priory or remain in their room. One member of staff told us, "The Sisters are able to spend their days as they wish. If they want to go the Priory or the Chapel then staff escort them. If they choose to spend time alone in their rooms, staff respect that wish. The Sisters have spent most of their lives following a very strict routine. It is our job to respect that routine and help the Sisters maintain it even when they need support."

We reviewed care records for three of the Sisters who used the service. We saw that the care plans which were in place were very detailed, person-centred and provided information on the Sisters current support needs. For example, with regards to personal care one document detailed that the sister 'would like staff to ask her what she requires support with.' A communication care plan detailed aids that were needed for reading and we saw details such as where a magnifying glass was stored and what colour frames the sisters reading glasses had. This level of information ensured staff could support the sister effectively to communicate.

We also saw that the information contained within the care records acknowledged and took into account the life history of the Sisters. We asked the Sisters if they had been involved in the development of care plans and if discussions had taken place around what was important to them. It was evident that the sisters had contributed to the information contained within the care records as the documentation was personalised to each individual and had been signed by Sisters when relevant. One sister told us, "They are incredibly supportive and very competent; the staff work very hard and are very pleasant, they're like family, they come pretty quickly and deal with whatever you want". Another Sister told us, "I have been fully involved in everything." One member of staff told us, "We have a close knit team who work together with the sisters to make sure their needs are met in a way they want."

During the inspection we spoke to a visiting professional who told us, "It always seems like such a nice atmosphere. The staff seem very committed to meeting the needs of the Sisters and the manager is very committed to training the staff."

The care files also contained hospital passports which contain information regarding the Sister's personalised preferences and care needs. The information was up to date and had been regularly reviewed. This document is provided to the hospital in the eventuality of an admission to ensure a smooth and supportive transition between services.

The care that the sisters received supported and respected their cultural and spiritual needs. This was evident as there was information throughout the service on the religious services and activities which were on offer through the week for the sisters to access. The service employed an activities coordinator who worked three hours per day over a five day week. Their main role was to support two of the Sisters who had reduced mobility and required additional support to access activities. At the time of this inspection the activities coordinator was on annual leave. The Sister's spoke positively about the activities coordinator and the help they had received. One Sister told us, "[Names of member of staff] spends time chatting to me. I am not as able as I was but I still participate where I can."

The main activities were based upon the sisters' spiritual needs and involvement with the Priory. We saw audio-books and board games available and there were activities, such as visiting singers, advertised throughout the service. The Sister's told us there was the provision of a small Chapel within the service which the sisters could utilise if they were unable to attend the main Chapel due to ill health. Within the small Chapel there is a speaker which relays the service from the main Chapel. This enables the sisters to remain a part of the service. A visiting Chaplain was also available to the sisters should they require it.

One sister told us, "If I need physical help to get to Chapel someone would take me." We also saw that the sister's personal time was respected by the staff. We were informed by the sisters and the staff that the sisters spent lengthy periods of isolation and reflection within their rooms. All the Sisters we spoke with told us this spiritual and cultural need was respected by staff.

We saw that the service actively encouraged feedback from the sisters and there was a complaints system in place. We saw that there were two complaints made in the last year and these were logged in a complaints book. It was evident that both complaints had been acknowledged, taken seriously, actions taken and apologies and explanations given where required. We saw that the sisters were given access to more senior members of the service to discuss the complaint and how they wanted to progress with it. The sisters were encouraged to discuss their complaints with the Prioress. A Prioress is a nun who is in charge of the convent. It was evident that complaints were acted upon and lessons were learned where appropriate.

Is the service well-led?

Our findings

The manager had registered with CQC in October 2010 and had many years' experience working within this type of service. They had a good understanding of their role and responsibilities. However, they had not undertaken any recent audits and this had impacted on the effectiveness of the quality assurance processes that monitor the service and care provided.

At the last inspection we found the service was well-led and awarded the rating of Good. At this inspection we found that improvements were needed.

We found examples where the provider's quality assurance systems had not been effective in recognising and rectifying issues at The Infirmary. The last quality assurance audit was completed in May 2017 and covered housekeeping and a general audit that looked at all cosmetic aspects of the service. Further audits had taken place which covered areas such as safeguarding, infection control and management of clinical waste. However, there were no quality assurance audits in place with regards to medicines, care plans or monitoring documentation. The manager was not aware of the concerns we found relating to medicines. We discussed the importance of quality assurance audits with the manager. They confirmed that any audits that were completed were only done on an annual basis and agreed they needed to be completed on a more regular basis.

We found that some record keeping at The Infirmary needed to improve. Monitoring charts were not completed. For example, Sisters who required 2 hourly positional changes during the night had no documentation for staff to record when this had taken place. We discussed this with the manager who told us that monitoring documentation was not in place as night staff were required to complete hourly checks on all sisters as part of their night time role. This meant the manager could not be sure appropriate checks were taken place.

Staff handover's were not documented at the end of each shift. Day to day information on how the Sister's had been or if there was any specific concerns that day were only discussed verbally between staff. We asked the manager how staff handed over important information. They told us, "Staff have a verbal handover. It is not recorded but new staff are provided with a detailed sheet which provided information relating to each sister. It's almost like a bullet point care plan that details their primary needs." This meant there was a risk that important information would not be passed over at the end of each shift.

Not having effective quality assurance processes in place is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of inspection the manager was not present at the service. A second day of inspection was arranged and the manager was present on this day. We received mixed feedback with regards to the support provided by the manager. Staff told us they did not feel listened to or valued as a member of staff. One member of staff told us, "[Manager's name] does listen if you want to chat about anything or make suggestions but that's as far as it goes. Nothing ever happens." Another member of staff told us, "[Manager's

name] doesn't seem to spend much time here and when she does she is tucked away in the office. [Manager] doesn't spend time with the Sisters and they do comment on it. One of the Sisters said to me the other day 'Is she [manager] actually in today.' I think [manager] should be more involved." Another member of staff told us, "[Manager] has days when she works from home or has study days so is not here. I don't feel [manager] is supportive. I can go to her with things and she will listen but doesn't always act on things and they go unresolved. Communication is not great." The Sister's told us they did not see the manager on a regular basis.

We discussed these comments with the manager who told us they had been working reduced hours. The reasons for working reduced hours had been discussed and agreed with the provider. The manager said, "I am always available via telephone when I am not at the service."

Staff meetings had taken place. We saw minutes of the most recent meeting that had taken place in May 2017. Ten members of staff had attended. Areas discussed included updates on the Sisters, training opportunities, new equipment due to be delivered and the weekly rotas. The manager told us that staff meetings took place every six weeks. The staff we spoke with told us that staff meetings did not happen as regularly as they would like. One member of staff told us, "Staff meetings do happen but they are not often, about every three months. I think we need them more often." Another member of staff told us, "Staff meetings take place now and again. [Manager's name] chairs them. I wouldn't say staff get to voice their opinions and I feel suggestions are not listened to anyway."

We discussed these comments with the manager who told us, "I try and make staff meetings as interactive as possible. I do ask staff their opinions and how they think things are going but I don't always get a response. I think because the deputy has been here many years they prefer to approach them, which is fine as long as we get any issues or concerns resolved." The manager told us they would look to distribute questionnaires to members of staff who could complete these anonymously to express any areas they thought needed to be improved.

There was no documented evidence to show that Sister meetings had taken place. We discussed this with the manager who told us that all Sisters were involved in meeting at The Priory that were conducted by the Prioress. The Sisters we spoke with confirmed this.

Quality assurance questionnaires had been distributed to the Sisters in 2016. Overall the results showed that the sisters were highly satisfied with the service. Where an area for improvement had been identified action had been taken to address this. For example, some of the sisters had commented on the décor and that it required attention. As a result the manager had spoken to the Prioress and a redecoration plan had been out in place. Some of this work had been completed at the time of our inspection.

During our inspection we observed that the provider was displaying the CQC rating given during the last inspection at the service. Displaying a regulated service's CQC rating is a legal requirement. We had also received formal notifications about events at The Infirmary, in line with legal requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective quality assurance processes in place to monitor and improve the service.</p> |